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| **RISK ASSESSMENT 004** | **USE OF MOBILE SCAFFOLD TOWERS** | | **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** |
| **USE OF MOBILE SCAFFOLD TOWERS** | **Incorrectly set up tower**  **Incorrect use of scaffold tower** | **Site staff**  **Contractors**  **Other site staff**  **General public**  Towers overturning | **2** | **4** | **8** | * Tower scaffold should be erected on firm level ground * Tower scaffold will only be erected, altered or dismantled by trained operatives in accordance with manufacturer’s specifications. * The wheels of mobile towers should not be less than 125mm in diameter, be marked with safe working load, locked into the base of standards and be fitted with brakes. | * To ensure stability the height of base ratio of a mobile scaffold tower must not exceed manufacturers’ instruction or 3.5:1 outside a building. * Stabilisers may be used to increase height to base ratio * The safe working load will be   displayed on the structure  which will not be exceeded   * Notices will be displayed on   Incomplete structures. | **1** | **4** | **4** |
| **Loose materials/ tools** | **Site staff**  **Contractors**  **Other site staff**  **General public**  Falling tools/work items | **3** | **5** | **15** | * Where members of public can be injured by falling materials, suitable and sufficient protection will be provided, i.e. netting fans, brick guards etc. * Materials will not be allowed to accumulate on platform. | * Tool belts will be provided to all staff and used at all times * Appropriate PPE to be worn at all times * Where there is a risk of materials falling safety helmets will be worn | **2** | **4** | **8** |

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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** |
| **USE OF MOBILE SCAFFOLD TOWERS CONTINUED.** | **Overloading** | **Site staff**  Falling from scaffold platform | **3** | **3** | **9** | * Site induction to include the safe use of mobile tower scaffolds for all contractors and sub-contractors at the site | * Regular safety checks by site supervisor * Only trained and competent persons permitted to work from the tower scaffold | **1** | **3** | **3** |
| **Moving the scaffold Tower**  **Manual handling**  **Overhead electricity services** | **All site staff**  **Other contractors**  **General public**  Overturning  Manual handling injury  Arcing or contact with overhead power lines  Serious person injury  electrocution | **2** | **5** | **10** | * When mobile scaffold towers are being moved, they will be pushed from the base. * No persons will be permitted to   ride on the platform whilst being moved.   * All site operatives must complete manual handling training * Annual work at height training must be completed by all staff * Regular toolbox talks to be completed with all site staff on manual handling and work at height * Ensure a safe system of work is in place and understood | * Find out the routes of all overhead power lines and   underground cables on the site or boundaries.   * Mark them on a site map. * Arrange access points to the site to avoid crossing under or close to overhead power lines. * Identify the maximum height and maximum vertical reach of machines and those used by contractors. * Erect warning notices and goal posts to provide a visual and physical warning where regular crossing under overhead power lines is unavoidable, for example the site access road. | **1** | **5** | **10** |
| **Inclement weather** | **Site staff**  **Other contractors**  Slips  Trips  Falls  Serious personal injury | **3** | **4** | **12** | * High winds can tilt scaffold towers and make them unstable. * Set a maximum safe wind speed for operation. * Storms and snowfalls can also damage platforms. * Inspect the platform before use after severe weather. | * Weather forecast to be checked during the works on a regular basis * Appropriate personal protective equipment must be worn during periods of inclement weather | **1** | **4** | **4** |

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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** |
| **USE OF MOBILE SCAFFOLD TOWERS CONTINUED.** | **Ground conditions**  **Uneven ground conditions** | **Site operatives**  Soft ground  Equipment sinking  Overturning of equipment  Entrapment  Serious personal injury | **2** | **4** | **8** | * The platform should only be used on firm and level ground. * Any temporary covers should be strong enough to withstand the applied pressure of the equipment | * Check conditions before the start of any works * Regular checks to be made on the ground conditions and the MEWP during the life of the project. * MEWP to be checked daily before the start or works to check for changes and or movement of the equipment | **1** | **4** | **4** |
| **UNAUTHORISED ACCESS TO MOBILE SCAFFOLD TOWERS** | **Unauthorised Access or use after working hrs** | **General public**  **Children**  Fall from scaffold tower  Serious personal injury  Death | **2** | **5** | **10** | * Scaffold tower must be boarded/closed off or removed to prevent unauthorised access after working hrs * Appropriate site safety signage to be displayed. * Site security to be checks to ensure access cannot be gained by members of the general public and children | * Ladders will not be erected off tower scaffolds MEPWs or trestles. * Regular checks to be completed at the end of the day to ensure access to scaffold tower is closed off | **1** | **5** | **5** |

**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** |
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| **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** |
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| **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** |
|  | **Yes** |  | **Nio** |  |  |  |  |  |  |

**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)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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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