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| **FOR: Soft strip removal works** | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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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** | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | | **✓** |
| Manual handling | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Dust | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | |  |
| Working at height | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Use of handheld tools and power tools | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Poor light | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | |  |
| Noise | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| Contact with live services | | | | | | | | | | | | | | | | **✓** | | **✓** | | | | **✓** | | |  |
| Falling of materials | | | | | | | | | | | | | | | | **✓** | | **✓** | | | |  | | |  |
| **STANDARD CONTROL MEASURES** | | | | | | | | | | | | | | | | | | | | | ACTION BY | | | | |
| Operatives to be trained in manual handling, mechanical aids to be used wherever possible and for large items ‘Buddy up’ | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Operatives to wear face fit RPE, dust suppression or extraction to be used where practicable | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Operatives to be trained and competent to work at height, operatives to wear a harness and fall restraint where required. Ground conditions to be assessed. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Tools to be inspected prior to first use, tools to be maintained, broken or damaged tools to be taken out of use | | | | | | | | | | | | | | | | | | | | | All | | | | |
| Hand arm vibration to be monitored | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Task light to be put in place if required, working area to be assessed limit trailing cables. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Exclusion zones to be formed around noisy operations, Hearing protection to be provided for persons working or closely to noisy operations (Noise greater than 80dB | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Work to be rotated between operatives where possible. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Isolations/ disconnections to be in place prior to commencement, services that are top remain live to be clearly marked. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Operatives to observe open ends before cutting the cable, if you are unsure then stop and ask the question. | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | |
| Exclusion zone to be formed in the working area, only permitted personnel to be in the working area | | | | | | | | | | | | | | | | | | | | | 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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