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| **RISK ASSESSMENT 007** | **WORKING IN OPERATIONAL PLANT AND LIFT MOTOR ROOMS** | | **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** |
| **WORKING IN PLANT ROOM/LIFT MOTOR ROOM** | Excessive noise levels | **Site staff**  **Other contractors**  Noise induced hearing loss | 4 | **4** | **16** | * Hearing protection to be worn. * Area should be posted with noise hazard warning signs. | * If possible noisy equipment to be isolated during survey * Limit the time spent in area | **1** | **4** | **4** |
| **WORKING NEAR LIVE PIPES AND MACHINERY** | Hot surfaces.  Moving equipment  Unguarded equipment  Unlagged plant room piping | **Site staff**  **Other contractors**  Contact with hot surfaces.  Burns  Entrapment hazards | 3 | **4** | **12** | * Contractor to avoid contact with process pipework and equipment. * Appropriate first aid kit to be available * When working in lift motor rooms the main power for the equipment must be locked off before work starts | * Any heat burn to be run under fresh running water for 10 minutes. * Seek medical attention immediately. * Follow the safe system of work and the method statement | **2** | **3** | **6** |
| Elevated working temperature (above 37°C) Heat stress | **Site staff**  **Other contractors**  Heat Stress | 4 | **3** | **12** | * Where temperature is above 37°C, working period to be limited to 20 minutes with 40minute rest period to cool off. * Drinking water to be available. | * Project manager to be advised of situation immediately. * Site staff to exit plant room immediately if feeling nauseous. | **1** | **3** | **3** |

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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** |
| **WORKING IN THE PLANT/LIFT MOTOR ROOM** | Live electrical equipment | **Site staff**  **Other contractors**  Contact with live electrical equipment. Shock or burns | **4** | **3** | **12** | * Electrical equipment to be isolated prior to entering plant room * Site staff to check isolation of electricity services before start of works | * Contractor to request information from occupier prior to works taking place * All staff working on site to receive regular toolbox talks * Site supervisor to ensure regular safety inspections are completed | **1** | **3** | **3** |
| Moving parts of machinery  Unfamiliarity with the machinery | **Site staff**  **Other contractors**  Contact with dangerous or moving parts of machinery  Entrapment or crush injuries | 2 | **5** | **10** | * Unguarded machinery to be isolated before commencing work * Site supervisor and site contact to check all guarding and machinery isolators are in place and working. | * Occupier to shut down and lock off machinery with unguarded dangerous parts * Ensure locked off equipment/services are clearly marked * Implement a safe system of works | **1** | **5** | **5** |
| Wet/slippery floor surface  Lack of appropriate lighting | **Site staff**  **Other contractors**  Slip  Trip  Personal injury | 3 | **3** | **9** | * All contractor must wear appropriate safety footwear * Area to be checked before the start of works to identify any slip trip hazards | * Ensure adequate lighting is provided for the working area * Regular cleaning of work area | **1** | **3** | **3** |

**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** |
|  |  | | | |  |  |  |  |  |
|  |  | | | |  |  |  |  |  |
| **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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