

## GENERIC

### RISK ASSESSMENTS

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# RISK ASSESSMENT

Working in dusty environments

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High****Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)****SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED			
L	S	RR	L	S	RR	
Inhalation of contaminants	3	2	6	1	2	2
Ingestion of contaminants	2	2	4	1	2	2
Asphyxia	2	3	6	1	3	3
Skin irritation	1	2	2	1	1	1
Particles entering the eyes	3	2	6	1	2	2

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
OTHER CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Refer to the arrangements and safe systems of work laid down in the company safety manual.
2. Determine what dusts are present. Separate assessments will be needed for dusts with higher associated risks, such as asbestos or hardwood.
3. Check COSHH assessments for all known substances likely to be encountered. Specific COSHH assessment may be required in addition to this risk assessment – such assessments may identify the need for air monitoring.
4. Minimise presence of dust by sweeping/ vacuuming, dusting etc. before commencing work.
5. Minimise creation of dust by damping down, considering alternative work methods and using local exhaust ventilation.
6. Where Local Exhaust Ventilation (LEV) is not available, provide good general ventilation.
7. Minimise spread of dust by providing screens and enclosures where reasonably practicable.
8. Smoking, eating and drinking should be discouraged in dusty atmospheres.
9. Provide opportunities for taking regular breaks in the fresh air.
10. Goggles to be worn – safety spectacles are unlikely to provide sufficient protection against fine dusts.
11. RPE to be worn – correct RPE must be selected to protect against the particular type of dust encountered – refer to COSHH Assessment.
12. Ensure RPE is correctly fitted so as to be fully effective.
13. Ensure good standards of personal hygiene – wash thoroughly after exposure to dust.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this.

# RISK ASSESSMENT

RA 101

Working in dusty environments

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection	√	Hearing Protection		Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.	√	Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances  
Monitored by Supervisor

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment  
Work methods and sequences  
Correct selection and use of respiratory and eye protection.  
Correct selection and use of gloves.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work, contact  
South Wales Safety Consultancy Limited on (029) 2062 8763

# RISK ASSESSMENT

## Fire Risks in the Workplace

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**  
**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

<b>RISK ASSESSMENT</b>						
<b>UNCONTROLLED</b>			<b>CONTROLLED</b>			
<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>	
Hot work – welding, cutting, burning	3	3	9	1	3	3
Presence of combustible materials in the work area	2	3	6	1	3	3
Persons smoking (discarded cigarette)	2	3	6	1	3	3
Activities which create sparks – grinding, disc cutting	2	3	6	1	3	3
Electrical faults – mains installations	2	3	6	1	3	3
Electrical faults – portable electrical equipment	2	3	6	1	3	3
Arson	2	3	6	1	3	3

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Refer to the arrangements and/or safe systems of work for the particular activity, laid down in the company safety manual.
2. When planning work, make provision for fire detection, supply & maintenance of fire fighting equipment, control of hot work, emergency procedures, control of smoking and prevention of the build up of flammable waste.
3. Adequate means of escape and access for emergency vehicles must be maintained at all times.
4. Emergency exit routes to be established, provided with clear signs and kept free of obstruction.
5. Security measures must be taken to restrict access to workplaces by unauthorised persons, especially out of hours.
6. Smoking restrictions to be enforced. No smoking areas to be clearly signed.
7. Consider permit-to-work system for hot work.
8. Hot work to be stopped at least one hour before end of shift and workplace to be inspected at end of shift.
9. Electrical systems must be installed by competent persons and be appropriately tested and certificated.
10. Inspections must be carried out on all portable electrical equipment and records kept. (P.A.T.)
11. Quantities of highly flammable liquids and LPG within or near work areas must be restricted. Suitable storage facilities must be provided.
12. Records must be kept of all routine fire inspections and the maintenance & testing of fire fighting equipment.
13. A detailed, comprehensive and specific fire risk assessment must be carried out for all workplaces in accordance with the Fire Precautions (Workplace) Regulations.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 102

General Fire Risks in the Workplace

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**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection		Hearing Protection	√	Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing	√	R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances  
Monitored by Supervisor or designated fire warden

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment  
Emergency arrangements  
Work methods and sequences

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

RA 103

Use of Portable Petrol Fuelled Generators

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1 of 2

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	3	6	1	3	3
2	2	4	1	2	2
2	3	6	1	3	3
2	2	4	1	1	1
2	3	6	1	3	3
2	3	6	1	3	3
2	2	4	1	2	2

Ignition of fuel (storage & transportation)

Ignition of fuel (re-fuelling)

Manual handling injuries

Fire risks/burns from exhaust

Hearing damage caused by excessive noise

Risk of asphyxiation from exhaust fumes

Electric shock

Trips from cables

**PERSONS AT RISK**

**Y/N**

**DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y

Other contractors in the location could be at risk from some of the above

MEMBERS OF PUBLIC

Y

Dependent on location

OTHERS

N

**CONTROL MEASURES:**

1. Ensure that the user's manual is available and make reference to the procedures for storage, transportation and re-fuelling.
2. Make sure the fuel cap is tightened properly and forms a proper seal. Spare fuel must only be carried in the proper container.
3. Switch off generator and allow to cool before refuelling. If practicable, only refuel outdoors. Notwithstanding this, the refuelling point must be away from the area where the generator is to be used.
4. Ensure a fire extinguisher suitable for petrol fires is available near the refuelling point.
5. Smoking is not permitted when refuelling.
6. Clean up spillages after refuelling.
7. Check the weight of the generator. If over 25kg use mechanical or two-person lifting. Make sure it is stowed safely when not in use, especially in vehicles.
8. Be careful when moving a recently run generator, the exhaust pipe may still be hot. Never move a generator when it is running.
9. Ensure that generator is earthed in accordance with the manufacturer's requirements.
10. Equipment must be correctly maintained and regularly inspected. Records of inspections must be maintained.
11. Check noise levels and wear suitable hearing protection if necessary.
12. Use in well ventilated areas only. Be aware that exhaust fumes are heavier than air and may displace the breathable air in excavations/manholes etc. Do not site at edge of places where CO may sink and cause risk to workers.
13. Site generator on firm level surface where it will not be knocked over or struck by vehicles etc.
14. Make sure cables do not create a tripping hazard.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 103

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## Use of Portable Petrol Fuelled Generators

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

### PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	Eye/Face Protection	Hearing Protection	√	Hi-visibility Clothing	Gloves	√
Foot Protection	Safety Clothing	R.P.E.		Fall Arrest		

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances  
Monitored by Supervisor

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in and referred to by this assessment  
Manual handling training

### The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763



# RISK ASSESSMENT

RA 104

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1 of 2

## Use of Waste Bins/Skips

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR

Fire – placing hot materials into skip or leaving it accessible to others	2	2	4	1	2	2
Manual handling injuries caused by lifting waste into skips	2	2	4	1	2	2
Hazards associated with the delivery and removal of skips	2	3	6	1	2	2
Traffic accidents caused by incorrect siting of skips or from falling materials	2	3	6	1	2	2
Bacterial infection - presence of vermin	2	3	6	1	3	3
Dust – when used with waste chutes	3	2	6	2	2	4
Lifting of skips by use of crane – failure of loading points or failure of skip structure, causing materials to fall	2	3	6	1	3	3

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
OTHER CONTRACTORS	Y	Skip delivery/collection driver
MEMBERS OF PUBLIC	Y	Where skip is sited in area with public access
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Wherever possible, skips should be sited in secure areas away from public access.
2. Fires must not be deliberately started in skips.
3. If significant amounts of combustible materials are to be disposed of, consider using a covered skip.
4. Skips must, where practicable, be sited on firm, level ground.
5. If manual tipping of waste into skips is necessary, a safe means of access must be provided (at least 600mm wide, with guardrails provided).
6. If skips are sited on the highway, suitable signs and lights must be provided. Lights should be vandal-proof.
7. Do not overfill skips but only load according to the skip hire company's recommendations.
8. Ensure skips are removed as soon as practicable after they become full.
9. Skips used for any substance which may attract vermin must be emptied regularly and before significant decomposition of foodstuffs etc. takes place.
10. A responsible person must be designated to ensure the correct completion of waste transfer documentation.
11. When used with debris chutes, skips must be covered to prevent materials and dust escaping. Where chutes are near areas of public access, they must be barriered off and a watchman posted.
12. Skips should only be lifted by a crane where permission has been sought from the Hire Company, that the skip is designed and safe to be lifted. Should there be any signs of significant corrosion in the base of the skip or at the lifting points, the skip must not be lifted.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 104

Use of Waste Skips

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**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input type="checkbox"/>	Fall Arrest	<input type="checkbox"/>		<input type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Work which disturbs non-asbestos insulating material

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED			
L	S	RR	L	S	RR	
Inhalation of airborne fibres	3	2	6	2	2	4
Working in restricted/confined spaces – heat stress	2	2	4	1	2	2
Skin contact with material causing irritation	2	2	4	1	2	2
Airborne fibres entering eyes	2	2	4	1	2	2

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Check COSHH assessment (or carry out new assessment) for the material to be encountered.
2. Ensure all PPE is available before work starts.
3. Consider use of dust suppression (e.g. water mist spray)
4. Segregate work area using enclosures or screens so as to prevent the spread of airborne fibres.
5. Provide ventilation to the work area (but not so as to create more airborne dust).
6. Provide close supervision to ensure that the correct PPE is being used – gloves, eye protection, protective overalls, respiratory protective equipment (RPE).
7. RPE must be to a standard not less than EN149:FFP2S

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 105

Work which disturbs non-asbestos insulating material

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**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input checked="" type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input checked="" type="checkbox"/>	R.P.E.	<input checked="" type="checkbox"/>	Fall Arrest (In MEWP)	<input type="checkbox"/>		<input type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

COSHH information.

Information contained in other assessments (e.g. work at height, work in attics and roof spaces etc.)

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Working in the vicinity of Asbestos Containing Materials (ACM)

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED CONTROLLED

L S RR L S RR

Inhalation of asbestos fibres if ACM is disturbed

3 3 9 1 3 3

**PERSONS AT RISK**

Y/N

**DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y

Other contractors who may be working in the area

THIRD PARTIES

N

**CONTROL MEASURES:**

- All persons undertaking work where there is a foreseeable risk of being exposed to ACM must have received "Category A" asbestos awareness training within the previous 12 months.
- The supervisor must personally inspect the asbestos register for the work area to ensure that no ACM is likely to be disturbed during the work. The level of survey used to prepare the register should be a "Demolition/Refurbishment" survey.
- All operatives must be made aware of the locations of nearby ACM and provided with clear instructions not to disturb it.
- As part of the induction briefing for this work, all personnel must be instructed in the actions to be taken in the event of accidental exposure to, or disturbance of, ACM:-
  - Cease all work immediately and leave the area.
  - Inform the supervisor of the nature of the occurrence.
  - Do not re-commence operations until specifically informed by the supervisor that the area is clear and it is safe to proceed.
- The supervisor must follow the following procedure if exposure to ACM is suspected:-
  - Clear the work area of all personnel.
  - Notify the client/principal contractor.
  - Suspend all operations until written confirmation is obtained stating that the work area is clear of ACM.
- In the event that disturbance of ACM occurs, the actions described in paragraphs 247 to 251 of ACoP for the Control of Asbestos Regulations (L143) must be taken (a copy must be appended to this assessment and held on site). SWSC must also be informed for further guidance (tel: 029 2062 8763).
- Should a disturbance of ACM occur, those responsible for cleaning the area before work can re-start must be Category A or B trained.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

**RISK ASSESSMENT**  
Drilling into Asbestos Containing Material (ACM)

RA106

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**ADDITIONAL CONTROLS:** *(Assess on site and record any additional precautions here)*

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing		Gloves	
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

**REVIEW AND MONITORING:**

Review for each specific location, in light of further information becoming available or a change in conditions/circumstances.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment.  
Asbestos awareness training (UKATA Category 3)

***The following persons have received the information contained in this assessment:***

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

*For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763*

# RISK ASSESSMENT

## Disposal of Fluorescent Luminaries

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	2	2
2	2	4	1	2	2

Handling or passing near to broken luminaries – inhalation and absorption of cadmium and mercury

Cuts or lacerations caused by flying or broken glass

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Carry out specific COSHH assessment of lamps are to be intentionally broken or crushed in the workplace.
2. When planning work, (especially demolitions and refurbishments), consideration must be given to the likely quantity of fluorescent lamps and the most effective means of their removal and disposal. Remote demolition/handling (by excavator) preferred.
3. For large quantities, liaise with the Local Authority Environmental Health Department regarding disposal.
4. Fluorescent lamps must be treated as controlled waste and kept separate from other waste.
5. Wherever practicable, do not break lamps, but deliver them intact to the disposal site.
6. If off-premises disposal has been arranged, a suitable area must be designated for their temporary storage.
7. Containers used for the storage of lamps awaiting disposal must be suitably marked.
8. If lamps are stored in skips, water leakage from the skip must not be allowed.
9. When handling, always wear protective gloves.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 108

Disposal of Fluorescent Luminaries

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input checked="" type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input checked="" type="checkbox"/>	Fall Arrest (In MEWP)	<input type="checkbox"/>		<input type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
COSHH information.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763



# RISK ASSESSMENT

RA 109

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Material Storage

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	2	4	1	2	2
2	3	6	1	3	3

Injuries to persons caused by incorrectly stored materials falling from height  
 Musculoskeletal injuries caused by incorrect lifting and handling  
 Working with and in the proximity of mechanical lifting and handling machinery (e.g. fork lift trucks, conveyors, trolleys etc.) – crush and other contact related injuries

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Ensure that minimum quantities of materials are ordered in line with work programme, thus reducing quantities stored.
2. Ensure that storage areas are level.
3. Follow manufacturer's recommendations with respect to temperature, humidity and stacking requirements.
4. For hazardous substances, see COSHH assessments or prepare new.
5. Palletised loads should not be stacked more than two high unless otherwise indicated.
6. Provide manual handling training to all employees. Use mechanical means wherever reasonably practicable.
7. Segregate pedestrian and traffic routes wherever practicable. In restricted spaces, consider whether proper use is being made of audible and visible warnings and high-visibility clothing.
8. Compressed gas cylinders must be stored upright, away from accommodation and work areas.
9. Use chocks or other devices to ensure that cylindrical objects cannot roll.
10. All containers must be clearly marked with their contents.
11. Secure storage must be provided for hazardous substances.
12. Provide trays or bunds to contain leaks and spillages.
13. Ensure that adequate access to above and below ground storage areas is provided.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 109

Material Storage

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

COSHH information for hazardous substances.

