

RISK ASSESSMENT

Point of Work

LOGO &
COMPANY DETAILS

REPORT No:

To be completed prior to each job and returned with Engineer Worksheet

Site:

Job No:

Engineer:

Date:

STEP 1: Who could be harmed by the job - please tick appropriate

Staff/operatives ☐ Client Staff ☐ Visitors ☐ Public ☐

STEP 2: Identification of hazards / Control Measures & Risk Rating

Hazard Present:	Action to be take to reduce risk	Residual Risk
Slips, trips and falls <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Falls from height/Rood work <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Falls from height/Rood work <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Chemicals <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Heat/fire/explosion/hot works <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Asphyxiation <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Asbestos <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Manual handling <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Vehicles <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Confined Spaces (permit req) <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Dust/Fumes i.e CO ² <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Noise <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Vibration <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Electricity <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Lone Working <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Contamination <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Poor Lighting <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Temperature <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>
Adverse Weather <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>

STEP 3: Pre-Start Checklist

Have you done this type of job before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have the right tools for the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
DO you have he right documentation for this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have the right PPE for this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are power tools and leads PAT tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are scaffold boards and ladders inspected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is lifting equipment inspected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are Subcontractors RAMS in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If you have answered NO to any of the above, please take the requires action or report to your supervisor

STEP 4: Additional Control Methods Required

Hazard	Control Measure/Precaution	High <input type="checkbox"/>	Med <input type="checkbox"/>	Low <input type="checkbox"/>
		High <input type="checkbox"/>	Med <input type="checkbox"/>	Low <input type="checkbox"/>

Operatives Name:

Signature

Date:

STEP 5: End of job review

Comments:

Is there anything that could be done safer next time? Yes ☐ No ☐

If you answered YES, tell your supervisor