

# RISK

# ASSESSMENT

## Part 1 - STOP

Work Order Number:

Location:

Date:

Before you start (tick appropriate box)	Yes	No	N/A
Have you got the right documentation for the job?			
Have you checked the RAMS for the job vs company ones?			
Do you need to check the asbestos register?			
Are the power tools, equipment and leads PAT tested?			
Have scaffolds and ladders been inspected?			
Has lifting equipment been inspected?			

If you have answered 'NO' to any of the above, take the required action or report to your Team Leader/Line Manager.

## Part 2 - THINK

Safety Assessment (If the hazard is present tick the box)			
Slips, trips or falls		Entry into a confined space	
Falls from height		Dust/asbestos/fumes	
Falling flying objects		Lifting/lowering heavy objects	
Chemicals/harmful substances		Noise/vibration	
Heat/fire/explosion		Lone working	
Asphyxiation/drowning		Electricity	
Mobile plant		Radiation (ionising and non-ionising)	
Contact with stationary object		Contamination (loose, airborne)	
Object overturning/collapsing		Poor lighting	
Manual handling		Temperature (high/low)	
Stored energy/pressure systems		Adverse weather	
Moving vehicles		Uncertified equipment (check)	
Risk to you from the work of others		Risk to others from your work	
Other(s) please specify:			

Circle any ticks for hazards that are significant and for which there are no (or inadequate) controls. If you have circled any hazards, Part 3 needs to be completed and additional control measures put in place before work commences.

### Part 3 - ACT

Additional Safety Assessment		
Hazard (circled from above)	Control Measures/Precautions	Remaining risk (high, med, low)

### Part 4 - REVIEW

End of Job Review		Yes	No
Are there any lessons for next time?			
Has the work created any new hazards?			
If you have answered 'YES' to either of these questions, tell your Team Leader/Line Manager			
Name:			
Signature:			
Date:			