Manual handling training.

Information contained in other assessments (e.g. use of fork lift trucks, work at height, manual handling, use of racking systems etc.)

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

RA 110

Page  
1 of 2

Storage and Use of Liquid Petroleum Gas (LPG) – up to 150 litres (66kg)

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	3	6	1	3	3
2	3	6	1	3	3

Leaks from containers causing fire, explosion or asphyxia  
 Explosions due to containers being exposed to excessive heat (e.g. in fires)  
 Explosions due to containers being exposed to substances (chemical reaction)

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Cylinders must be stored well away from acids and other highly flammable, combustible or oxidising materials.
2. **Avoid stacking cylinders wherever practicable.** If it is necessary to stack cylinders, the stack must not be more than 2.5m high.
3. Empty containers must be treated in the same manner as full cylinders, but marked "MT" (empty) and kept separate from full containers.
4. Empty containers must be stored with their valves fully closed.
5. Only the minimum required amount of LPG should be held in storage. Adequate signage must be provided, including a "No Smoking" sign.
6. Adequate ventilation must be provided to all storage areas, although secure storage in open mesh, lockable containers away from buildings, drains, excavations and roadways is preferred.
7. Cylinders must always be stored upright.
8. When not in use, cylinders must be returned to the designated storage area.
9. Cylinders without relief valves are no longer permissible and must be taken out of use.
10. Cylinders with damaged valves or threads must be appropriately labelled and returned to the supplier.
11. In the event of fire involving LPG, the fire service must be called immediately.
12. No attempt should be made to tackle an outbreak of fire involving LPG until the gas supply has been turned off.
13. If it is safe to do so, a fire may be tackled but only by persons trained to do so.
14. Cylinders must be placed in proper trolleys or lashed upright to prevent toppling.
15. Hoses from cylinders to equipment must not be over stretched or trailed over walkways and roads.
16. All equipment which uses LPG and all connections and hoses must be subjected to regular inspection and maintenance.
17. Hot work must cease one hour before end of shift and 30 and 60 minute fire inspections of the workplace carried out.
18. Never apply direct heat to cylinders; do not crush or cut cylinders.
19. Manual handling training must be provided to persons involved in the movement and storage of cylinders.
20. Explosion from contact with oil/grease

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

## RISK ASSESSMENT

RA 110

Storage and Use of Liquid Petroleum Gas (LPG) – up to 150 litres (66kg)

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

Check PPE requirements according to the activity taking place.

### PERSONAL PROTECTIVE EQUIPMENT:

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances  
LPG storage areas must be subject to regular inspection

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Fire safety training.  
Manual handling training.  
Instruction on “No Smoking”

### *The following persons have received the information contained in this assessment:*

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

*For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763*

# RISK ASSESSMENT

Storage and Use of Highly Flammable Liquid (HFL)

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND:** Likelihood and Severity :- 1=Low 2=Medium 3=High  
Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

<b>RISK ASSESSMENT</b>					
<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
2	3	6	1	3	3
2	3	6	1	3	3
2	3	6	1	3	3
2	2	4	1	2	2

Fire  
Explosion  
Asphyxiation from fumes  
Environmental contamination

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Before using HFL, consider whether it can be substituted with non-flammable liquids or those with flash points above 55°C.
2. HFL must be stored well away from other flammable substances and oxidising agents.
3. A permit to work system is recommended for all work involving HFL.
4. All plant and equipment used for the handling of HFL must be electronically bonded, including measures to prevent the build up of static electricity.
5. Dispensing points must be fitted with quick action (non-automatic) shut off valves fitted with flame arrestors.
6. Wherever practicable, do not stack drums, but if necessary stack to a height not exceeding 2m.
7. HFL with very low flashpoints must be shielded from heat sources (including the sun).
8. A suitable fire-resistant storage area must be provided. It must be adequately signed.
9. Ensure that only minimum amounts of HFL are stored.
10. Avoid contamination of watercourses.
11. Obtain manufacturer's Hazard Data Sheet – prepare COSHH Assessment.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 111

Storage and Use of Highly Flammable Liquid (HFL)

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.	√	Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances  
HFL storage areas and containers must be subject to regular inspection

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment and COSHH Assessment.  
Fire safety training.  
Emergency procedures.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

RA 112

Safe Use of Abrasive Wheels

Page  
1 of 2

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
	Particles from workpiece and/or abrasive wheel entering eyes, causing injury or blindness	3	3	9	1	3
Body contact with abrasive wheel – severe lacerations or amputation	3	3	9	1	3	3
Bursting wheels – multiple injuries	2	3	6	1	3	3
Fire – caused by creation of heat and/or sparks	2	2	4	1	2	2
Fumes – petrol fumes from fuel and carbon monoxide from exhaust	2	3	6	1	3	3
Electric shock from electrical machines (and HT Lead on petrol machines)	2	2	4	1	2	2
Inhalation of dusts, particularly when cutting stone	2	2	4	1	2	2
Hand/Arm Vibration Syndrome injuries caused by prolonged use	2	2	4	1	2	2
Hearing damage from excessive exposure to noise	3	2	6	1	2	2

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. The material being cut must be adequately secured to prevent displacement. Certain machines, i.e. Chop Saw, must have an adjustable clamp fitted – this must be in working order.
2. No person may mount an abrasive wheel onto a spindle unless properly trained and certificated. (Contact SWSC to arrange training if required).
3. All guards must be in place. The guard should cover the whole wheel or disc except for that part necessarily exposed to do the work. **Eye protection (goggles) must be worn.** Certain machines will have an automatic guard covering the abrasive wheel – where fitted, this must be maintained.
4. For cutting off use only straight-sided wheels. Check information provided on abrasive wheel.
5. Depressed centre wheels may only be used for grinding. Check information provided on abrasive wheel.
6. Portable equipment must only be used when standing on a firm, level base.
7. Abrasive wheels must be stored flat in a dry location, not more than 30 deep. Do not hang on nails/hooks.
8. Do not use wheels or discs which are chipped or damaged.
9. The correct washer, bolt and spanner must be used for releasing an abrasive wheel which is to be changed. If any of these are not available, the machine must not be used.
10. On electric machines, ensure the power source is isolated before carrying out inspections or changing the wheel.
11. Select the correct wheel for the job (wheels for stone will cut steel – steel will not cut stone).
12. The maximum permissible RPM of the wheel must exceed that of the machine on which it is to be used.
13. Do not refuel petrol machines at the workplace – take the machine to a remote, safe fuelling point.
14. Always clean out inside the guard before fitting a new wheel.
15. Check that the wheel moves freely before starting.
16. Ensure sparks do not ignite any combustible material or flammable substance in the work area.
17. Loose clothing and ties must not be worn by operators.
18. All work equipment must be inspected weekly and thoroughly examined at least every 12 months. Written records should be maintained.

# RISK ASSESSMENT

RA 112

## Safe Use of Abrasive Wheels

Page 2 of 2

### **ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

The abrasive wheel must be "locked" prior to undoing the retaining bolt.  
For most petrol-engined machines, a steel bar is provided, for insertion into a hole on the right-hand side of the machine.  
For most electric machine, a spring-loaded "button" should be depressed and held in position whilst the bolt is released.

A separate vibration assessment will be required if prolonged use of disc cutters is envisaged.

### **PERSONAL PROTECTIVE EQUIPMENT:**

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	√	Eye/Face Protection	√	Hearing Protection	√	Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.	√	Fall Arrest (In MEWP)			

### **REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

### **INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment.  
Operator training.

### **The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763



# RISK ASSESSMENT

Use of Hand Tools

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	2	4	1	2	2
2	2	4	1	2	2
2	2	4	1	2	2

Injuries to eyes caused by flying particles

Injury to hands, feet and body from contact with tool or workpiece

Sprains and strains caused by using hand tools incorrectly

Injury caused by tripping over tools (due to poor housekeeping)

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

- Ensure that hand tools are not used for any other than their intended purpose, e.g. do not use a screwdriver as a chisel
- Operatives must carry out visual checks of hand tools before their first use each day. Damaged or dangerous tools must not be used.
- Eye protection MUST be used whenever work is carried out using cold chisels or any other tools where there is a risk of flying particles.
- Open-bladed knives, screwdrivers and other sharp tools must not be carried in pockets or in any manner which could cause injury to the user or others.
- In flammable atmospheres or where highly flammable substances may be present, only non-ferrous (spark free) tools must be used.
- Sharpening is a skilled task and must only be carried out by trained and authorised persons.
- Tools must not be left lying about but returned to storage after use.
- Common faults which must be checked for include:
  - mushroomed heads on chisels
  - loose and damaged hammer and file handles
  - splayed jaws on open-ended spanners
  - damaged pick and shovel handles
  - damaged screwdriver blades
- Periodic thorough examinations are recommended, with records kept
- Certain tasks using hand tools can result in high sound pressures – hearing protection must be worn if carrying out sustained hammering or other noisy tasks.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 114

Use of Hand Tools

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input checked="" type="checkbox"/>	Hearing Protection	<input checked="" type="checkbox"/>	Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Operator training.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

## Working with Knives

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND:** Likelihood and Severity :- 1=Low 2=Medium 3=High  
 Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

<b>RISK ASSESSMENT</b>						
UNCONTROLLED			CONTROLLED			
L	S	RR	L	S	RR	
Severe laceration, which could result in significant loss of blood, loss of feeling and numbness	2	3	6	1	3	3

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	Knife user and any person in the immediate vicinity
CONTRACTORS	N	
MEMBERS OF PUBLIC	N	
OTHERS	N	

**CONTROL MEASURES:**

1. Ensure that the knife is the correct tool for the job.
2. Carry out a visual inspection of the knife, ensuring that the blade is secure **and is sharp.**
3. Use closed blade style safety knife when cutting shrink wrap or opening boxes.  
Use open blade safety knife when cutting card.
4. Open-bladed knives must not be carried in pockets or in any manner, which could cause injury to the user or others.
5. When in use:
  - Cut away from body, keep free hand clear of cut etc.
  - Secure the work piece.
  - Approved gloves to be worn when cutting with open bladed knife through thick material, due to increased risk of slip.
6. Ensure that storage policy is enforced. Knives must be stored in designated locations and with blades retracted at all times.
7. Ensure that all personnel are trained on safe use of sharps –
8. Ensure that all personnel promptly report any cuts and seek first aid to reduce risk of infection.
9. Ensure that all personnel are trained in correct method of changing blades.
10. Blades to be disposed of in approved sharps containers.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
 Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 114a

Working with Knives

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection		Eye/Face Protection		Hearing Protection		Hi-visibility Clothing		Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Use of Laser Levelling Equipment

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	2	4	1	2	2

Injuries to eyes

Damage to skin (burns)

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

1. Wherever practicable, use class 1 or class 2 lasers.
2. If using lasers more powerful than class 2, a laser safety officer must first be appointed and an additional detailed risk assessment carried out.
3. Laser beams must never be directed towards personnel or vehicles.
4. Always switch off laser equipment when not in use.
5. All work with laser levelling equipment must be carried out under the supervision of a competent person, by trained and authorised persons only.
6. Always read the manufacturer's instructions before using laser equipment and follow all precautions diligently.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 116

Use of Laser Levelling Equipment

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input checked="" type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input type="checkbox"/>	Fall Arrest	<input type="checkbox"/>		<input type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Operator training.  
Manufacturer's instructions.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

RA 118

Work at Height (General)

Page  
1 of 2**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and. Where necessary, explain how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	3	6	1	3	3
2	3	6	1	3	3

Falls of persons from height

Falls of materials

Injuries caused by contact with overhead obstructions

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

Y

CONTRACTORS

MEMBERS OF PUBLIC

OTHERS

**CONTROL MEASURES:**

1. Before undertaking any work at height, determine whether it is necessary. If any of the work can be undertaken at ground level, do this in preference to working at height.
2. When work at height is being undertaken, the area under and around the work area should be cordoned off to prevent entry into unauthorised areas.
3. Daily checks must be carried out to see that all guard rails and toe boards are in place, all scaffold boards are in place and, where necessary, secured and that no traps are present.
4. If guard rails are removed to allow materials to be lifted onto or lowered off platforms, they must be replaced immediately the task has been completed.
5. Materials must not be thrown down from height. Use chutes, hoists or other safe means.
6. All persons who undertake work at height must be competent and trained to do so.

**Always adhere to the hierarchy of controls when planning work at height:-**

- a. Avoid work at height where reasonably practicable
- b. Use work equipment or other measures to prevent falls
- c. If the risk of a fall cannot be eliminated, use work equipment or other measures to minimise the distance and consequences of a fall should one occur.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 118

Work at Height (General)

Page 2 of 2

## ADDITIONAL CONTROL MEASURES

Ensure that access is suitable to allow for recovery of persons in the case of emergency. If this is not the case, a detailed emergency rescue plan will be required.

Refer to other risk assessments that deal with specific aspects of work at height, such as use of mobile tower scaffolding, work from scaffolding, holes voids and edges etc.

When selecting work equipment, always give priority to collective measures over PPE.

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest	<input checked="" type="checkbox"/>		

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763



# RISK ASSESSMENT

Use of Ladders and Mobile Scaffold Towers (MST) for General Access and Works of Short Duration

Page  
1 of 2

## LOCATION:

## ASSESSED BY:

## DESIGNATION:

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

### RISK ASSESSMENT

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	3	9	2	3	6
3	3	9	1	3	3
2	2	4	1	2	2
2	2	4	1	2	2
2	3	6	1	3	3

Falls of persons from ladders causing fractures, bruising and/or internal injuries

Falls of persons from MST causing fractures, bruising and/or internal injuries

Falls of materials from ladders, striking persons below

Falls of materials from MST, striking persons below

Striking overhead cables with metal ladders or MST – electric shock

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

## CONTROL MEASURES:

1. Ladders must not be used for access and/or work at height except under exceptional circumstances, e.g. ONLY where it is not reasonably practicable to provide an alternative (MST or other).
2. Exceptional circumstances may include working areas where:
  - Where the risks associated with the erection or dismantling of MSTs are greater than those for ladder use
  - The work is of short duration
  - Existing features (which cannot be easily altered) result in an unsuitable or inadequate working area for the provision, erection or dismantling of MSTs.
3. Where the use of ladders is necessary, the requirements set out in the “Additional Control Measures” section of this assessment must be adhered to.
4. Men and materials must not be allowed to remain on MSTs whilst they are being moved.
5. Before erecting ladders or MSTs ensure that there are no overhead obstructions or cables.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

## RISK ASSESSMENT

RA 119

Use of Ladders and Mobile Scaffold Towers (MST) for General Access and Works of Short Duration

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

**LADDERS:**

Only use ladders for works of short duration.

