

Site and Job Risk Assessment



For use by all staff in assessing the risks of a project, job or task when required by statutory or client regulation or when the task at hand is not documented in current work method statements or when it appears to be unsafe.

STEP 1: Define the project/job or tasks

Location of Work	Completed By
<input type="text"/>	<input type="text"/>
Project Title	Job Number
<input type="text"/>	<input type="text"/>
Description of Works	
<input type="text"/>	

STEP 2: Identify the Risks and Hazards

Will contractors, employees, clients or the public be exposed to

GENERAL HAZARDS

- | | |
|--|---|
| <input type="checkbox"/> excessive noise | <input type="checkbox"/> general public |
| <input type="checkbox"/> excessive dust | <input type="checkbox"/> vehicle movement |
| <input type="checkbox"/> excessive vibration | <input type="checkbox"/> weather conditions |
| <input type="checkbox"/> rotating or moving parts | <input type="checkbox"/> interruption or isolation of emergency systems |
| <input type="checkbox"/> artificial temperature extremes | <input type="checkbox"/> poor ventilation |
| <input type="checkbox"/> sharp edges | <input type="checkbox"/> |

ELECTRICAL HAZARDS

- | | |
|--|---|
| <input type="checkbox"/> portable electrical equipment for construction work | <input type="checkbox"/> high fault currents |
| <input type="checkbox"/> live electricity | <input type="checkbox"/> multiple sources of supply |
| <input type="checkbox"/> capacitors or sources of stored electricity | <input type="checkbox"/> overhead wiring |
| <input type="checkbox"/> high voltage components > 1000V | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

OTHER HIGH RISK HAZARDS

- | | |
|---|--|
| <input type="checkbox"/> hazardous substances | <input type="checkbox"/> asbestos or mineral fibres |
| <input type="checkbox"/> lasers | <input type="checkbox"/> confined spaces |
| <input type="checkbox"/> explosive fixing tools | <input type="checkbox"/> excavations and trip hazards |
| <input type="checkbox"/> earth moving machinery | <input type="checkbox"/> hoists, cranes, dogging, rigging |
| <input type="checkbox"/> ladders, scaffolding or EWP | <input type="checkbox"/> manual handling |
| <input type="checkbox"/> hot works | <input type="checkbox"/> working on a roof with pitch > 26 degrees |
| <input type="checkbox"/> potential flammable atmosphere | <input type="checkbox"/> sources of combustion or ignition |
| <input type="checkbox"/> | <input type="checkbox"/> |



STEP 2: Apply Control Measures

CONTROL METHODS - GENERAL

- | | |
|---|--|
| <input type="checkbox"/> substitution or less hazardous methods | <input type="checkbox"/> use suitable barriers |
| <input type="checkbox"/> reschedule time of job or activity | <input type="checkbox"/> notify security in regards to isolations |
| <input type="checkbox"/> notification to occupants about works | <input type="checkbox"/> work method statements and work permits |
| <input type="checkbox"/> safety signage in place | <input type="checkbox"/> provide specific site information and or work method statements |
| <input type="checkbox"/> relocate occupants | <input type="checkbox"/> ensure plant and tools are calibrated and in good condition |
| <input type="checkbox"/> induction and training | <input type="checkbox"/> provide extra ventilation |
| <input type="checkbox"/> mechanical assistance | <input type="checkbox"/> PPE available and in good condition |

CONTROL METHODS - ELECTRICAL

- | | |
|---|---|
| <input type="checkbox"/> disconnect appropriate components | <input type="checkbox"/> insulating mats and barriers in place |
| <input type="checkbox"/> safety observor present and trained | <input type="checkbox"/> insulating gloves and other PPE |
| <input type="checkbox"/> jewellery and other metal conductors removed | <input type="checkbox"/> identify isolation point |
| <input type="checkbox"/> test equipment tested on known source | <input type="checkbox"/> clear of obstructions |
| <input type="checkbox"/> disconnect secondary supplies | <input type="checkbox"/> identify control components and their function |

CONTROL METHODS - EQUIPMENT

- | | |
|---|---|
| <input type="checkbox"/> extended first aid kit | <input type="checkbox"/> special emergency or rescue procedures |
| <input type="checkbox"/> chemical spill kit | <input type="checkbox"/> safety shower or eye wash station |
| <input type="checkbox"/> jewellery and other metal conductors removed | <input type="checkbox"/> fire fighting equipment |

CONTROL METHODS - LICENSING

- | | |
|--|--|
| <input type="checkbox"/> Scaffolding and EWP | <input type="checkbox"/> Earth and Heavy Machinery |
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Rigging or Dogging | <input type="checkbox"/> Communications |

CONTROL METHODS - WORK METHOD STATEMENTS

- | | |
|---|---|
| <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Excavations and Trip Hazards |
| <input type="checkbox"/> Working at Heights | <input type="checkbox"/> Confined Spaces |
| <input type="checkbox"/> Drilling, Dust and Excessive Noise | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Isolation Procedures | <input type="checkbox"/> Live Works |
| <input type="checkbox"/> Explosive Fixing Tools | <input type="checkbox"/> |

STEP 3: Sign Off

Have the hazards been fully identified by clients and employees?

Have the appropriate control methods been put in place?

Are clients and employees satisfied that the system of work will be safe?

Project Manager

Site Supervisor

Client

Employee

