Point Of Work Risk Assessment



Point Of Work Risk Assessment



Are Any Special Procedures / Permits Required? (Detail These Below)

2-Analyse

	Assess The Residual Risk & Take Action:				
	Hazard(s) Selected Overleaf:	Current Controls :	Remaining Risk:		
	riazaiu(s) Selecteu Overicai.	Current Condois.	High:	Medium:	Low:
_					
3-Assess & Act					
SS 0					
1 556					
7					
	If The Risk Rating Is Still 'HIGH'	Do Not Proceed Until Additional Cont	rol Measures	Are Implen	nented.

Review & Adjust:

(Following The Task, Detail What Went Well / Requires Additional Control In Future Below)

Team Risk Assessment Briefing Sign Off:

Task / Site Details:				
Tasks Assessed:				
Assessor Name:		Site Address:		
Date:				

	Before Work Commences:	Υ	N	N/A
	Are you at the agreed work area / item of equipment?			
U	Has all documentation (ie permit to work etc) been completed as required?			
Look	Do you have the correct PPE and is it inspected & in good condition?			
~ - -	Is plant and equipment in good order, inspected and tested where required?			
-Stop	Are scaffolds, lifting equipment and ladders inspected and is documentation showing their fitness for service in place?			
+	List Defects Below & Do NOT Proceed Until Rectification Has Taken P	lace:		

	Tick The	Haza	ards Present On Site:
	Fire / Ignition / Explosion / Excessive Heat?		Chemicals / Substances / Hazardous Materials?
	Electrical Shock / Electrocution / Static?		Dusts/Fumes/Residues?
	Hand Arm / Whole Body Vibration?		Confined Space Entry?
	Excessive Noise?		Asphyxiation / Drowning?
41	Slips, Trips & Falls Generally?		Underground / Overhead Services?
lyse	Work At Height / Falls Into Excavations?		Mobile Plant/Equipment/Traffic & Vehicles?
2-Analyse	Falling Objects / Hits From Projectiles?		Plant Overturn / Collapse?
2-A	Adverse Weather?		Uncertified / Unexamined Plant / Equipment / Tools?
	Poor Lighting?		Excessively High / Low Temperature?
	Work Above or Near Water?		Risk To / From Others On Site Generally?
	Manual Handling / Ergonomic Risks?		Lack of / Inadequate Welfare Facilities?
	Pressure Systems?		Suspected Asbestos / Asbestos?
		Othe	er (State Below):

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Team Risk Assessment Briefing Sign Off:

Task / Site Details:				
Tasks Assessed:				
Assessor Name:	Site A	Address:		
Date:				

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	Tick The Hazards Present On Site:		
	Fire / Ignition / Explosion / Excessive Heat?	Chemicals / Substances?	
	Electrical Shock / Electrocution / Static?	Dusts/Fumes/Residues?	
	Hand Arm / Whole Body Vibration?	Confined Space Entry?	
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	Poor Lighting?	Excessively High / Low Temperature?	
	Work Above or Near Water?	Risk To / From Others On Site Generally?	
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	Oth	ner (State Below):	