Ladders must be checked before use for correct length, type and condition.

Ladders must be regularly inspected and maintained.

Ladder work must be restricted to that which can be carried out using one hand only.

The ground/base for the ladder must be firm and level.

The correct ladder angle is 75 degrees (or 1 in 4).

Ladders must be secured by tying at the top or at the bottom or footed. Effective anti-slip devices may be used.

Ensure that ladder work is monitored – no over-reaching or two-handed work.

Damaged ladders must be taken out of use.

Ladders must extend at least 5 rungs above the landing point or an alternative hand-hold provided.

**MSTs:**

Must be constructed by competent persons, with guardrails and toeboards provided.

Inspect MSTs daily and make a written record at least every 7 days.

Consider MST specification with regard to ground conditions, height restrictions and overhead obstructions (if present).

Ladder access should be internal and fixed to the narrowest side.

Maximum height: base ratio not to exceed 3.5:1(internal) or 3:1(external) unless ties are used.

Competent person must inspect MST after each alteration or adverse weather conditions.

### PERSONAL PROTECTIVE EQUIPMENT:

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

Operator training.

Manual handling training for MST erectors

### The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

# RISK ASSESSMENT

Use of Step Ladders for General Access and Works of Short Duration

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High  
**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
Falls of persons from step ladders causing fractures, bruising and/or internal injuries	3	3	9	2	3	6
Falls of materials from step ladders, striking persons below	2	2	4	1	2	2
Striking overhead cables with metal step ladders – electric shock	2	3	6	1	3	3

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
CONTRACTORS	N	
MEMBERS OF PUBLIC	N	
OTHERS	N	

**CONTROL MEASURES:**

1. Step Ladders must not be used for access and/or work at height except under exceptional circumstances, e.g. ONLY where it is not reasonably practicable to provide an alternative (Mobile Scaffold Tower, Pop-up, MEWP/other).
2. Exceptional circumstances may include working areas where:  
 Where the risks associated with the erection or dismantling of MSTs/other are greater than those for ladder use.  
 The work is of short duration.  
 Existing features (which cannot be easily altered) result in an unsuitable or inadequate working area for the provision, erection or dismantling of MSTs.
3. Where the use of ladders is necessary, the requirements set out in the “Additional Control Measures” section of this assessment must be adhered to.
- 4.
- 5.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

**RISK ASSESSMENT**

Use of Step Ladders for General Access and Works of Short Duration

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

**STEP LADDERS:**

Only use ladders for works of short duration or where it is not possible to use a safer alternative.

Step Ladders must be checked before use for correct length, type and condition.

Step Ladders should be to Class 1 Industrial/EN 131.

Step Ladders must be regularly inspected and maintained.

Step Ladder work must be restricted to that which can be carried out using one hand only.

The ground/base for the ladder must be firm and level.

Operatives must not stand on the top step of the Step Ladder.

The Step Ladder must not be overloaded.

**PERSONAL PROTECTIVE EQUIPMENT:**

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment and Toolbox Talk INDG 403 (available from SWSC).

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

# RISK ASSESSMENT

RA 120

Page  
1 of 2

## Use of Portable Electrical Equipment

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	3	9	1	3	3
3	3	9	1	3	3
2	3	6	1	2	2
2	2	4	1	2	2
3	2	6	1	2	2
2	2	4	1	2	2
2	2	4	1	2	2

Particles from workpiece entering the eyes  
 Body contact with bits or blades – severe lacerations or amputation  
 Electric shock  
 Fire – caused by creation of heat and/or sparks  
 Hearing damage from prolonged exposure to excessive noise levels  
 Vibration injuries caused by prolonged use  
 Trips caused by trailing electrical leads

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Ensure that the machine has been thoroughly examined within the last 12 months (or as specified by the manufacturer). The examination certificate must be available in the workplace where the machine is being used.
2. Planning of work must include consideration of COSHH and noise assessments, type of machine, installation of electric supply and materials handling requirements.
3. Machines must be sited safely and, where practicable, after consideration of operational sequence.
4. Portable equipment must only be used when standing on a firm, level base.
5. 1 metre back space must be provided for operators to ensure that workpiece does not interfere with adjacent personnel or operations.
6. All machinery must be checked before each use to ensure that all guards are in place and effective.
7. Use battery or 110volt equipment. Only use 240 volt equipment if there is no alternative.
8. All 240v circuits must be protected with RCDs.
9. Power leads must be positioned to prevent damage or the creation of tripping hazards.
10. Ensure the power source is isolated before carrying out inspections or maintenance.
11. Specific noise and vibration assessments will be necessary for sustained use. See appropriate guidance in safety manual for further information.
12. Ensure sparks do not ignite any combustible material or flammable substance in the work area.
13. Loose clothing and ties must not be worn by operators.
14. Bits and blades must be checked regularly for sharpness/effectiveness. Switch off and isolate equipment before carrying out adjustments or changing bits/blades.
15. Only properly trained and authorised persons over the age of 18 must be permitted to operate portable electrical equipment.
16. Ensure the correct PPE is available for the equipment and used on every occasion.
17. Electrical equipment must be marked with an identification number and electrical test sticker.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 120

Use of Portable Electrical Equipment

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection	√	Hearing Protection	√	Hi-visibility Clothing	√	Gloves	
Foot Protection	√	Safety Clothing		R.P.E.	√	Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances  
Always consider the general requirements of this assessment AND the specific conditions applying.

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Operator training.  
Information regarding the selection and use of PPE.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

RA 121

Page  
1 of 2

Noise at Work

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND:** Likelihood and Severity :- 1=Low 2=Medium 3=High  
Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
Damage to hearing caused by prolonged exposure to noise above 80dB(A)	3	2	6	1	2	2
Damage to hearing caused by prolonged exposure to noise above 85dB(A)	3	3	9	1	3	3
Damage to hearing caused by any exposure to noise above 87dB(A) (200 pascals)	2	3	6	1	3	3

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. For all work activities, noise levels must be reduced to their lowest practicable level using means other than hearing protection (e.g. screens, mufflers, engineering solutions etc.).
2. Between 80 and 85dB(A), all employees must be advised to wear hearing protection and provided with it on request.
3. Above 85dB(A) the use of hearing protection is mandatory and must be strictly enforced.
4. Where the noise level regularly exceeds 85dB(A) and it is practicable to do so, hearing protection zones must be designated. Access to these zones must be restricted to necessary personnel only and signs erected to this effect.
5. For high risk areas and activities, a separate, specific assessment is recommended.
6. Ensure that different type of hearing protection is available so as to suit individual requirements (e.g. earmuffs, earplugs, semi-inserts).
7. Ensure that the hearing protection selected is effective in reducing exposure to a safe level (ie. below 80dB(A)).
8. Earplugs should only be used once, and never by persons with dirty hands.
9. Semi-inserts must be washed before each use, according to manufacturer's instructions.
10. Dirty or damaged hearing protection must not be used.
11. If hearing protection is to be used in conjunction with other PPE, care must be taken to ensure that one does not impair the effectiveness of the other (e.g. when using ear muffs attached to a safety helmet, care must be taken to ensure that an effective seal around the ear is maintained at all times).

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 121

Noise

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	Eye/Face Protection	Hearing Protection	√	Hi-visibility Clothing	Gloves
Foot Protection	Safety Clothing	R.P.E.		Fall Arrest (In MEWP)	

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

Operator training.

Information regarding the selection and use of hearing protection.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**



**RISK ASSESSMENT**

Holes, Voids &amp; Edges

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	3	6	1	3	3

Persons falling into holes and voids or from open edges

Falls of materials onto persons below

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

- Where persons may fall any distance from which a foreseeable injury may occur, edge protection must be provided.
- Toe boards must be provided to prevent the falls of men and materials.
- Openings in floors must be robustly covered and "Hole Below" signs erected. Alternatively, guard rails and toe boards may be erected around the hole.
- Ground chambers, such as manholes and gully pots must be covered with their permanent covers/lids wherever practicable. Temporary covers must be sufficiently robust as to prevent persons falling through them or becoming accidentally dislodged.
- The top guard rail must be at least 950mm above the working platform.
- Toe boards must be at least 150mm high.
- There must not be an unprotected gap between the toe board and the top guard rail of more than 470mm.
- Where reasonably practicable, do not store materials near holes or edges.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 123

Holes, Voids & Edges

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Use of Mobile Elevating Work Platforms (MEWPs)

Page  
1 of 2

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm.

	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
Collision with other plant, vehicles, structures and persons	2	3	6	1	3	3
Overloading (causing overturning or failure of lifting mechanism)	2	3	6	1	3	3
Overturning (on steep inclines or due to overloading or poor ground conditions)	2	3	6	1	3	3
Mechanical or hydraulic failure (caused by overloading or poor maintenance)	2	3	6	1	3	3
Contact with overhead live services or obstructions, caused by failure to observe surrounding area (possibly causing entrapment between the MEWP and the obstruction)	3	3	9	1	3	3
Risks associated with the repair and maintenance of MEWPs	2	2	4	1	2	2
Slips trips and falls when getting in or out of MEWP	2	2	4	1	2	2
Exposure to excessive noise levels for prolonged periods	2	2	4	1	1	1
Falls of persons from raised platform	2	3	6	1	3	3
Falls of materials from raised platform	2	3	6	1	3	3

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
OTHER CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**
PLANNING STAGE

Locate all overhead services in and around the work area and provide barriers and markers as necessary. Identify adverse gradients and ground conditions – select appropriate machines (e.g. rough terrain) and operating position.

Ensure correct equipment is selected after consideration of working space (including slewing area for cherry pickers), ground conditions, MEWP capacity, operator visibility and working height & reach.

Set out traffic and pedestrian routes to avoid swing areas of cherry pickers and blind spots.

Ensure a sufficient number of trained and authorised personnel are available to carry out the job, without the need to resort to untrained operators.

ON SITE

Keep machinery a safe distance from excavations, benches or batters.

Check certification of machines and operators before allowing work to commence. Machine must be inspected at least weekly and records kept in register.

Check machine controls and safety features are working correctly before use.

Ensure outriggers are working and are deployed where required.

Ensure the MEWP operator is fully aware of the nature of the work to be carried out.

Ensure workers are made fully aware of their duties and work sequences.

The work area must be barriered off to prevent unauthorised access into dangerous areas.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 124

## Use of Mobile Elevating Work Platforms (MEWPs)

Page 2 of 2

### **CONTROL MEASURES:** *(Continued)*

Always enter and leave the MEWP using the proper steps and hand holds.  
Persons in the working platform must wear safety harnesses attached to a secure anchorage point.  
Operators must lower the platform, switch off and remove the keys before leaving the machine unattended.  
The load capacities of the machine must never be exceeded.  
Hearing protection must be worn by operator and workers in vicinity if noise levels are above 85dB(A).

### **PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

Head Protection	√	Eye/Face Protection		Hearing Protection	√	Hi-visibility Clothing		Gloves	
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest	√		

### **REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances  
Monitored by Supervisor and MEWP operator.

### **INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment, method statement and construction phase health & safety plan (where appropriate).  
Site safety induction

### **The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

*For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763*

**RISK ASSESSMENT**

Use of Lifting Equipment (General)

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High****Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)****SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	3	6	2	2	4
2	2	4	1	2	2
2	3	6	1	3	3

Unintentional release of load

Unplanned movement of load

Damage to equipment and load

Crush injuries to personnel

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

1. Check certification of lifting equipment and operator before allowing work to commence.
2. When selecting lifting equipment, consideration must be given to the weight, size, shape and centre of gravity of the load.
3. All lifting gear should be individually identifiable and stored so as to prevent damage or deterioration.
4. The safe working load of the lifting equipment and all lifting gear must be clearly marked on the item and never exceeded.
5. All lifting gear must be visually inspected before each use.
6. Lifting gear (chains, slings etc.) must be protected from damage during lifting by the use of packing on sharp edges.
7. Before fully raising the load, checks must be made to ensure that it is being lifted evenly and is not likely to swing or sway when raised.
8. Tail ropes must be used for larger loads to assist in manoeuvring operations.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 125

Use of Lifting Equipment (General)

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

This assessment must be read in conjunction with the assessments for the lifting equipment and for slinging operations.

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Operator training.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

**RISK ASSESSMENT**

Slinging of Loads

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	3	6	1	2	2
2	2	4	1	2	2
2	3	6	1	3	3
2	2	4	1	2	2

Unintentional release of load

Unplanned movement of load

Damage to equipment and load

Crush injuries to personnel

Trap injuries – fingers being caught between sling/chain and load

**PERSONS AT RISK**

Y/N

**DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

1. Check certification of lifting equipment and slingers before allowing work to commence.
2. When selecting lifting equipment, consideration must be given to the weight, size, shape and centre of gravity of the load.
3. All lifting gear should be individually identifiable and stored so as to prevent damage or deterioration.
4. The safe working load of the lifting equipment and all lifting gear must be clearly marked on the item and never exceeded.
5. All lifting gear must be visually inspected before each use.
6. Lifting gear (chains, slings etc.) must be protected from damage during lifting by the use of packing on sharp edges.
7. Before fully raising the load, checks must be made to ensure that it is being lifted evenly and is not likely to swing or sway when raised.
8. Tail ropes must be used for larger loads to assist in manoeuvring operations.
9. No persons are allowed to stand or work within the operating radius of the lifting appliance without the operator's express permission.
10. Loads must not be transported over persons.
11. A banksman must be used at all times when the operator's vision is impeded or whilst operating in a congested area.
12. Work must cease if weather conditions are likely to prevent safe operations.
13. The area within the arc of the operation must be cleared of personnel before the load is lifted.
14. No person may be permitted to stand below a suspended load.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 126

Slinging of Loads

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

This assessment must be read in conjunction with the assessments for the lifting equipment and for lifting operations.

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and related assessments.  
Operator training.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

SIGNED BY ASSESSOR:

DATE:



# RISK ASSESSMENT

RA 128

Page  
1 of 2

Lone Working

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR

**N.B.** This assessment must be considered in conjunction with the task-specific risk assessment and procedures prepared for the work activity in hand.

1. Hazards which have an increased chance of occurrence because of lone working
  - a. Violence against the person
  - b. Accidents caused by tiredness
  - c. Accidents caused by exceeding personal capabilities (e.g. manual handling)
  - d. Lone workers attempting jobs designed for two or more persons
  
2. Hazards which have more serious consequences for lone workers
  - a. Slips, trips and falls
  - b. Entanglement in machinery
  - c. Electric shock
  - d. Cuts resulting in severe loss of blood
  - e. Effects of existing medical conditions
  - f. Other medical emergencies

Variable

Low

Variable

Low

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Where the risk to lone workers **cannot** be reduced to “low”, lone working must not be permitted.
2. Lone workers must be fully trained and competent.
3. Personal portable communication equipment (telephone or radio) to be carried at all times by lone workers.
4. Lone workers to carry portable fire extinguisher and first aid kit. Not to left in vehicle if working away from it.
5. Lone workers must call in or visit office at least twice a day (or as arranged).
6. A ‘shut down procedure’ must be devised which ensures that, at the end of the normal day, the office makes final contact with the lone worker and instigates arrangements for out of hours contact (if necessary).
7. Management must make periodic checks of lone working activities to ensure safe practice.
8. Management must periodically check contact procedures to ensure they are effective.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 128

Lone Working

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Communication Equipment (radio/phone etc.)			<input checked="" type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances.  
Check that this assessment is fully applicable to each lone working activity undertaken.

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Clear information about tasks to be undertaken.  
Contact arrangements.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

## Use of Fork Lift Trucks

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	3	9	1	3	3
3	3	9	1	3	3
3	3	9	1	3	3
3	2	6	1	2	2

**Vehicle overturning:-** travelling across gradients, uneven ground, speeding, travelling with load raised, turning too sharply, incorrect loading on forks, overloading

**Fall of load from forks:-** travelling with load raised, travelling across gradients, incorrect direction of travel on slopes, turning too sharply, uneven loading

**Contact with persons:-** restricted view when carrying large loads, pedestrians walking into operating area, lack of reverse alarm, speeding, lack of concentration

**Contact with other vehicles:-** restricted view when carrying large loads, other vehicles entering work area, lack of reverse warning, speeding, lack of concentration

**PERSONS AT RISK**      **Y/N**      **DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

1. Only trained, certificated and authorised persons are permitted to operate fork lift trucks
2. Daily and 50 hour inspections must be carried out and defects rectified
3. Thorough examinations must be carried out by competent person (usually insurance engineer or supplier)
4. Ensure SWL for all configurations is clearly marked on the truck
5. Trucks to be fitted with beacon and reverse alarm, both of which must be fully operational
6. Switch off engine and remove keys if left unattended
7. Always be aware of other pedestrians and vehicles operating in your area

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 129

Use of Fork Lift Trucks

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

Operator training.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Hammer Drill - 110 volt

**ASSESSED  
BY:****DESIGNATION:****LOCATION:****WORK ACTIVITY:** Use of Hammer Drill – 110 volt (DeWalt, Makita, Bosch & other)**LEGEND:** Likelihood and potential Severity :- 1=Low 2=Medium 3=High

Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:****RISK ASSESSMENT**

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
	Eye injury from dust or particle	2	3	6	1	3
Personal injury – laceration from contact with drill bit	2	2	4	1	2	<b>2</b>
Electric shock (110 volt), personal injury, burns	2	2	4	1	2	<b>2</b>
Ill-health from inhalation of dust	2	2	4	1	2	<b>2</b>
Noise induced hearing loss	2	2	4	1	2	<b>2</b>
Ill-health from effect of vibration (Hand/Arm Vibration (HAV))	2	2	4	1	2	<b>2</b>

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

√

SUB-CONTRACTORS

CONTRACTORS

X

OTHERS

X

**CONTROL MEASURES :**

1. Eye protection recommended to be worn.
2. Equipment to be maintained in good working order.
3. Hands/arms and loose clothing to be kept clear of working area.
4. Equipment must have been subject to a test (P.A.T.). Daily inspection required by user.
5. Where possible, equipment should be used externally to allow dust to disperse.
6. Disposable respirator should be worn if dust excessive.
7. Hearing protection must be worn – noise levels will be in excess of 85 dB(A).
8. Where used, cutting tool to be kept sharp.
9. It is not possible to further reduce the noise at source from the equipment.
10. Daily usage time is not expected to exceed 25 minutes per person. **The vibration level could be as high as 11.0 ms/2 (Bosch).**
11. **Maximum usage time reach exposure action value (EAV) of 2.5 ms/2 (over an 8 hour period)(A8) is 25 minutes per day.**

**METHOD STATEMENT:**

<b>PERSONAL PROTECTIVE EQUIPMENT:</b>									
<i>The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected</i>									
Head Protection	y	Eye/Face Protection	y	Hearing Protection	y	Hi-visibility Clothing		Gloves	y
Foot Protection	y	Safety Clothing		R.P.E.	y	Fall Arrest			

**MONITORING AND REVIEW:**

Activities to be monitored by Management.

Review in the light of further information being received, or where there is a change in circumstances.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Content of this risk assessment.

Job briefings for all tasks

<b>The following persons have received the information contained in this assessment:</b>					
Name	Date	Initial	Name	Date	Initial

<b>SIGNED BY ASSESSOR:</b>	<b>DATE:</b>
----------------------------	--------------

# RISK ASSESSMENT

RA 131

Dismantling, Transporting & Re-erecting Heras Fencing Panels

Page  
1 of 2

**EMPLOYER:**

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm.

## RISK ASSESSMENT

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	2	4	1	2	2
2	2	4	1	2	2
2	3	6	1	3	3
2	2	4	1	2	2
2	3	6	1	3	3

Strains and sprains caused by incorrect manual handling of panels and/or bases

Cuts and lacerations from sharp edges of panels

Injuries caused by falls of materials during loading and unloading operations

Persons tripping over bases protruding from fence line

Collapse of panel or panels caused by incorrect erection or in severe weather

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
OTHER CONTRACTORS		
MEMBERS OF PUBLIC		
OTHERS		

### CONTROL MEASURES and WORK METHODS

1. Panels must be handled either mechanically or using two-person lifting techniques.
2. The weight of the bases must be assessed. If under 20kg, single person handling is acceptable, otherwise using two-person lifting techniques.
3. In general do not exceed 25kg (20kg for repetitive lifting)
4. All operatives involved in this task must wear protective gloves and footwear, in addition to any other site requirements (e.g. reflective jackets and hard hats)
5. When loading and transporting, ensure that panels and bases are correctly stacked and secured.
6. Bases must be positioned so as to ensure that a minimum amount of the base protrudes into pedestrian walkways. Where such occurrences cannot be prevented then the bases must be clearly visible and, if necessary, marked with high visibility tape or similar.
7. All panels must be erected in accordance with manufacturer's instructions, using a minimum of two clips for each joint.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 131

Dismantling, Transporting &amp; Re-erecting Heras Fencing Panels

Page 2 of 2

**ADDITIONAL CONTROL MEASURES and WORK METHODS***(Detail here any additional measures required as the contract progresses)***PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**

Head Protection		Eye/Face Protection		Hearing Protection		Hi-visibility Clothing		Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances.

Monitored by J Martin.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment and work method.

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work, contact South Wales Safety Consultancy on (029) 2062 8763



# RISK ASSESSMENT

## Work Near Overhead Electrical Cables

### LOCATION:

### ASSESSED BY:

### DESIGNATION:

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

### RISK ASSESSMENT

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	3	9	1	3	3
3	3	9	1	3	3
3	3	9	1	3	3
2	3	6	1	3	3

Electrical short circuit caused by contact of vehicles with overhead cables

Electrical short circuit caused by contact of scaffold tube with overhead cables

Flash-over: caused by close proximity of cable with vehicles or materials

Dangers caused due to inadequate earthing systems

### PERSONS AT RISK

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

### CONTROL MEASURES:

- Before commencing operations, liaise with electric company to agree, diversions, isolations, safe working clearances, shrouding and any other necessary steps.
- Wherever reasonably practicable, avoid the need to work under or near live overhead cables.
- Barriers and solid goalposts must be erected as required and as agreed with the electricity company, to clearly define areas of operations:-
  - Where no work has to be carried out or plant pass under the overhead lines – barriers erected parallel to the overhead line and not less than 6m from it. The barriers should be surmounted by coloured bunting, forming an additional warning.
  - Where plant may pass under the line – the area where they may pass should be as small as possible and not more than 10m wide. The passageway should be clearly defined by the use of fencing & barriers, and goalposts should be in a position across the width of the passageway. Warning notices must be provided on each side of the passageway advising people of the hazard and giving the crossbar clearance.
  - Where work must be carried out beneath overhead lines – ideally the lines should be diverted or made dead. Where this is not possible, it will be necessary to take additional precautions, including access for plant and materials. The use of all plant must be under the direct supervision of a responsible person. Plant, equipment or tools that could reach into the safe clearance limit of the lines must never be allowed to work under the lines unless physical restrictors are fitted.
- Operations involving the movement of long metal objects, such as scaffold tubes and ladders, in the vicinity of overhead lines must be subject to specific authorisation and supervision.
- Mechanical equipment must be fitted with physical height restrictors where necessary.
- First aider and first aid facilities to be available. First aider must be fully conversant with the treatment of electric shock victims.
- Strict control must be exercised over all plant movements.
- Barriers and warning signs must be regularly monitored to ensure they remain in place and effective.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

Ref: RA 141

Work Near Overhead Electric Cables

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

See assessment XRC 08.

**PERSONAL PROTECTIVE EQUIPMENT:**

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	Eye/Face Protection	Hearing Protection	Hi-visibility Clothing	Gloves
Foot Protection	Safety Clothing	R.P.E.	Fall Arrest	

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this and other related assessments.

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

Erection and use of single man working platforms (“Pulpit Tower”)

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	2	4	1	2	<b>2</b>
3	3	9	1	3	<b>3</b>
2	2	4	1	2	<b>2</b>
2	2	4	1	2	<b>2</b>

Manual handling of working platform causing musculoskeletal injury

Contact with electrically charged cables/installations causing electric shock/fire

Erection of equipment: musculoskeletal injury

Falls from working platform when in use

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	Electricians
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Avoid carrying for long distances or repetitively during the working day.
2. Ensure that there is no “Live” apparatus in the vicinity of the work area. Plan access route(s) in advance.
3. Maintain a good posture during the erection of the working platform.
4. Do not over-stretch from working platform – keep within the guardrails.
5. Men and materials must not be allowed to remain on working platform whilst they are being moved.
6. Ensure wheels are locked prior to use.
7. Access to work platform to be via steps or through access hatch. Do not climb the equipment.

**Remember:** Refer to other risk assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 143

Erection and use of single man working platforms ("Pulpit Tower")

Page  
2 of 2**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

Must be constructed by competent persons, with guardrails and toeboards provided in accordance with Manufacturer's instructions.  
Inspect equipment daily.

**PERSONAL PROTECTIVE EQUIPMENT:**

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input type="checkbox"/>	Fall Arrest	<input type="checkbox"/>		<input type="checkbox"/>

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment.  
Operator training.

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy Limited on (029) 2062 8763

# RISK ASSESSMENT

Use of single man working platforms (Hop-up)

## LOCATION:

## ASSESSED BY:

## DESIGNATION:

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

## RISK ASSESSMENT

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR

**Hop-up not fitted with g/rail** - fall from working platform causing personal injury

3	2	6	1	2	<b>2</b>
---	---	---	---	---	----------

**Hop-up with fitted g/rail** - fall from working platform causing personal injury

2	2	4	1	2	<b>2</b>
---	---	---	---	---	----------

**Hop-up 300mm wide platform** - fall from working platform causing personal injury

3	2	6	1	2	<b>2</b>
---	---	---	---	---	----------

**Hop-up 600mm wide platform** - fall from working platform causing personal injury

2	2	4	1	2	<b>2</b>
---	---	---	---	---	----------

PERSONS AT RISK	Y/N	DETAIL
-----------------	-----	--------

EMPLOYEES	Y	
-----------	---	--

CONTRACTORS	N	
-------------	---	--

MEMBERS OF PUBLIC	N	
-------------------	---	--

OTHERS	N	
--------	---	--

## CONTROL MEASURES:

- Hop-up not fitted with g/rail** – equipment to be in good order and used in accordance with the supplier's instructions. To be used for short duration work. Maximum height of platform suggested to be not greater than **500mm**.
- Hop-up with fitted g/rail** – equipment to be in good order and used in accordance with the supplier's instructions.
- Hop-up 300mm wide platform** – minimise the height of the working platform above ground level (This will vary, depending on manufacture) Height should ideally not exceed 350mm.  
**Hop-up 300mm wide platform** - minimise the height of the working platform above ground level (This will vary, depending on manufacture)

**Remember:** Refer to other risk assessments for activities connected with this assessment.

## RISK ASSESSMENT

Use of single man working platforms (Hop-Up)

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

**PERSONAL PROTECTIVE EQUIPMENT:**

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment.  
Operator training.

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

Young Persons at Work

**ASSESSED  
BY:**
**DESIGNATION:**
**LOCATION:**
**WORK ACTIVITY:**

**Risks to young persons (16 to 18 yrs) working on site - employees and/or work experience placements (Assessed in accordance with the Management of Health & Safety at Work Regulations 1999)**

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**
**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

## RISK ASSESSMENT

**Typical Event causing type of injury:**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			
2	2	4			

**Sprains and strains:** Pedestrian travel across uneven sites – slips, trips, falls (at same or low level). Manual Handling operations

**Fractures:** Pedestrian travel across uneven sites or *working on scaffolds, near open edges* – slips, trips, falls.

**Lacerations:** Using hand tools or *power tools*

**Cuts and grazes:** Using hand tools, *power tools*, falls at same level, pedestrian travel across site.

**Crush injuries:** *Using static plant, work near mobile plant/demolition, work near lifting operations, work in Excavations*

**Head injuries:** *Falls from a height*, general site activities, work on scaffolding, work at height by others/falls of materials

**Hearing damage:** Work with *equipment emitting excessive noise, work in vicinity of noisy operations*

**Burns:** *Welding or burning, work in the sun, grinding, work with “hot” materials or work in vicinity of “hot works”* carried out by others

**Eye injuries:** *Drilling, chasing, grinding etc.*, use of hand and *power tools*, work in dusty environments

**Vibration related injuries:** Use of *power tools* resulting in over-exposure to vibration levels

**Puncture injuries:** Use of hand and *power tools*, slips, trips, falls, *work on scaffolds or near open edges*.

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES & SUB-CONTRACTORS	Y	

### CONTROL MEASURES

- No “Young Person” should operate powered work equipment
  - Close supervision to be provided at all times
  - Activities in italics (above) should not be undertaken by Young Persons
  - Initial site induction must be provided and repeated fortnightly
  - Young persons should not be permitted access above ground level areas (including scaffolds) unless accompanied by a “supervisor”
  - Manual handling instruction to be provided 0 maximum lift weight of materials should not exceed 15 Kg
  - Supervisors should carry out regular checks on Young Persons during work
  - Other site persons should be instructed as to the “risks” associated with Young Persons
  - Young persons are entitled to 2 days off work per week for rest.
- Note: Rest breaks at work are to be of at least 30 minutes duration if the young person is at work for more than 4 hours.

