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| **RA-014 RISK ASSESSMENT** | **Working on or Near Excavations** | | **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** |
| **EXCAVATIONS** | Excavator  Unidentified underground services  Unsupported excavations  Plant working near the area of trench/ excavation  Unidentified gas and water mains | **Site staff**  **Construction traffic**  **Delivery drivers**  Serious personal injury  Death  Asphyxiation  Impact from excavator  Collapse of unsupported excavations and or trenches  Falling into excavation  Plant or materials falling into excavation and or trench  Accidental breach of water or gas main |  |  |  | * Accurate location of underground services by operatives trained in the use of locating equipment (CAT scan) * Adequate fencing or covering for excavations and excavations back filled as soon as practicable. * Materials to be stock piled clear of the excavation 1.5m from the edge of the excavation. * Wheel stops to be used when tipping back fill using dumpers or trucks. * All service inlet/outlets to be clearly marked once scan is complete * Toolbox talks for all site staff to remind of the hazards and risks of excavations * Planned provision and use of trench support equipment. | * Proper ladder access with the ladder tied and extending 1.05m above the top of the excavation. * Ladder access to be into the supported part of the excavation. * Safety helmets to be worn by all operatives working in the excavation or close to excavations. * Only correct and tested lifting equipment to be used. * Excavators and other plant to be operated by trained, certified and authorised operators. * Ensure procedure is in place in the case of a breach of any mains network |  |  |  |

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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** |
| **EXCAVATIONS**  **Continued** | Overhead power Lines  Lorry mounted cranes (such as Hiabs or Palingers), Mobile Elevated Work Platforms (MEWP's), scaffold poles, tipper vehicles, cranes, ladders;  Foggy misty conditions | **Site staff**  **Construction traffic**  **Delivery drivers**  Electrocution  Death  Flashover  Weather conditions wet uneven ground |  |  |  | * The voltage and height above ground of the wires should be measured by a suitably trained person using non-contact measuring devices before the start of works * Ensure that there is a safe clearance distance needed between the wires and the machinery or equipment and any structures being erected * Ensure that all overhead powerline in the work area are clearly marked and that ground level barriers are erected under the line to prevent close contact * Make sure the barriers can be seen at night, perhaps by using white or fluorescent paint or attaching reflective strips. * Where plant such as a crane is operating in the area, additional high-level indication should be erected to warn the operators. * A line of coloured plastic flags   or ‘bunting’ mounted 3–6 m above ground level over the barriers is suitable. | * Ensure that the size and reach of any machinery or equipment to be used near the overhead line is calculated before the start of the works * Any area of the works with uneven ground should be clearly marked. * Ensure that any tipping areas or set down areas are on firm level ground * Consider powering the line down while works is completed if this is possible * Do not store or stack items so close to overhead lines that the safety clearances can be infringed by people standing on them. * The safety zone should extend 6 m horizontally from the nearest wire on either side of the overhead line. You may need to increase this width on the advice of the line owner or to allow for the possibility of a jib or other moving part encroaching   into the safety zone.   * It may be possible to reduce the width of the safety zone, but you will need to make sure that there is no possibility of encroachment into the safe clearance distances in your risk assessment. |  |  |  |

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

**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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