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| **RISK ASSESSMENT 009** | **WORKING IN UNDER CROFTS AND SERVICE DUCTS** | | **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** |
| **GAINING ACCESS TO**  **SERVICE DUCT –**  **REMOVING**  **MANHOLE COVERS**  **AND DUCT DOORS.** | Manual handling  Manhole cover | **Site Staff**  Injury from lifting excessive load  Crush injuries | 2 | **4** | **8** | * Manhole lifting keys to be used when lifting manhole covers * Mechanical lifting aid to be used if necessary. * Manhole cover to be lifted using a 2-person team where possible | * Personnel to be trained in manual handling techniques. * Suitable and sufficient safety boots must be worn * Safety gloves to be provided | **1** | **4** | **4** |
| **ACCESS OF OTHERS TO SERVICE DUCT.** | Open manhole.  Unauthorised entry. | **Site Staff**  **Others in area.**  Personnel falling into open manhole.  Serious personal injury | 2 | **4** | **8** | * Hazard warning notices to be posted at each open manhole. * Banks man to be used if manhole is left uncovered * Barriers to be used to cordon the area off to other persons * Site contact to be made aware | * Open manholes must have a barrier round them. * Manholes to be covered when breaks are taken. If this is not possible a banks man must be assigned to the area to prevent persons going near the hole. | **1** | **4** | **4** |
| **ENTRY TO SERVICE DUCT**  **(CONFINED SPACE)** | Restricted ventilation and dead ends.  Prolonged working - | **Site Staff**  Fatigue  Panic  Claustrophobia  Asphyxiation | 3 | **5** | **15** | * All available manhole covers to be removed for ventilation 30 minutes prior to entry. * Standby man to remain at nearest access point at all times. * Standby man to confirm contact with surveyors every 20 minutes. | * Standby man to be provided with mobile telephone. * Mobile phone reception to be confirmed by standby man prior to entry. | **1** | **5** | **5** |

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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 WITHIN SERVICE DUCT** | Poor lighting levels | **Site Staff**  Slips, Trips  Falls | 3 | **3** | **9** | * Intrinsically safe portable lighting to be used. | * Tool belt to be worn | **2** | **3** | **6** |
| **MOVING ITEMS AND PERSONEL THROUGH THE SERVICE DUCT** | Restricted working space.  Contact with protruding steelwork and pipe racks - obstructions | **Site Staff**  Personal Injury  Panic  Claustrophobia  Stab injury | 3 | **3** | **9** | * Work to be scheduled to allow for restricted movement * Audit of the area before work to identify any protruding items, equipment or pipes | * Training for all surveyor staff relating to confined space. | **1** | **3** | **3** |
| **WORKING ON AREAS WITHIN THE SERVICE DUCT** | Exposure to asbestos fibres | **Site Staff**  Potential Serious long-term health damage | 4 | **5** | **20** | * Ensure that the asbestos management plan for the building is obtained before the start of any works. * If asbestos is found to be in any of the work areas as identified by the asbestos management plan, work must stop until the identified asbestos is removed from the area of works. | * Always follow the task method statement * Suitable and sufficient RPE must be provided if required. * All persons wearing tight fitting RPE must be face fit tested for their chosen RPE | **1** | **4** | **4** |
| **RECOVERY OF CASUALTY FROM DUCT.** | Contact with protruding steelwork and pipe racks – obstructions.  Travel distance.  Lack of trained recovery personnel | **Site Staff**  **Emergency services**  Fatigue  Heat exhaustion  Slips trips and falls | 3 | **4** | **12** | * Standby man to inform emergency services and site security of incident immediately by mobile phone – **but not to enter duct.** * Site security to be informed of location of confined space entry prior to commencement and liaise with emergency services * Reference: ‘Safe Work in Confined Spaces’ * Approved Code of Practice, Regulations and Guidance L101 * Confined Spaces Regulations 1997 | * Ensure appropriate rescue equipment is available on site before the works start * Follow the risk assessment for recovery of casualty from ducting or under crofts | **2** | **4** | **8** |

**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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