## RISK ASSESSMENT

RA 144

Young Persons at Work

Page  
2 of 2

**Insert site – specific requirements:**

**PERSONAL PROTECTIVE EQUIPMENT:**

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	Y	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	Y	Gloves	Y
Foot Protection	Y	Safety Clothing	Y	R.P.E.		Fall Arrest	N		

**MONITORING AND REVIEW:**

Monitored on site full time by Site Management

Review in the light of further information becoming available, or whether a change in circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

- Safety induction
- Content of this Risk Assessment and associated Method Statement
- Tool box talks on applicable topics

***The following persons have received the information contained in this assessment:***

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**



# RISK ASSESSMENT

Display Screen Equipment

Page  
1 of 2

**ASSESSED  
BY:**

**DESIGNATION:**

**LOCATION:**

**WORK ACTIVITY:**

Use of Display Screen Equipment

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

<b>Typical Event causing type of injury:</b>	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
Ill-health as a result of use of Display Screen Equipment <ul style="list-style-type: none"> <li>• Musculoskeletal</li> <li>• Visual fatigue</li> <li>• Mental stress</li> </ul>	1	2	2	1	1	1

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
<b>EMPLOYEES</b>	Y	All users.

**CONTROL MEASURES:**

**INVENTORY:** List equipment

**USE:** Approximately \_\_\_\_\_ per day

**USER:**

**ENVIRONMENT:** Office environment, adequate lighting and working area. Seating good. No glare on screens (adjust screen position/blinds on windows).

**REPORTING OF SYMPTOMS:** Employees to be encouraged to report any symptoms immediately.

**EYE TEST:** Employees must be provided with an appropriate eyesight test (when requested).

# RISK ASSESSMENT

RA 146

Display Screen Equipment

Page  
2 of 2

## **Insert specific requirements:**

Refer to "Office Safety" section of Company Health and Safety Policy – *Display Screen Equipment*

## **FURNITURE:**

*The following furniture will be required for the work activities stated.*

Footrest	Y	Armrest		Adjustable seat				
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## **MONITORING AND REVIEW:**

Monitored by Office Manager

## **INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Safety induction

Content of this Risk Assessment and associated DSE specific assessments

## ***The following persons have received the information contained in this assessment:***

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

Access Routes ~ Slips, Trips, Falls

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**
**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**
**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**
**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR

Slips, Trips or Falls whilst using access/egress routes to and from place of work: ~ risk of personal injury due to:

- Obstructions (debris, materials, floor coverings)
- Lack of suitable lighting
- Poor weather conditions – icy walkways

L	S	RR	L	S	RR
3	2	6	1	2	2
3	2	6	1	2	2
3	2	6	1	2	2

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Materials, debris etc to be kept clear of personnel access routes.
2. Suitable lighting levels to be maintained at all times. Natural lighting preferred.
3. Rock salt/grit to be available during winter months at a location that is accessible without crossing any potential icy areas. Shovel to be available to aid spreading.
- 4.
- 5.
- 6.
- 7.
- 8.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 147

Access Routes ~ Slips, Trips, Falls

Page  
2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## IMPLEMENTATION, REVIEW AND MONITORING:

Control measures to be implemented by management.

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Use of a mobile phone

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
Use of a mobile phone whilst at work in the following situations could result in an injury:						
∞ Whilst operating plant, vehicles, machinery and tools						
○ Collision with other vehicle/structure	3	3	9	1	3	3
○ Struck by vehicle						
○ Injury from machinery						
○ Injury from tools						
∞ Whilst working at height						
○ Fall from height	3	3	9	1	3	3
○ Material fall from height						
∞ Whilst driving a vehicle						
○ Collision with other vehicle/structure	2	3	6	1	3	3
∞ Whilst signalling (banksman or slinger signaller etc)						
○ Struck by crane, lifting equipment or material	2	3	6	1	3	3
○ Struck by vehicle						
○ Operator confusion/misinterpreting hand signal						
○ Material fall from height						
∞ Whilst accessing the site/general working conditions						
∞ Crossing roads or work/vehicle compounds						
○ Potential of an injury from all of the above	3	3	9	1	3	3

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
CONTRACTORS	Y	
OTHERS	Y	

**CONTROL MEASURES:**

- Full induction to be given by the Employer explaining their mobile phone policy. Please note that many companies prohibit the use of mobile phones on site.
- The use of mobile phones, whilst driving, is against the law. Even with a hands free device, drivers are at risk of an accident due to being distracted. It is far safer for the driver to stop at a safe place to use the phone.
- Mobile phones should only be used in a safe area. Under no circumstances should persons operate plant, machinery or vehicles whilst using a mobile phone.
- Under no circumstances should persons use a mobile phone where plant, machinery or vehicles are being operated.
- Under no circumstances should persons signal to plant, machinery or vehicle operator whilst using a mobile phone.
- Mobile phones are not to be used when crossing roads or working in close proximity to live traffic.
- Under no circumstances are mobile phones to be used when persons are working at height.
- Mobile phones are not to be used in vehicle parking areas or site compounds.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 150

Use of a mobile phone

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

### The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

## Use of Portable Petrol Fuelled Generators

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**
**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
Ignition of fuel (storage & transportation)	2	3	6	1	3	3
Ignition of fuel (re-fuelling)	2	3	6	1	3	3
Manual handling injuries	2	2	4	1	2	2
Fire risks/burns from exhaust	2	3	6	1	3	3
Hearing damage caused by excessive noise	2	2	4	1	1	1
Risk of asphyxiation from exhaust fumes	2	3	6	1	3	3
Electric shock	2	3	6	1	3	3
Trips from cables	2	2	4	1	2	2

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
CONTRACTORS	Y	Other contractors in the location could be at risk from some of the above
MEMBERS OF PUBLIC	Y	Dependent on location
OTHERS	N	

**CONTROL MEASURES:**

1. Ensure that the user's manual is available and make reference to the procedures for storage, transportation and re-fuelling.
2. Make sure the fuel cap is tightened properly and forms a proper seal. Spare fuel must only be carried in the proper container.
3. Switch off generator and allow to cool before refuelling. If practicable, only refuel outdoors. Notwithstanding this, the refuelling point must be away from the area where the generator is to be used.
4. Ensure a fire extinguisher suitable for petrol fires is available near the refuelling point.
5. Smoking is not permitted when refuelling.
6. Clean up spillages after refuelling.
7. Check the weight of the generator. If over 25kg use mechanical or two-person lifting. Make sure it is stowed safely when not in use, especially in vehicles.
8. Be careful when moving a recently run generator, the exhaust pipe may still be hot. Never move a generator when it is running.
9. Ensure that generator is earthed in accordance with the manufacturer's requirements.
10. Equipment must be correctly maintained and regularly inspected. Records of inspections must be maintained.
11. Check noise levels and wear suitable hearing protection if necessary.
12. Use in well ventilated areas only. Be aware that exhaust fumes are heavier than air and may displace the breathable air in excavations/manholes etc. Do not site at edge of places where CO may sink and cause risk to workers.
13. Site generator on firm level surface where it will not be knocked over or struck by vehicles etc.
14. Make sure cables do not create a tripping hazard.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

## Use of Portable Petrol Fuelled Generators

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

### PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection		Eye/Face Protection		Hearing Protection	√	Hi-visibility Clothing		Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

Monitored by Supervisor

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in and referred to by this assessment

Manual handling training

### The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**



# RISK ASSESSMENT

## Use of Compressors and Pneumatic Power Tools

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**
**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**
**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**
**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	2	6	1	2	2
3	2	6	1	2	2
3	3	9	1	3	3
2	2	4	1	2	2
2	3	6	1	2	2
2	2	4	1	2	2
-	-	-	-	-	-

Hearing damage caused by exposure to excessive noise levels

Hand Arm Vibration Syndrome – ill-health from excessive exposure

Injuries to eyes from flying particles.

Manual handling operations, such as lifting, pulling or pushing work equipment and materials – musculoskeletal injuries.

Respiratory problems caused by inhaling exhaust fumes

Respiratory problems caused by inhaling oil mists

Exposure to hazardous substances such as fuels, oils etc. (COSHH assessments required).

**PERSONS AT RISK**
**Y/N**
**DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

- Hearing protection will be required for all work with pneumatic tools unless a specific assessment has been carried out and indicates that it is not required. See noise schedule in safety manual for typical exposure levels.
- Ensure equipment is regularly inspected and serviced. Use low-vibration equipment where available.
- Specific noise and vibration assessments will be necessary for sustained use. See appropriate guidance in safety manual for further information.
- Air receivers must be identified by their plant/serial number and be fitted with pressure gauge, safety valve, drain point and access for cleaning/servicing.
- The safe working pressure (SWP) must be clearly marked on all air receivers and never exceeded.
- Guards and covers must be fitted to prevent access to moving/dangerous parts of compressors, especially v-belts and pulleys.
- Operating instructions must be available for all plant and equipment prior to its use.
- Ensure that all hoses and connections are the correct size and in good condition.
- Hose lengths must be as short as is practicable.
- Hoses and connections must be kept free from corrosive materials and protected from interference by passing traffic.
- All connections must be properly clamped to prevent release of pressure and hose-whipping.
- Petrol/diesel powered compressors must not be used in areas with poor ventilation.
- Ensure operatives receive manual handling training – carry out specific manual handling assessments where appropriate.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 201

Use of Compressors and Pneumatic Power Tools

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

Where appropriate, carry out specific noise, vibration, manual handling and COSHH assessments.

**PERSONAL PROTECTIVE EQUIPMENT:***The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	√	Eye/Face Protection	√	Hearing Protection	√	Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this assessment.

Operator training.

Findings of any related noise, vibration, manual handling and COSHH assessments

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

## Use of Portable Woodworking Machines

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	3	9	1	3	3
3	3	9	1	3	3
2	3	6	1	2	2
2	2	4	1	2	2
3	2	6	1	2	2
2	2	4	1	2	2
2	3	6	1	3	3
2	2	4	2	2	4

Particles from workpiece entering the eyes  
 Body contact with bits or blades – severe lacerations or amputation  
 Electric shock (electrical equipment)  
 Fire – caused by creation of heat and/or sparks  
 Hearing damage from exposure to excessive noise levels  
 Hand Arm Vibration Syndrome injuries caused by prolonged use  
 Inhalation of harmful amounts of hardwood dust  
 Inhalation of harmful amounts of softwood dusts

**PERSONS AT RISK**

Y/N

DETAIL

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

1. Ensure that the machine has been thoroughly examined within the last 12 months (or as specified by the manufacturer). The examination certificate must be available in the workplace where the machine is being used. An inspection must be carried out weekly.
2. Planning of work must include consideration of COSHH and noise assessments, type of machine, installation of electric supply and materials handling requirements.
3. Machines must be sited safely and, where practicable, after consideration of operational sequence.
4. Portable equipment must only be used when standing on a firm, level base.
5. 1 metre back space must be provided for operators to ensure that workpiece does not interfere with adjacent personnel or operations.
6. All machinery must be checked before each use to ensure that all guards are in place and effective.
7. Only use 110 volt or battery powered equipment.
8. Power leads must be positioned to prevent damage or the creation of tripping hazards.
9. On electric machines, ensure the power source is isolated before carrying out inspections or changing the wheel.
10. Specific noise and vibration assessments will be necessary for sustained use. See appropriate guidance in safety manual for further information.
11. Ensure sparks do not ignite any combustible material or flammable substance in the work area.
12. Loose clothing and ties must not be worn by operators.
13. Bits and blades must be checked regularly for sharpness/effectiveness. Switch off and isolate equipment before carrying out adjustments or changing bits/blades.
14. Push sticks, jigs, holders etc. must be used whenever practicable.
15. Push sticks formed from scrap timber must be properly formed and easily identifiable (preferably painted).
16. Only properly trained and authorised persons over the age of 18 must be permitted to operate portable woodworking machinery.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.

Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 202

Use of Portable Woodworking Machines

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection	√	Hearing Protection	√	Hi-visibility Clothing	√	Gloves	
Foot Protection	√	Safety Clothing		R.P.E.	√	Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

Operator training.

Information regarding the selection and use of respiratory protective equipment.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Temporary Offices, Welfare Accommodation and Storage  
On Construction Sites

Page  
1 of 2

## LOCATION:

## ASSESSED BY:

## DESIGNATION:

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

## RISK ASSESSMENT

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	2	4	1	2	2
2	3	6	1	3	3
2	2	4	1	1	1
2	2	4	1	2	2
2	3	6	1	3	3
2	3	6	1	3	3
2	2	4	1	1	1

Collapse or movement of structures caused by incorrect siting.

Fire risks caused by poor housekeeping, gas leaks etc.

Threat from vandalism.

Biological hazards caused by poor housekeeping and/or presence of vermin.

Electric shock from mains or generated power supply.

Falls from height during installation or removal of cabins.

Slips, trips and falls caused by poor access and egress.

