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| **FOR: Demolition of a concrete frame structure** | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **AT:** | | | | | | | | | | | | | | Assessed by: | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |
| **INITIAL RISK RATING** | | | | | | | | | | | | | | | | **PEOPLE AFFECTED** | | | | | | | | | |
| PROBABILITY | | Frequent | | **N** | | Occasional | | | **Y** | Rare | | | **N** | | | INVOLVED IN ACTIVITY | | CLOSE TO ACTIVITY | | | | EVERYONE ON SITE | | | MEMBERS OF PUBLIC |
| SEVERITY | | Fatal | | **N** | | Major | | | **Y** | Minor | | | **N** | | |
| ASSESSMENT | | **High / Medium / Low Risk without controls** | | | | | | | | (delete as applicable) | | | | | |
| **HAZARDS IDENTIFIED** | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | | **✓** |
| Falling materials | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Uncontrolled collapse of structure | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | |  |
| Dust, Noise and Vibration | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Plant operations | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Weather conditions | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | |  |
| **STANDARD CONTROL MEASURES** | | | | | | | | | | | | | | | | | | | | | ACTION BY | | | | |
| All operatives to be aware of surroundings and falling materials, Exclusion zones erected around machines | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Structure to be made an exclusion zone to all persons on commencement of remote demolition, Exclusion zone to be formed around the demolition Rig. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Dust suppression to be used to control dust mitigation | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Working hours restrictions in place for sensitive receptors, Plant and equipment to be lowest noise and vibratory emitting as possible | | | | | | | | | | | | | | | | | | | | | All | | | | |
| Plant and equipment to be well maintained, fit for use and correct for the task in hand and to be isolated | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Working area to be deemed an exclusion zone, only authorised personnel to be permitted in the working area, operational personnel to be wearing hi-vis clothing at all times | | | | | | | | | | | | | | | | | | | | | All | | | | |
| Plant operators to be trained and authorised | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Dust suppression equipment to be thoroughly positioned in high wind conditions. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Drainage systems to be covered with GEO textile material to prevent demolition debris from entering the water course. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| **Training Requirements**   1. All employees have safety awareness through training to industry grading standard. 2. Activity specific training will be given when required.   **Managerial Requirements**   1. Monitor working practices and condition of work equipment, workplace environment and the storage, transport and handling of articles and substances. 2. Enforce safety standards. 3. Provide adequate supervision. 4. Check method of work to ensure safety. 5. Ensure access and egress where necessary. | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **RESIDUAL RISK RATING** | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROBABILITY | Frequent | | | | **N** | | Occasional | | | | | **Y** | | | | | Rare | | | | | | | **N** | |
| SEVERITY | Fatal | | | | **N** | | Major | | | | | **Y** | | | | | Minor | | | | | | | **N** | |
| ASSESSMENT | **High / Medium / Low Risk with controls** | | | | | | | | | | (delete as applicable) | | | | | | | | | | | | | | |
| **SITE SPECIFIC HAZARDS:** | | | | | | | | **ADDITIONAL CONTROL MEASURES:** | | | | | | | | | | | | | | | | | |
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| CONFIRMATION THAT THIS RISK ASSESSMENT IS UNDERSTOOD AND THE CONTROL MEASURES WILL BE FOLLOWED: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: If you do not understand any part of this Risk Assessment speak to your Manager / Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** (Print Clearly) | | | **SIGNATURE** | | | **DATE** | | **NAME** (Print Clearly) | | | | | | | **SIGNATURE** | | | | | | | | **DATE** | | |
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