

RISK ASSESSMENT FORM

Customer:	Job No:
Site Address:	Date:
	Engineer:

Type of hazard/operation **Type of hazard/operation**

ACCESS AND EGRESS

Have you signed in? YES NO

Have you completed site induction? YES NO

Are you aware of site welfare facilities? YES NO

Have you eliminated the risk of slips trips and falls? YES NO

Have you obtained necessary work permits? YES NO N/A

Are the RAMS provided suitable for the task and signed? YES NO

PERSONAL PROTECTIVE EQUIPMENT - PPE

Correct PPE worn to carry out task? YES NO

RESTRICTED ACCESS AND/OR EGRESS

Safe to undertake ? YES NO

Area sufficiently ventilated and illuminated? YES NO

LONE WORKING

Safe to work alone? YES NO

WORKING AT HEIGHT

Ladders the correct access equipment? YES NO

Or is a mobile tower required? YES NO

Or is a podium required? YES NO

Are ladders the correct type and size? YES NO

Have you pre-checked for any visual defects to make sure the ladder is safe to use? YES NO

Access equipment correctly erected? YES NO

Demarcation of work area necessary used? YES NO

TOOLS

Power Tools

Visually inspected? YES NO

PAT tested? YES NO

Hand Tools

Visually inspected? YES NO

Fir for purpose? YES NO

MANUAL HANDLING

Training provided or safe manual handling techniques? YES NO

ASBESTOS

Register available? YES NO

Asbestos present or suspected? YES NO

Work un-affected by presence of ACM's? YES NO

REFRIGERANTS, OILS & OXYGEN FREE NITROGEN

Correct gloves and goggles worn? YES NO

Area sufficiently ventilated? YES NO

Gauges inspected and working? YES NO

Recovery Machine inspected and working? YES NO N/A

Vacuum Pump inspected and working? YES NO N/A

BRAZING AND SOLDERING

Powder / CO2 fire extinguisher present? YES NO

Combustible materials removed? YES NO

Hot work permit obtained? YES NO N/A

Gauges working / arresters fitted? YES NO

Fire resistant gloves and goggles worn? YES NO

Area sufficiently ventilated and illuminated? YES NO

Alarms isolated? YES NO N/A

ENERGISED CIRCUITS

Liason with client? YES NO

Local isolation point identified? YES NO

Electrical supply isolated and locked off? YES NO

Demarcation of isolation area necessary? YES NO

Signage necessary and used? YES NO

RISK ASSESSMENT FORM

Additional Hazards Identified	Risk level Before implementing control measures	Risk level After implementing control measures	Additional control measures/precautions required
Movement weather	Medium	Low	Keep area covered with work tent

I have assessed the conditions on site, Unless listed below, there are no additional significant hazards observed that are not addressed in the completed model risk assessments for the work to be undertaken.

Engineers Name:

Signature:

Short Duration Work On-site Risk Assessment

Site Address:	Date:
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Job Number:	
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Task:

Hazards Identified

Level of Risk

Low - Harm will seldom occur / minor cuts or bruises - continue task

Medium - Harm will often occur / 3 day injury or illness - additional control measures required to reduce risk

High - Harm is certain or near certain to occur / Major injury or death - contact safety advisor - DO NOT PROCEED

Hazard	Control Measure	Level of Risk

Working at Height			
Tower Scaffold	Fixed Scaffold	MEWP	Adjustable Podium Steps

*** The following may only be used if a valid reason for selection has been identified and recorded ***

Steps	Ladder	Reason for use:	Short term work	Restricted access	Emergency
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PPE	
Harness	
Hard Hat	

Assessed by:	glenb+newfroms@joblogic.com	OVERALL RISK ASSESSMENT
		Low Medium High
		Asbestos Register Checked: