

Dynamic Risk Assessment

Location	
Date/Time	
Client	
Task/Activity	

Control measures in place	Yes / No / N/A	Comment
All operatives received site induction		
Suitable welfare facilities provided		
Liaison with client		
Liaison with subcontractors		
Method statement communicated to workers		
Asbestos identified & communicated to all		
Permit To Work required & issued		
Warning signs displayed		
Protective barriers erected		
Clear and safe access routes on site		
Cable management (side/overhead)		
Segregation of traffic & pedestrians planned		
Fire exit signage displayed		
Correct fire extinguishers in place		
Smoke detector heads capped & managed		
First Aid provided on site & communicated		
Electrical isolation required and planned		
Gas isolation required and planned		
Water isolation required and planned		
Buried Services located and managed		
High pressure water jetting checked		
Competence of workers confirmed		
CSCS cards held by operatives		
IPAF training checked where required		
PASMA training checked where required		
Plant training certificates checked		
PUWER checks completed		
Tools Portable Appliance Tested & recorded		
Personal Protective Equipment Required	Yes / No / N/A	Comment
Hard Hat		
Bump cap		
Hi Vis vest		
Safety Glasses		
Gloves		
Dust mask		
Respirator		
Safety Harness		
Ear defenders		
Wet suite		
Boots		
Wellingtons boots		
Coveralls		
Face mask		
Potential Risks Associated with Task.	Yes / No / N/A	Comment
01. Falls on level ground – Slips, Trips & Falls		
02. Fall of persons from height		
03. Fall of tools or materials from height		
04. Use of power tools		
05. Use of hand Tools		
06. Manual handling		

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07. Stepping on or striking against objects		
08. Noise above 85dB or imposed restrictions		
09. Hazardous substances - COSHH		
10. Electrical - electrocution		
11. Lifting equipment being used		
12. Rotating machinery		
13. Plant equipment being used		
14. Use of LPG or gas products		
15. Use of fuel, oil or lubricants		
16. Hot surfaces		
17. Welding/soldering processes		
18. Digging, trenching, excavating		
19. Lining works		
20. Working on or near water		
21. Hazardous pressure systems involved		
22. Dust, foreign bodies require controlling		
23. Lack of adequate natural ventilation		
24. Inclement weather conditions		
25. Inadequate lighting conditions		
26. Operatives- understanding communication		
27. Temporary injury, illness or disability		
28. Confined Spaces		
29. Vehicle movements		
Working at height	Yes / No / N/A	Comment
30. Use of ladders for access		
31. Use of stepladders		
32. Use of Podium Steps		
33. Use of Mobile Tower Scaffolding		
34. Use of Fixed Scaffolding		
35. Use of Powered Access Equipment		
36. Use of safety harnesses		
Confined Space	Yes / No / N/A	Comment
37. Gas monitor check		
38. Vent manholes		
39. Top man sheet		
40. Tripod and winch		
41. Harness		
42. 10-minute escape set		
43. Full BA		

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Hazard No	Further Control Measures

Safe Method of Work (include sequence of works and controls)

The person recorded below confirms that all reasonably practicable steps have been taken to reduce the risk and that the task is safe to continue involved in the task have had this risk assessment communicated to them				
Name of person completing the assesment.	Job Title	Signature	Date/Time	Review Date

The persons below clarify that the contents of the risk assessment have been communicated is fully understood			
Name (Please print clearly)	Signature	Date	Time

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Photos (Maximum of 8)
