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| **RISK ASSESSMENT 008** | **INSTALLATION OF NEW AIR CONDITIONING SYSTEM** | | **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** |
| **DRIVING TO AND FROM CUSTOMER SITES.** | **Other Road Users/vehicles**  **Site Traffic**  **Weather conditions** | **Air Con Engineers**  Road traffic accident  Personal Injury | **2** | **5** | **10** | Comply with:   * All relevant driving legislation. * Company driving policy. * Check weather conditions before travel | Comply with:   * The policy arrangements for ‘Driving on Company Business’. * Ensure all vehicles used for work are checked on a regular basis | **1** | **5** | **5** |
| **HANDLING OF MATERIAL AND EQUIPMENT** | **Incorrect manual handling technique Manual Handling** | **Air Con Engineers**  Muscular skeletal disorders  Sprains  Strains  Cuts  Sharp jagged corners | **2** | **3** | **6** | * Comply with Manual handling arrangements in safety policy * Staff are encouraged to keep manual handling to a minimum * Lifting and moving aids are supplied if requested * Appropriate gloves to be worn when handling materials | * Ensure all employees attend refresher training in manual handling annually * Manual handling risk assessment completed for specific manual handling tasks | **1** | **3** | **3** |
| **USE OF ELECTRICAL EQUIPMENT** | **Electricity** | **Air Con Engineers**  Electrocution  Burns | **3** | **3** | **9** | * All electrical equipment must be visually inspected before use. * PAT testing system in place for all portable electrical equipment | * Training provided to all staff on the dangers of electricity * Where possible battery powered tools will be used | **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** |
| **LONE WORKING** | **Medical Conditions**  Lack of assistance following accident or illness | **Air Con Engineers**  Violence  Illness  Serious injury | 2 | **5** | **10** | * All staff to maintain regular contact with office, line managers * Ensure there is a contact available when visiting site. * Client contact to be informed when you leave the site | * All staff to receive training on the risks of lone working and conflict resolution * **Consideration of tracing system for remote employees** | 1 | **5** | **5** |
| **EXPOSURE TO VIOLENCE & AGGRESSION** | **Unidentified persons** | **Air Con Engineers**  Assault | **2** | **4** | **8** | * Exposure to violence and aggression is covered during general safety training. * **All staff to be issued with HSE indg 69 “Violence at work”** | * Staff must ensure that they plan their visit * Only park in well-lit areas where possible * **Consider conflict management training for lone working staff.** | **1** | **4** | **4** |
| **EXPOSURE TO DUST IN MEMBER PREMISES** | **Wood Dust**  **Silica dust**  **Asbestos**  Lack of effective LEV  Lack of RPE  Lack of face fit testing | **Air Con Engineers**  Exposure to asbestos and other construction dusts  Long term health issues | 3 | **5** | **15** | * Ensure all staff aware of the risks regarding dust. * Suitable dust masks should be made available to all employees with the potential of exposure * For all areas of work, the asbestos management plan for the building you are working on must be checked first. * No asbestos plan-no work | * Any staff member who requires a tight fitting dust mask must be face fit tested before using the mask. * When wearing the mask you must be clean shaven * Any issues regarding dust must be reported to the client site contact | **1** | **5** | **5** |
| **WORKING ON CLIENT SITES** | **Work processes**  Dust  Traffic  Various substances  Noise | **Air Con Engineers**  RTA  Serious personal injury | 2 | **4** | **8** | * Staff informed of safe methods of work through CDM plan/Method statement * All staff to receive safety training to cover manual handling, construction dusts, traffic hazards and COSHH * Appropriate PPE/RPE to be worn at all times when on site | * Tight fitting face RPE must be face fit tested * If possible move away from the noisy activity until it has ceased * Suitable ear plugs will be made available if identified as required * All staff to complete an initial site induction | **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** |
| **INSTALLATION OF NEW AIR CONDITIONING SYSTEM**  Commissioning system | **Exposure to dust and debris**  Lack of effective RPE/LEV | **Air Con Engineers**  **Any person in the area of the ducting outlet**  Cuts  Abrasions  Eye injuries  Breathing difficulties  Long term health issues | **2** | **5** | **10** | * Persons not required to be by the duct outlet area will be excluded from the area * All staff to have asbestos awareness training annually * All staff in the area must wear appropriate dust masks when working in the area * Gloves and eye protection must be worn | * Ensure all staff wearing RPE have been face fit tested * Daily checks by the site supervisor to ensure staff are clean shaven * Ducting system cleaned on a regular basis during installation and immediately prior to commissioning * Warning signs to be placed around duct outlets | **1** | **5** | **5** |
| **INSTALLATION OF NEW AIR CONDITIONING SYSTEM**  Handling Plant | **Poor Manual Handling**  **Sharp edges** | **Air Con Engineers**  MSD Injuries  Cuts/abrasions | **2** | **3** | **6** | * Manual handling assessment to be completed at the planning stage for any equipment and or materials that will need to be moved while on site | * Appropriate gloves, suitable for the task must be worn | **1** | **3** | **3** |
| **INSTALLATION OF NEW AIR CONDITIONING SYSTEM**  Working at Height | **Installing plant at height**  Fall of person from height  Fall of tools and or materials from height | **Air Con Engineers**  **Any persons using the area below**  Serious personal injury  Death | 2 | **4** | **8** | * Ensure that appropriate lifting/access equipment is used All staff must complete working at height training annually * Only competent and trained individuals will be permitted to operate the lifting and access equipment * Weather conditions to be considered if working outside * Warning signs to be placed around work area during system commissioning * Ladders in good condition, placed on a firm surface, and have a pre use check prior to use and a thorough visual check every six months | * Edge protection must be used to prevent tools/materials falling from work area * Only short duration work is permitted when using ladders * Manager to conduct tool box talk on working at heights * Non access ladders should be used in conjunction with ladder stays, a securing device or a person footing the ladder * Access ladders should be extended one metre above platform * Avoid over reaching and ensure that belt buckle remains between the ladder stiles at all | **1** | **4** | **4** |

**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)**

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