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

## CONTROL MEASURES:

1. Toilet and washing facilities must be available from day one of the project. See safety manual for precise requirements.
2. Siting of temporary buildings must be planned to ensure stability and availability of utility services.
3. Loading and unloading of cabins must be treated as a lifting operation and appropriate precautions taken.
4. Loading and unloading must not take place under overhead lines unless specific precautions are taken – a method statement will be required for such an operation.
5. Temporary electrical supplies must be installed by a competent electrician and a certificate obtained on completion. (see assessment Ref: XRC06).
6. Only a minimum of LPG should be kept on site at any time. Hoses and clips must be checked before use and cylinders positioned out of traffic routes and secured in an upright position.
7. All office and welfare cabins must be equipped with fire extinguishers.
8. Fire and emergency procedures must be clearly displayed in the site office.
9. Safe access must be provided to all cabins – use proper steps, not bricks or blocks.
10. Good standards of housekeeping must be practiced – cabins must be regularly cleaned and all waste (especially food waste) must be placed into covered bins or skips until removed from site.
11. Cabins which are placed on corner supports which cause a void to be created under the cabin must be fitted with mesh to prevent litter and vermin from gaining access to the underneath of the cabin.
12. Persons may not climb onto the roofs of cabins during loading and unloading operations.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 206

Temporary Offices, Welfare Accommodation and Storage  
On Construction Sites

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input type="checkbox"/>	Fall Arrest	<input type="checkbox"/>		<input type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

## Installation & Use of Temporary Electrical Supplies

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**
**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	2	4	1	2	2
2	2	4	1	2	2

Electric shock to persons installing the supply

Electric shock to users of the equipment

Fire

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

- Only competent electricians may be permitted to install, repair or modify temporary supplies.
- Temporary supplies must be planned to take into account foreseen load requirements, environmental conditions, compatibility and maintenance of equipment.
- All installations must be certified before being brought into use and after any modifications.
- Supply cabinets which form part of the system must be kept locked.
- Offices, stores, drying rooms and canteens must be regarded as permanent installations and use a 240 volt supply. IEE wiring regulations will apply.
- On-site electrical installations and portable equipment should be 110 volt.
- Signs warning of electrical hazard must be displayed on supply units. They must comply with safety signs legislation.
- Carbon Dioxide fire extinguishers must be made available adjacent to distribution units.
- All cables must be routed so as to prevent damage to them and the causation of tripping hazards.
- A permit to work system will be required for work on live systems.
- Systems must be monitored for physical damage and checked and re-certified every 3 months.
- Lone working on live systems is not permitted.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 207

Installation &amp; Use of Temporary Electrical Supplies

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**





# RISK ASSESSMENT

RA 208

Work In and Around Occupied Premises

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

Workplace monitoring must include initial checks to ensure safe systems of work are in place, barriers and signage are in place and effective and that work and public areas are left safe and secure at the end of each shift.

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Road Transport on Site

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
3	3	9	1	3	3
3	3	9	1	3	3
2	3	6	1	3	3
2	2	4	1	2	2
2	3	6	1	3	3

Electrical short circuit caused by contact with overhead cables  
 Vehicles overturning due to travelling across gradients, uneven ground, speeding, overloading, turning too sharply.  
 Serious injury or death caused by contact with moving vehicle  
 Injury to operator or others caused by collision with other vehicles  
 Injury to operator or others caused by collision with structures  
 Overturning of vehicles or collapse of excavations caused by vehicles being too close to edge

**PERSONS AT RISK****Y/N****DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

- Prior to commencement, the site must be surveyed and vehicle routes planned to avoid danger to pedestrians, contact with structures, contact with overhead power lines and clear of all excavations.
- Reversing of vehicles must be minimised.
- Suitable fencing must be provided around excavations. Where necessary, exclusion zones should be established to prevent the unintentional collapse of excavations caused by vehicles moving nearby.
- Barriers and notices must be erected under overhead power lines
- Vehicle operating areas and traffic routes must be clearly signed and separated from pedestrian routes.
- Drivers must ensure loads are placed evenly in vehicles, which must not be overloaded.
- Tipping vehicles (including front loading dumpers) must not be driven with the tipping body raised.
- Visiting drivers must be briefed on site rules and hazards.
- Vehicle Marshalls must be used where drivers do not have clear, unrestricted visibility.
- Vehicles must be fitted with adequate aids to provide all round vision and warning to others (e.g. CCTV, convex mirrors, audible reverse alarms, beacons etc.).
- Vehicles intended for use on the public highway must comply with current licensing requirements.
- Speed restrictions must be imposed on site and strictly enforced.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
 Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 209

Road Transport on Site

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Work on Scaffolding

**LOCATION:****ASSESSED BY:****DESIGNATION:****LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High****Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)****SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and . Where necessary, explain how that harm may arise.**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	2	4	1	2	2
2	3	6	1	3	3
2	3	6	1	3	3
2	3	6	1	3	3
2	3	6	1	3	3
2	3	6	1	3	3

Falls of persons from height (during erection and dismantling)

Falls of materials (during erection and dismantling)

Falls of persons from height (scaffold users)

Falls from ladders when accessing or egressing scaffold

Falls of materials during use of scaffold

Collapse of scaffold (caused by undermining, removal of ties, weather, being struck, unauthorised alterations, overloading, poor construction)

Electric shock (contact with overhead cables – primary risk during erection and dismantling)

**PERSONS AT RISK**

Y/N

**DETAIL**

EMPLOYEES

Y

CONTRACTORS

Y/N

MEMBERS OF PUBLIC

Y/N

OTHERS

Y/N

**CONTROL MEASURES:**

- All scaffold to be erected and dismantled in accordance with relevant section of NASC booklet SG4 (scaffolders to keep copy on site).
- Only trained and certificated persons may be permitted to erect, dismantle or alter scaffolding. They must have a method statement and risk assessment for their work.
- When scaffolding is being erected or dismantled, the area under and around the structure should be cordoned off to prevent entry into unauthorised areas.
- Scaffold must be inspected in accordance with statutory requirements and records kept on site.
- Daily checks must be carried out to see that all guard rails and toe boards are in place, all scaffold boards are in place and, where necessary, secured and that no traps are present.
- When storing materials on scaffolds, platforms must not be obstructed or overloaded.
- Do not store materials above toe board height unless brick guards or protective netting is fitted.
- Store heavy items, such as piles of bricks or blocks, immediately inside standards.
- If guard rails are removed to allow materials to be lifted onto or lowered off platforms, they must be replaced immediately the task has been completed.
- Loading bays must be fitted with guard rails and gates to protect persons using them.
- Ladders must be secured, set at 75 degrees and provide a safe alighting point. Where reasonably practicable, steps should be used for access in preference to ladders.
- Materials must not be thrown down from scaffolds. Use chutes, hoists or gin wheels, which must only be attached to the scaffold by competent scaffolders.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 210

Work on Scaffolding

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest	<input checked="" type="checkbox"/>		

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

RA 217

Page  
1 of 2

Work over Open Joists/Trusses

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
3	2	6	2	2	4

Falls of persons through joists/trusses, to floor area below, causing personal injury

Falls of persons at same height causing personal injury

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**GUIDANCE ON SELECTION OF CONTROL MEASURES:**

1. **Preferred control measure:** Avoid work at height.

If work at height is necessary:

2. **Provide physical measures to prevent falls:**

- provision of
  - guardrails
  - suitable working platforms
    - Mobile Towers
    - Podium Platforms
    - Birdcage Scaffolds

If the this control measure is not reasonably practicable;

3. **Provide fall mitigation control measures:**

- soft landing system
  - inflatable bags
  - "bean bags"
- safety netting

If the this control measure is not reasonably practicable;

4. **Provide fall suspension equipment:**

- General Purpose Safety Harness
- Inertia reel system
- Safety running lines

# RISK ASSESSMENT

RA 217

Work over Open Joists/Trusses

Page  
2 of 2

## SAFE SYSTEM OF WORK:

1. .
2. .
3. .
4. .
5. .
6. .
7. .
8. .

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest	<input checked="" type="checkbox"/>		

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Training in the use of Safety Harnesses.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

SIGNED BY ASSESSOR:

DATE:



# RISK ASSESSMENT

Removal and disposal of Sharps

Page  
1 of 2

Assessed by

Designation

## SITE:

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

## SIGNIFICANT HAZARDS IDENTIFIED:

### RISK ASSESSMENT

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
	Exposure to Sharps and micro-biological hazards causing injury/ill-health	3	3	9	1	3

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	Contract employees
SUB CONTRACTORS		
MEMBERS OF PUBLIC		
OTHERS		

## Work Method/Control Measures:

- Sharps will be disposed of via a suitable secure container (Sharps Bin) – this to be removed from site and disposed of in an agreed manner (discuss with local authority/other).
- Operatives will wear heavy duty impervious gloves for this activity and will use “Tongs”.
- No person will place their fingers/hands behind or under any materials, panels etc where they cannot physically inspect the location to ensure that there are no hidden sharps.
- Detailed instruction must be given to the workforce in respect of the above.**

**ADDITIONAL CONTROL MEASURES:** (Review on site and add any additional site-specific controls required)

**PERSONAL PROTECTIVE EQUIPMENT:**  
*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection		Eye/Face Protection		Hearing Protection		Hi-visibility Clothing		Gloves	Y
Foot Protection	Y	Safety Clothing		R.P.E.	Y	Fall Arrest			

**MONITORING AND REVIEW:**  
 Monitored on site full time by Site Foreman  
  
 Review where further information becomes available or where there is a change in circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**  
 Content of this Risk Assessment and Method Statement  
 Tool box talks on applicable topics i.e. safety harness use/work at height

***The following persons have received the information contained in this assessment:***

Name	Date	Initial	Name	Date	Initial

<b>SIGNED BY ASSESSOR:</b>	<b>DATE:</b>
----------------------------	--------------

# RISK ASSESSMENT

## Use of a Goods/Barrow Hoist

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**
**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**
**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**
**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	<b>L</b>	<b>S</b>	<b>RR</b>	<b>L</b>	<b>S</b>	<b>RR</b>
<b>Unauthorised use of the hoist</b> by untrained person(s) – overload, incorrect use	3	3	9	1	3	3
<b>Incorrect installation of hoist/equipment</b> , causing failure, overturning.	2	3	6	1	3	3
<b>Mechanical failure of hoist</b> , leading to personal injury.	2	3	6	1	3	3
<b>Falls of materials from hoist platform</b> , causing injury to persons below.	3	3	9	2	3	6
<b>Entrapment of fingers/hands</b> with moving parts, e.g. the hoist, causing significant injury, e.g. amputation, severe laceration.	2	3	6	1	3	3
<b>Collapse of hoist</b> due to overload.	3	3	9	1	3	3
<b>Inappropriate loading</b> of the hoist – falls of persons, materials.	3	3	9	1	3	3
<b>Falls of persons/materials from landing platforms</b>	3	3	9	1	3	3

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
<b>EMPLOYEES</b>	Y	
<b>CONTRACTORS</b>	Y	If in vicinity of working area
<b>MEMBERS OF PUBLIC</b>	N	

**CONTROL MEASURES:**

1. **Unauthorised use of the hoist** - The hoist operator must be over 18 years old, trained and competent. Hoist must be disabled and secured when not in use. Key holder (normally operator) to control this operation.
2. **Incorrect installation of hoist/equipment** - The hoist must be erected by **competent persons**. The controls should be set up so that the hoist can be operated from one position only (normally ground level) and that the landing levels are clearly visible by the operator from the operating position, thus preventing people being struck by the platform or moving parts.
3. **Mechanical failure of hoist** - A thorough examination must be carried out following (i) Installation and prior to first use, (ii) Every 12 months (6 months for hoists carrying passengers), (iii) After any exceptional circumstances that may jeopardise the safety of the equipment. The report of the thorough examination must be kept at the workplace.
4. **Falls of materials from hoist platform** - Access to areas beneath the hoists or where persons could be at risk of injury must be provided with barriers, guards or fencing to prevent entry and suitable warning signs posted in area. The hoist platform should be enclosed.
5. **Entrapment of fingers/hands** - Hands/fingers must be kept clear of moving parts (these should be guarded)
6. **Collapse of hoist** – SWL must be displayed and not exceeded.
7. **Inappropriate loading** - Statutory notices must be displayed showing the intended use, including “No Passengers” or similar. Integral gates must be kept closed unless the platform is being loaded/unloaded.
8. **Falls of persons/materials from landing platforms** - suitable and sufficient gates must be provided at each landing place. The gates must be fitted with efficient interlocking devices so that the gates can only be opened when the hoist platform is at the landing place. The hoist platform must not be able to move from the landing place until the gate is closed.
9. **General** -  
The edges of the hoist platform and the landing area should be as close together as possible so that there is no significant gap between where debris could fall through.  
Loads such as wheelbarrows should be secured and not overfilled.  
Loose loads, such as bricks, should be carried in proper containers or a hoist with an enclosed platform should be used.  
Loads must be evenly distributed.

# RISK ASSESSMENT

RA 228

Use of a Goods/Barrow Hoist

Page 2 of 2

**WORK METHOD:****PERSONAL PROTECTIVE EQUIPMENT:**

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input type="checkbox"/>	Fall Arrest	<input type="checkbox"/>		<input type="checkbox"/>

**REVIEW AND MONITORING:**

Review in light of further information becoming available or a change in conditions/circumstances

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Information contained in this and other related assessments.

Hoist operator training.

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Work around Mobile Plant & Vehicles  
(e.g. Excavator/Telehandler/Dump Truck/Roller/Delivery Vehicles/Vans)

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
3	3	9	1	3	3
2	3	6	1	3	3
2	2	4	1	2	2

Serious injury or death caused by contact with moving vehicle (striking and/or crushing person)

Injury to plant or vehicle operator, or others caused by collision with other plant or vehicles

Injury to operator or others caused by collision with structures

**PERSONS AT RISK**
**Y/N**
**DETAIL**
**EMPLOYEES**

Y

Persons on site (workers &amp; visitors)

**CONTRACTORS**

Y

Sub contractors

**MEMBERS OF PUBLIC**

N

**OTHERS**

Y

Client, others, when site access is required

**CONTROL MEASURES:**

1. Prior to commencement, the site must be surveyed and vehicle routes planned to avoid danger to pedestrians, contact with structures, contact with overhead power lines and clear of all excavations.
2. All persons on site must wear hi-visibility clothing, where there is a risk of collision.  
Note: Hi-visibility garments to be long-sleeved if work on public highway is necessary.
3. Reversing of vehicles must be minimised.
4. Suitable fencing must be provided around excavations. Where necessary, exclusion zones should be established to prevent the unintentional collapse of excavations caused by vehicles moving nearby.
5. Vehicle operating areas and traffic routes must be clearly signed and separated from pedestrian routes.
6. Tipping vehicles (including front loading dumpers) must not be driven with the tipping body raised.
7. Visiting drivers must be briefed on site rules and hazards.
8. Vehicle Marshalls must be used where drivers do not have clear, unrestricted visibility.
9. Vehicles must be fitted with adequate aids to provide all round vision and warning to others (e.g. CCTV, convex mirrors, audible reverse alarms, beacons etc.).
10. Vehicles intended for use on the public highway must comply with current licensing requirements.
11. Speed restrictions must be imposed on site and strictly enforced.
- 12.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 229

Work around Mobile Plant & Vehicles  
(e.g. Excavator/Telehandler/Dump Truck/Roller/Delivery Vehicles/Vans)

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763

# RISK ASSESSMENT

Manual Handling / Offloading of materials

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR

L	S	RR	L	S	RR
---	---	----	---	---	----

Musculoskeletal injury caused through manual handling  
Materials weight up to 25 KG – single person lift

2	3	6	1	3	<b>3</b>
---	---	---	---	---	----------

Musculoskeletal injury caused through manual handling  
Materials weight up to 50 KG – two or more person lift

2	3	6	2	3	<b>6</b>
---	---	---	---	---	----------

2	2	4	1	2	<b>2</b>
---	---	---	---	---	----------

Laceration / crushing injury to hands/arms caused by manual handling  
**REFER TO COMPANY SAFETY POLICY FOR FURTHER DETAILS OF CONTROL MEASURES AND SAFE HANDLING**

PERSONS AT RISK	Y/N	DETAIL
-----------------	-----	--------

EMPLOYEES	Y	
-----------	---	--

CONTRACTORS	Y/N	
-------------	-----	--

MEMBERS OF PUBLIC	Y/N	
-------------------	-----	--

OTHERS	Y/N	
--------	-----	--

**CONTROL MEASURES:**

1. Avoid Manual Handling where possible. Consider using mechanical devices.
2. Assess weight of load. No person should lift more than 20kg frequently or 25kg for occasional lifting (assuming load is not sharp/bulky).
3. If significant manual handling is required, contact Head Office for assistance in developing a SAFE SYSTEM OF WORK.

