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| **RISK ASSESSMENT 000** |  | | **Frequency and Job Specific Information:** Please Refer to Project/ Method Statement | | |
| **Risk Assessment prepared by** |  | **Name of Person approving RA:** |  | **Date of last review:** |  |
| **Next review due** |  |
| **Limits of use without need for project specific sign off** |  | | | **Circulation List** | All site staff and Project Managers |

**Project specific details & Sign-off by Project Manager (only completed where the standard controls no longer apply)**

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| **Job Number** |  | **Site:** |  | **Project Manager Approving Amended Risk Assessment** |  | **Date:** |  |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
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**PPE Required**

**(Please tick all that apply)**

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| **SAFETY HELMET**  **MUST BE WORN** | **HIGH VISIBILITY VEST**  **MUST BE WORN** | **SAFETY BOOTS**  **MUST BE WORN** | **SAFETY GLOVES**  **MUST BE WORN** | **EYE PROTECTION**  **MUST BE WORN** | **EAR PROTECTION**  **MUST BE WORN** | **SAFETY OVERALLS**  **MUST BE WORN** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **LABORATORY COATS**  **MUST BE WORN** | **WELDING MASK**  **MUST BE WORN** | **VISORS**  **MUST BE WORN** | **HAIR NETS**  **MUST BE WORN** | **ESCAPE ROUTES**  **TO BE KEPT CLEAR** | **SAFETY HARNESSES**  **MUST BE WORN** | **NO MOBILE PHONES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **REPIRATORS**  **MUST BE WORN** | **HAVE YOU BEEN**  **FACE FIT TESTED?** | **PEDESTRIAN MUST**  **USE THIS ROUTE** | **INTRINSICALLY SAFE OVERALLS**  **TO BE WORN** | **INTRINSICALLY SAFE FOOTWEAR**  **MUST BE WORN** | **OPAQUE SAFETY GLASSES**  **MUST BE WORN** | **DRIVERS MUST REPORT TO SITE OFFICE** |
|  |  |  |  |  |  |  |

**Notes**

* For risk assessments requiring project specific amendment - the Risk Assessment shall be reviewed weekly to ensure, it remains current as the project progresses.
* All employees to attend site induction/sign-in prior to commencing work on site.
* First Aid facilities to be provided by Client/Principal Contractor
* Welfare facilities to be provided by Client/Principal Contractor

**Risk Assessment Matrix**

**Multiply scores to arrive at risk rating (RR)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Probability** | | | | | |
|  |  | **Remote** | **Unlikely** | **Possible** | **Probable** | **Very Likely** | **Certain** |
| **Outcome** | **No Injury** | **0** | **1** | **2** | **3** | **4** | **5** |
| **Minor Injury** | **1** | **1** | **2** | **3** | **4** | **5** |
| **First Aid Injury** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Reportable Injury**  **(7 Day)** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Major Injury** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Fatality/Disability** | **5** | **5** | **10** | **15** | **20** | **25** |

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| --- | --- | --- | --- |
| **Low** | **1 – 6** | **Monitor** | **Tolerable risk. No additional controls required. Employees made aware of safe/correct system of work.** |
| **Med** | **8 – 12** | **Improvement** | **Action required to further reduce risk to acceptable level. Review of process or activity.** |
| **High** | **15+** | **Immediate Action** | **Unacceptable risk. Stop activity immediately. Inform next level of management & refer to Manager/Safety Coordinator. Possible withdrawal of process or activity.** |

**Monitoring and Review**

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| --- | --- | --- | --- | --- |
| **Date Completed** | **Assessed by:** | **Job Title:** | **Signature:** | **Review Date:** |
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**Further Actions**

**(Please detail any actions for the risk assessment here)**

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| --- | --- | --- | --- | --- |
| **Issue** | **Further action** | **Action by who?** | **Action by when?** | **Completed** |
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**All actions to be followed up are marked in bold in the body of the risk assessment above.**

**Confirmation of Risk Assessment & Method Statement Briefing**

**Before commencing the activities covered in this safe system of work document all staff are to sign below to confirm that a clear briefing explaining the job has been given and is understood**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Date** | **Comments** |
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