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| **RA-013 RISK ASSESSMENT** | **LEGIONELLA WATER TESTING (TO INCLUDE WATER SAMPLING)** | | **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:** | **Mansion House** | **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** |
| **HANDLING LADDERS AND EQUIPMENT** | Working at height  Manual handling materials or equipment  Defective ladders  Slip trip, fall | **Site staff**  **Others**  Fall from height  Manual handling injury  Personal injury | **2** | **3** | **6** | * Staff must have annual manual handling training * Comply with the company policy and procedure in place for manual handling * Check route before moving ladders * Ensure a manual handling risk assessment is completed. | * Ensure ladders are on the ladder register and that they are safe for use. * When not in use ensure ladders are placed on a stable footing and not left in a position where persons could fall or trip over them. * After use ladder must be locked and secured to prevent trespasser use after office hrs. | **1** | **3** | **3** |
| **TAKING WATER SAMPLES AND TEMPERATURE MEASUREMENTS** | Dirty water  Dirty tanks  Water temperature  Aerosol sprays | **Site staff**  **Others**  Potential exposure to legionella bacteria  Scalds/burns  Slip trip fall | **4** | **5** | **20** | * Avoid generation of aerosols. * If in doubt about a particular system, ensure RPE FFP3 is worn when testing * All persons wearing tight fitting RPE must be face fit tested for their individual mask type. * Keep aerosol effect low to reduce over spray | * Protective gloves must be worn when testing the hot water. * Wash hands after testing before eating drinking or smoking * Protective overalls to be worn in dirty areas | **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 FROM LADDER OR STEPLADDER** | Working at height  Defective ladder/equipment  Tools  Uneven ground | **Site staff**  **Others**  Fall from height  Falls of materials  Falls of tools  Fall of ladder  Serious personal injury | **2** | **5** | **10** | * Only controlled work at height equipment supplied by the company to be used. * Staff are not permitted to use contractor equipment or ladders * Tool belts must be worn when using tools and other equipment * Ensure the working area is cordoned off. | * Avoid working from ladders when possible * Ladder work is only permitted for a total time of 15minuites. * If the working time exceeds 15 minutes, work must stop and a further work at height risk assessment completed detailing other appropriate and suitable methods of continuing with the works. E.g. use of mobile scaffold tower, temporary platform. * Comply with the company policy and procedure for working at height. | **1** | **5** | **5** |
| **WORKING AT HEIGHT ADJACENT TO AN EDGE** | Fall from height  Fall of equipment or tools  Unprotected edge | **Site staff**  **Others**  Serious personal injury  Injury to persons below | **3** | **5** | **15** | * Working at height risk assessment to be completed. * Edge protection or fall arrest to be provided.   Comply with company policy and procedure for working at height | * Fall arrest training to be provided prior to use of equipment. * Work at height training to be completed annually. * Ensure tools and equipment are secure during works. * Staff to wear tool belts to minimise risk of dropping tools and equipment. | **1** | **5** | **5** |
| **EXPOSURE TO EXCESSIVE NOISE** | Noisy equipment | **Site staff**  **Others**  Noise induced Hearing loss  Temporary hearing damage | **2** | **4** | **8** | * Suitable ear plugs/defenders are available to staff * If possible, employee to move away from area until noisy activity has ceased. | * If possible, turn off noisy machine until completion of works * Regular toolbox talks on the hazards and risks of noise | **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** |
| **CONFINED SPACE ENTRY INCLUDING CEILING VOIDS & LOFT SPACES** | Confined space  Lack of oxygen.  Work at height  Unplanned discovery of suspected  Asbestos materials  Falling tools and equipment | **Site staff**  **Others**  Serious  Panic  Entrapment  Asphyxiation  Fall from Height  Serious long-term health issues  Death  Impact injury | **2** | **5** | **10** | * Confined spaces to be identified before the start of testing. * Standby person to be present at all times. * Staff completing the works will attend confined space hazard awareness. * Ensure access and egress is by appropriate means and that al work at height access ladders are secured. * Ensure loft access area is protected while works are taking place | * Complete a specific risk assessment prior to entry. * Contact the site manager if unsure how to proceed safely. * Confined space rescue plan must be in place * Warnings barriers to be placed around loft hatch area while work is completed. * Staff are not permitted to use contractor work at height equipment unless previously agreed. * Tool belts provided | **1** | **5** | **5** |
| **USE OF HAND TOOLS TO COLLECT WATER SAMPLES AND TEST TEMPERATURE** | High water temperature  Hand tools | **Site staff**  **Others**  Physical injury  Scalding/burns | **2** | **3** | **6** | * All tools to be maintained in good condition. * Appropriate gloves to be worn when testing the hot water temperature | * Tools to be exchanged promptly if damaged. | **1** | **3** | **3** |
| **ACCESSING ‘DIRTY’ AREAS** | Water tanks  Loft task | **Site staff**  **Others**  Bacterial infections such as Weil’s disease, Psittacosis | **3** | **4** | **12** | * Existing wounds to be covered with waterproof dressing. * Use of correct PPE/RPE (full suit, over boots, gloves and issued respirator) * Please ensure any cuts/broken skin grazes are reported and recorded in the accident book | * Thorough decontamination to be carried out on exit. * All injuries to be treated immediately. * Comply with the ------------------- Group policy and procedures on Accidents & Incidents | **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** |
| **LONE WORKING** | **Unidentified persons**  **Medical conditions**  **No means of communication** | **Site staff**  **Others**  Lack of help following accident or illness  Assault | **2** | **5** | **10** | * All water testing to be completed during site hours * Conflict resolution training * Check area before site visit * Park in safe area * Arrange parking with site before arrival * All staff to complete a site induction | * No lone working permitted * Toolbox talk on lone working * All site staff to carry a mobile phone * All works and location to be notified to the site manager before start | 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** |
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**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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