**DO NOT ATTEMPT TO LIFT ANYTHING THAT MAY CAUSE YOU INJURY**

**Remember:** Always check in your safety manual for Company safety procedures and systems of work.  
Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 403

Manual Handling / Offloading of materials

Page  
2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	<input checked="" type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hi-visibility Clothing	<input checked="" type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>
Foot Protection	<input checked="" type="checkbox"/>	Safety Clothing	<input type="checkbox"/>	R.P.E.	<input type="checkbox"/>	Fall Arrest (In MEWP)	<input type="checkbox"/>		<input type="checkbox"/>

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**



# RISK ASSESSMENT

Work in areas contaminated with bird droppings

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**
**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**
**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**
**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3

**III – health (Psittacosis) due to exposure & inhalation of contaminated dusts.**

*Ill-health can consist of severe pneumonia. It presents chiefly as an atypical pneumonia with influenza-like symptoms like fever, chills, headache, muscle aches, and a dry cough.*

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS		
MEMBERS OF PUBLIC		

**CONTROL MEASURES:**
**1. Preferred control measure:**

The contaminated area should be avoided if possible.

If it is necessary to work in the vicinity of the hazardous substance, the following control measures should be adopted:

**2. An environmental clean should be carried out prior to the commencement of work.** This must be carried out by competent persons who must wear full PPE/RPE:

- Disposable overalls
  - Elasticated cuffs
  - Hoods
- Impervious gloves
- Wellington Boots

The inhalation of dust must be avoided.

All material must be placed in strong polythene bags and treated as hazardous waste.

If an environmental clean is not possible:

**3. Persons who are at risk of exposure to significant quantities should be provided with and wear PPE/RPE as follows:**

- Disposable overalls
  - Elasticated cuffs
  - Hoods
- Impervious gloves
- Wellington Boots

**4. Contaminated PPE/RPE must be bagged and disposed of.**

Contaminated work equipment/materials must be cleaned.

## RISK ASSESSMENT

RA 512

Work in areas contaminated with bird droppings

Page  
2 of 2

### SAFE SYSTEM OF WORK:

1. Cleaning and work activities must be such that the creation of airborne dust must be avoided.
2. PPE/RPE must be provided and worn.
3. Contaminated areas should be damped down with water.
4. The material should then be cleaned up with shovels and scrapers.
5. The material should then be placed in polythene bags.
6. The bags should be secured and placed in the appropriate skip for disposal to a licensed facility. Treat as hazardous waste.

### Information

**Psittacosis** -- also known as **parrot disease**, **parrot fever**, and **ornithosis** -- is a zoonotic infectious disease caused by a bacterium called *Chlamydoiphila psittaci* (formerly *Chlamydia psittaci*) and contracted not only from parrots, macaws, cockatiels and parakeets, but also from pigeons, sparrows, ducks, hens, sea gulls etc. The incidence of infection in canaries and finches is believed to be lower than in psittacine birds.

### Symptoms

In humans, after incubation period of 5-14 days, the symptoms of the disease range from inapparent illness to systemic illness with severe pneumonia. It presents chiefly as an atypical pneumonia with influenza-like symptoms like fever, chills, headache, muscle aches, and a dry cough. Pneumonia can be often visualized on a chest X-ray. Complications in the form of endocarditis, hepatitis, myocarditis, arthritis, keratoconjunctivitis, and neurologic complications (encephalitis) may occasionally occur. Severe pneumonia requiring intensive-care support may also occur. Fatal cases have been reported (less than 1% of cases).

### PERSONAL PROTECTIVE EQUIPMENT:

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection		Eye/Face Protection		Hearing Protection		Hi-visibility Clothing		Gloves	√
Foot Protection <i>Wellingtons</i>	√	Safety Clothing <i>Disposable overalls</i>	√	R.P.E. <i>FFP2 S</i>	√	Fall Arrest			

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.  
Training in the use of Safety Harnesses.

### *The following persons have received the information contained in this assessment:*

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

Power Planer - 110 volt

**ASSESSED  
BY:****DESIGNATION:****LOCATION:****WORK ACTIVITY:** Use of Power Planer – 110 volt (DeWalt, Makita, Bosch & other)**LEGEND: Likelihood and potential Severity :- 1=Low 2=Medium 3=High****Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)****SIGNIFICANT HAZARDS IDENTIFIED:****RISK ASSESSMENT**

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
Eye injury from wood dust or splinter	2	3	6	1	3	<b>3</b>
Personal injury – laceration/amputation from blade	2	3	6	1	3	<b>3</b>
Electric shock (110 volt), personal injury, burns	2	2	4	1	2	<b>2</b>
Ill-health from inhalation of wood dust (soft wood)	2	2	4	1	2	<b>2</b>
Noise induced hearing loss	2	2	4	1	2	<b>2</b>
Ill-health from effect of vibration (Hand/Arm Vibration (HAV))	2	2	4	1	2	<b>2</b>

**PERSONS AT RISK****Y/N****DETAIL****EMPLOYEES**

√

SUB-CONTRACTORS

**CONTRACTORS**

X

**OTHERS**

X

**CONTROL MEASURES :**

1. Eye protection recommended to be worn.
2. Equipment to be maintained in good working order.
3. Hands/arms and loose clothing to be kept clear of working area.
4. Equipment must have been subject to a test (P.A.T.). Daily inspection required by user.
5. Where possible, equipment should be used externally to allow dust to disperse.
6. Dust bag to be fitted (if available)
7. Disposable respirator should be worn if dust excessive.
8. Hearing protection must be worn – noise levels will be in excess of 85 dB(A).
9. Where possible, timber being cut should be adequately supported.
10. It is not possible to further reduce the noise at source from the equipment.
11. Daily usage time is not expected to exceed 45 minutes per person. **The vibration level is less than 2.50 ms/2 (Bosch).**

<p><b>RISK ASSESSMENT</b></p> <p>Power Planer - 110 volt</p>	<p>RA 601</p> <p>Page 2 of 2</p>
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**METHOD STATEMENT:**

**PERSONAL PROTECTIVE EQUIPMENT:**

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	y	Eye/Face Protection	y	Hearing Protection	y	Hi-visibility Clothing		Gloves	y
Foot Protection	y	Safety Clothing		R.P.E.	y	Fall Arrest			

**MONITORING AND REVIEW:**

Activities to be monitored by Management.

Review in the light of further information being received, or where there is a change in circumstances.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Content of this risk assessment.

Job briefings for all tasks

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

Circular Saw - 110 volt

**ASSESSED  
BY:**
**DESIGNATION:**
**LOCATION:**
**WORK ACTIVITY:** Use of Circular Saw – 110 volt (DeWalt, Makita, Bosch & other)

**LEGEND:** Likelihood and potential Severity :- 1=Low 2=Medium 3=High

Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:**
**RISK ASSESSMENT**

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
	Eye injury from wood dust or splinter	2	3	6	1	3
Personal injury – laceration/amputation from saw blade	2	3	6	1	3	<b>3</b>
Electric shock (110 volt), personal injury, burns	2	2	4	1	2	<b>2</b>
Ill-health from inhalation of wood dust (soft wood)	2	2	4	1	2	<b>2</b>
Noise induced hearing loss	2	2	4	1	2	<b>2</b>
Ill-health from effect of vibration (Hand/Arm Vibration (HAV))	2	2	4	1	2	<b>2</b>

**PERSONS AT RISK**
**Y/N**
**DETAIL**
**EMPLOYEES**


SUB-CONTRACTORS

**CONTRACTORS**

**OTHERS**

**CONTROL MEASURES :**

1. Eye protection recommended to be worn.
2. Equipment to be maintained in good working order, with all fitted guards being operational (spring loaded and self returning).
3. Hands/arms and loose clothing to be kept clear of working area.
4. Equipment must have been subject to a test (P.A.T.). Daily inspection required by user.
5. Where possible, equipment should be used externally to allow dust to disperse.
6. Disposable respirator should be worn if dust excessive.
7. Hearing protection must be worn – noise levels will be in excess of 85 dB(A).
8. Where possible, timber being cut should be adequately supported.
9. It is not possible to further reduce the noise at source from the equipment.
10. Daily usage time is not expected to exceed 45 minutes per person. **The vibration level is less than 2.50 ms/2 (Bosch).**

**METHOD STATEMENT:**

<b>PERSONAL PROTECTIVE EQUIPMENT:</b>							
<i>The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected</i>							
Head Protection	y	Eye/Face Protection	y	Hearing Protection	y	Hi-visibility Clothing	y
Foot Protection	y	Safety Clothing	y	R.P.E.	y	Fall Arrest	y

**MONITORING AND REVIEW:**

Activities to be monitored by Management.

Review in the light of further information being received, or where there is a change in circumstances.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Content of this risk assessment.

Job briefings for all tasks

<b>The following persons have received the information contained in this assessment:</b>					
Name	Date	Initial	Name	Date	Initial

<b>SIGNED BY ASSESSOR:</b>	<b>DATE:</b>
----------------------------	--------------

# RISK ASSESSMENT

## Erection of Trusses / Joists

**LOCATION:****ASSESSED BY:****DESIGNATION:**

**LEGEND: Likelihood and Severity :- 1=Low 2=Medium 3=High**

**Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)**

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

### RISK ASSESSMENT

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR

Accidents and injuries caused as a consequence of working in close proximity to other contractors

2	3	6	1	3	3
---	---	---	---	---	---

Exposure to noise above current action levels

2	2	4	1	2	2
---	---	---	---	---	---

Fire, explosion and electric shock caused by contact with overhead services

2	3	6	1	3	3
---	---	---	---	---	---

Injuries caused by using portable powered equipment, e.g. circular saw

2	2	4	1	2	2
---	---	---	---	---	---

Manual handling operations (holding, steadying & lifting trusses or joists)

2	2	4	1	2	2
---	---	---	---	---	---

Falls of persons from height through open joists/trusses or when using scaffolds and ladders

3	3	9	1	3	3
---	---	---	---	---	---

Falls of joists/trusses during erection – persons being struck

3	3	9	1	3	3
---	---	---	---	---	---

Collapse of scaffold (caused by undermining, removal of ties, weather, being struck, unauthorised alterations, overloading, poor construction)

2	3	6	1	3	3
---	---	---	---	---	---

Failure/collapse of joists from wall hanging plate (caused by overloading with materials) – falls of persons standing on floor

1	3	3	1	3	3
---	---	---	---	---	---

Lifting operations (transporting materials to work areas, lifting materials to work area)

2	3	6	1	3	3
---	---	---	---	---	---

Working in close proximity to mobile plant such as excavators, tele-handlers etc.

2	3	6	1	3	3
---	---	---	---	---	---

General construction activities

Variable risk

PERSONS AT RISK	Y/N	DETAIL
-----------------	-----	--------

EMPLOYEES	Y	
-----------	---	--

CONTRACTORS	Y	Other contractors working in the vicinity
-------------	---	---

MEMBERS OF PUBLIC	N	Work area must be segregated from members of the public
-------------------	---	---

**CONTROL MEASURES:**

1. Wherever reasonably practicable, physical barriers and warning signs must be used to segregate other contractors, site visitors and members of the public from the works and site activities in general.
2. Maximum permitted weight for single person manual handling is 25kg (20kg for repetitive lifts). If two or more person lift used, reduce maximum weight by two thirds. Use mechanical lifting assistance where this may be exceeded.
3. Check for overhead cables. If they are present, a separate risk assessment will be required to ensure that adequate control measures are introduced.
4. Before commencing operations on any site controlled by another contractor, check the site health and safety plan for relevant information.
5. Appropriate fall prevention/fall arrest to be installed prior to commencement of work. (Confirm on site).
6. No person to work on any area of the structure where there is a risk of falling, including open joists and trusses.
7. All trusses and joists must be temporarily secured to prevent displacement/collapse.
8. Floors must be constructed as soon as possible following the erection of the joists.
9. When storing materials on scaffolds, platforms must not be obstructed or overloaded.
10. Consider design of joists – “Eco” or “Silent” type joists are preferred.
11. Once floors are erected, additional double guard rails may be required at large window/door openings.
12. Ensure openings in new floors (e.g. stairwells) are suitably protected.
13. Regular liaison must take place with the principal contractor/ site manager to co-ordinate work and eliminate hazards.

# RISK ASSESSMENT

RA 603

Erection of Trusses / Joists

Page 2 of 2

## Work Method

### PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	Y	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	Y	Gloves	Y
Foot Protection	Y	Safety Clothing		R.P.E.		Fall Arrest	Y		

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

Workplace monitoring must include initial checks to ensure safe systems of work are in place, barriers and signage are in place and effective and that work and public areas are left safe and secure at the end of each shift.

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

### The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:****DATE:**

For advice and information on health & safety at work  
contact South Wales Safety Consultancy on (029) 2062 8763



# RISK ASSESSMENT

## Use of Nail Guns

**ASSESSED  
BY:**

**DESIGNATION:**

**LOCATION:**

**WORK ACTIVITY:** Use of Nail Gun – (DeWalt, Paslode & other)

**LEGEND:** Likelihood and potential Severity :- 1=Low 2=Medium 3=High

Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:**

**RISK ASSESSMENT**

	UNCONTROLLED			CONTROLLED		
	L	S	RR	L	S	RR
	Personal injury from misfire/jammed nail	3	3	9	1	3
Personal injury from being struck by nail	2	3	6	1	2	<b>2</b>
Electric shock (110 volt), personal injury, burns	2	2	4	1	2	<b>2</b>
Ill-health from inhalation of dust	2	2	4	1	2	<b>2</b>
Noise induced hearing loss	2	2	4	1	2	<b>2</b>
Ill-health from effect of vibration (Hand/Arm Vibration (HAV))	2	2	4	1	2	<b>2</b>

**PERSONS AT RISK**

**Y/N**

**DETAIL**

EMPLOYEES

√

SUB-CONTRACTORS

CONTRACTORS

X

OTHERS

X

**CONTROL MEASURES :**

1. Refer to manufacturer's Instruction Manual.
2. Equipment to be maintained in good working order.
3. Hands/arms and loose clothing to be kept clear of working area.
4. Equipment must have been subject to a test (P.A.T.). Daily inspection required by user.
5. Where possible, equipment should be used externally to allow dust to disperse.
6. Disposable respirator should be worn if dust excessive.
7. Hearing protection must be worn – noise levels will be in excess of 85 dB(A).
8. Where used, cutting tool to be kept sharp.
9. It is not possible to further reduce the noise at source from the equipment.
10. Daily usage time should not exceed 25 minutes per person. **The vibration level could be as high as 11.0 ms/2 (Bosch).**
11. **Maximum usage time reach exposure action value (EAV) of 2.5 ms/2 (over an 8 hour period)(A8) is 25 minutes per day.**

**RISK ASSESSMENT**

RA 604

Use of Nail Guns

Page  
2 of 2

**METHOD STATEMENT:**

**PERSONAL PROTECTIVE EQUIPMENT:**

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	y	Eye/Face Protection	y	Hearing Protection	y	Hi-visibility Clothing		Gloves	y
Foot Protection	y	Safety Clothing		R.P.E.	y	Fall Arrest			

**MONITORING AND REVIEW:**

Activities to be monitored by Management.  
Review in the light of further information being received, or where there is a change in circumstances.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Content of this risk assessment.  
Job briefings for all tasks

**The following persons have received the information contained in this assessment:**

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

# RISK ASSESSMENT

Ref:  
RA605

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1 of 2

Timber Storage

**ASSESSED BY:**

**DESIGNATION:**

**LOCATION:** VARIOUS

**WORK ACTIVITY:** Timber storage/opening of packs of timber

**LEGEND:** Likelihood and potential Severity :- 1=Low 2=Medium 3=High  
Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:**

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	<b>3</b>

Falls of packs of timber, crushing/striking persons  
Failure of metal banding/shrink wrap resulting in uncontrolled release of load, crushing/striking persons  
Cutting of metal band – laceration/eye injury from jagged edge

**PERSONS AT RISK**      **Y/N**      **DETAIL**

EMPLOYEES	Y	employees
CONTRACTORS	Y	
OTHERS	Y	

**CONTROL MEASURES :**

1. Timber packs to be stored in an orderly manner on sound “bearers” of adequate capability.
2. Metal bands to be inspected – care to be taken with banding which is damaged. If required, pack to be opened under controlled conditions with no persons to be in a position that could result in injury being sustained.
3. Cutting of metal band to be carried out in an orderly manner. No person to be in a position in which if the band “sprung”, an injury could occur.

**CONTROL MEASURES:**

**PERSONAL PROTECTIVE EQUIPMENT:**  
*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	Y	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	Y	Gloves	Y
Foot Protection	Y	Safety Clothing		R.P.E.		Fall Arrest			

**MONITORING AND REVIEW:**

Activities to be monitored by Area Manager.

Review in the light of further information being received, or where there is a change in circumstances.

**INFORMATION TO BE PROVIDED TO EMPLOYEES:**

Content of this risk assessment.

Job briefings for all tasks

***The following persons have received the information contained in this assessment:***

Name	Date	Initial	Name	Date	Initial

<b>SIGNED BY ASSESSOR:</b>	<b>DATE:</b>
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# RISK ASSESSMENT

Erection of Timber Stairs and Half Landings – 2&3 Storey Housing

**LOCATION:** VARIOUS

**ASSESSED BY:**

**DESIGNATION: DIRECTOR**

**LEGEND:** Likelihood and Severity :- 1=Low 2=Medium 3=High

Risk Rating(LxS) :- 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

	<b>RISK ASSESSMENT</b>					
	<b>UNCONTROLLED</b>			<b>CONTROLLED</b>		
	L	S	RR	L	S	RR
Manual handling operations (holding, steadying & lifting stairs) – risk of injury	3	2	6	2	2	4
Falls of persons from height through open joists/or into stairwell during placement of stairs	3	3	9	2	3	6
Falls of stairs during erection – persons being struck	2	2	4	1	2	2
Falls from ladders used for access	2	3	6	1	3	3

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	N	No other contractors should be in area.

**CONTROL MEASURES:**

1. The weights of the stairs are to be established, although they are not regarded as “heavy”. An adequate number of trained employees will lift and position the stairs.
2. Maximum permitted weight for single person lift is **25kg** (20kg for repetitive lifts).  
Maximum permitted weight for multi-person lift is **17kg**.
3. Fall prevention to be achieved by the use of guardrails wherever possible.
4. As a last resort, i.e. where it is not reasonably practicable to provide a suitable alternative, Safety Harnesses will be used, attached to a secure anchor point.
5. Stair sections must installed in such a way that there is no risk of an accidental collapse.
6. Where used, ladders must be secured at the top. If this is not possible, the ladder must be footed.

Notes:

The Principal Contractor will provide temporary edge protection and/or floor covers prior to the commencement of work in each house.

The installation of the stairs will be carried out by a team of 4 No. Operatives.

## RISK ASSESSMENT

Ref:  
RA606

Erection of Timber Stairs and Half Landings – 2&3 Storey Housing

Page  
2 of 2

### ADDITIONAL CONTROL MEASURES:

1. Upper level stair sections to be loaded to first floor of house, via mechanical lifting appliance, and will be lifted manually into the house through the window openings.
2. Half – landing joists to be installed by operatives working at ground level.
3. The first flight of stairs to be installed, with temporary balustrade attached.
4. Trained operative to wear general purpose safety harness and access the first floor via secure ladder. The operative will then attach himself to a secure anchor point. A sufficient supply of harness lanyards will be made available for use.
5. The access ladder will be removed by operatives below.
6. The half – landing will be boarded by operatives working from ground level.
7. 3 No. operatives will then be positioned: at ground level; on the 1<sup>st</sup> flight of stairs; on the half landing.
8. The operative at first floor level will offer the 2<sup>nd</sup> flight of stairs to the 3 operatives below, and together, the 2<sup>nd</sup> flight of stairs is installed and secured.
9. Temporary balustrades will be installed immediately.
10. For 3 storey houses, the above procedure will be repeated in a progressive manner.

### PERSONAL PROTECTIVE EQUIPMENT:

*The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected*

Head Protection	Y	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	Y	Gloves	Y
Foot Protection	Y	Safety Clothing		R.P.E.		Fall Arrest	Y		

### REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

### INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this and other related assessments.

### ***The following persons have received the information contained in this assessment:***

Name	Date	Initial	Name	Date	Initial

SIGNED BY ASSESSOR:

DATE:

# RISK ASSESSMENT

Transportation of Petroleum Gas (LPG) – up to 150 litres (66kg)

**LOCATION:**
**ASSESSED BY:**
**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

**RISK ASSESSMENT**

UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	<b>3</b>
2	3	6	1	3	<b>3</b>

Leaks from containers causing fire, explosion or asphyxia

Explosions due to containers being exposed to excessive heat (e.g. in fires)

PERSONS AT RISK	Y/N	DETAIL
EMPLOYEES	Y	
CONTRACTORS	Y/N	
MEMBERS OF PUBLIC	Y/N	
OTHERS	Y/N	

**CONTROL MEASURES:**

1. Cylinders must be stored vertically, well away from acids and other highly flammable, combustible or oxidising materials.
2. Secure cylinders to prevent them from moving or falling. The restraints must be suitable to prevent any movement caused by the vehicle.
3. Disconnect regulators and hoses from cylinders when they are not to be used for a prolonged period.
4. Cylinders must not project beyond the sides or end of a vehicle.
5. Cylinders must be clearly marked to show their contents including their UN number).
6. The vehicle used for transport must suitable, roadworthy and display "Highly Flammable" warning signs.
7. The vehicle must be adequately ventilated.
8. The vehicle driver must be suitably trained in the nature of the Highly Flammable substances that he is carrying, and what to do in an emergency situation.
9. The driver must be provided with appropriate documentation about the nature of the substances that he is carrying, i.e. COSHH Assessment and Manufacturer's Hazard Data Sheet.
10. When not in use, cylinders must be returned to the designated storage area.
11. Cylinders with damaged valves or threads must be appropriately labelled and returned to the supplier.
12. In the event of fire involving LPG the fire service must be called immediately.
13. No attempt should be made to tackle an outbreak of fire involving LPG until the gas supply has been turned off.
14. If it is safe to do so, a fire may be tackled but only by persons trained to do so.
15. Hoses from cylinders to equipment must not be over stretched or trailed over walkways and roads.
16. All equipment which uses LPG and all connections and hoses must be subjected to regular inspection and maintenance.
17. Hot work must cease one hour before end of shift and 30 and 60 minute fire inspections of the workplace carried out.
18. Never apply direct heat to cylinders; do not crush or cut cylinders.
19. Manual handling training must be provided to persons involved in the movement and storage of cylinders.

# RISK ASSESSMENT

RA 801

Transportation of Petroleum Gas (LPG) – up to 150 litres (66kg)

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection		Eye/Face Protection		Hearing Protection		Hi-visibility Clothing		Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest (In MEWP)			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment.

Fire safety training.

Manual handling training.

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**



# RISK ASSESSMENT

RA 803

Page  
1 of 2

## Loading and Unloading of Skip Bins

**LOCATION:**

**ASSESSED BY:**

**DESIGNATION:**

**LEGEND: Likelihood and Severity :-** 1=Low 2=Medium 3=High

**Risk Rating(LxS) :-** 1-4=Low (Acceptable) 6=Medium (Consider further controls) 9=Unacceptable (Do not proceed)

**SIGNIFICANT HAZARDS IDENTIFIED:** Give a brief description of what could be reasonably expected to cause significant harm and how that harm may arise.

<b>RISK ASSESSMENT</b>					
UNCONTROLLED			CONTROLLED		
L	S	RR	L	S	RR
2	3	6	1	3	3
2	2	4	1	2	2
3	3	9	2	3	6
2	2	4	1	2	2
2	2	4	1	2	2
2	2	4	1	2	2
2	3	6	1	3	3
3	3	9	1	3	3

**Driver Injury:** being struck by other passing vehicles at the place of work  
**Driver Injury:** being struck by skip bin being loaded/unloaded, or by materials falling from the skip  
**Driver Injury:** Falls from the back of the Skip Lorry (if access is required)  
**Driver Injury:** Manual handling injuries caused by lifting waste into skips  
**Driver Ill-Health:** caused by the presence of vermin or hazardous substances  
**Driver Ill-Health:** Exposure to sharps, particularly when fixing debris netting  
**Overturning of vehicle,** caused by loading/unloading on uneven or soft ground.  
 Contact with **overhead electrically charged cables,** causing fire/explosion and/or electric shock to Driver

<b>PERSONS AT RISK</b>	<b>Y/N</b>	<b>DETAIL</b>
EMPLOYEES	Y	
OTHER CONTRACTORS	Y	Skip delivery/collection driver
MEMBERS OF PUBLIC	Y	Where skip is sited in area with public access
OTHERS	Y/N	

**CONTROL MEASURES & SAFE SYSTEM OF WORK:**

1. When outside the skip lorry cab, Drivers give due regard to the surroundings, in particular the movements of other traffic. Drivers must not position themselves in a location where they could be struck by a passing vehicle. Drivers must wear hi-visibility clothing.
2. Drivers must keep clear of the moving load, and ensure that third parties are not located in an area where they could be injured, should any materials fall from the skip or should the lifting mechanism/lifting point fail.
3. Drivers must not attempt to lift any heavy/bulky items into the skip. *(Heavy is estimated at being 25Kg or more).*
4. Drivers must pay due regard to the presence of vermin and potentially hazardous liquids. Contact with all liquids must be prevented so far as is possible. PPE (as identified overleaf) must be worn.
5. The Driver must carry out a visual inspection of the contents of the skip, looking in particular for the presence of sharps. Heavy duty gloves must be worn.
6. **Access onto the rear of the Skip Lorry must be prevented so far as is possible – avoid the need to work at height.**
7. Skips must, where practicable, be sited on firm, level ground.
8. Skips used for any substance which may attract vermin must be emptied regularly and before significant decomposition of foodstuffs etc. takes place.
9. A responsible person must be designated to ensure the correct completion of waste transfer documentation.
10. Skips should only be lifted that the skip is designed and safe to be lifted. Should there be any signs of significant corrosion in the base of the skip or at the lifting points, the skip must not be lifted.

**Remember:** Always check in your safety manual for Company safety procedures and systems of work. Refer to other generic assessments for activities connected with this assessment.

# RISK ASSESSMENT

RA 803

Use of Waste Skips

Page 2 of 2

**ADDITIONAL CONTROL MEASURES:** (Review at workplace & add any additional specific controls required)

Head Protection must be worn where there is a foreseeable risk of head injury and where instructed to do so by the premises controller.

## PERSONAL PROTECTIVE EQUIPMENT:

The following PPE will be required for the work activities stated. Ensure the correct TYPE of PPE is selected

Head Protection	√	Eye/Face Protection		Hearing Protection		Hi-visibility Clothing	√	Gloves	√
Foot Protection	√	Safety Clothing		R.P.E.		Fall Arrest			

## REVIEW AND MONITORING:

Review in light of further information becoming available or a change in conditions/circumstances

## INFORMATION TO BE PROVIDED TO EMPLOYEES:

Information contained in this assessment

## The following persons have received the information contained in this assessment:

Name	Date	Initial	Name	Date	Initial

**SIGNED BY ASSESSOR:**

**DATE:**

For advice and information on health & safety at work,  
contact South Wales Safety Consultancy on (029) 2062 8763