

UNIT 102

APPLY HEALTH, SAFETY AND ENVIRONMENTAL CONSIDERATIONS

SUPPLEMENTARY EVIDENCE: RISK ASSESSMENT

Supplementary evidence sheet reference no.

SE

RISK ASSESSMENT

Hazard		Hazard	
<input type="checkbox"/> Vibration		<input type="checkbox"/> Work at height	
<input type="checkbox"/> Falling objects/debris		<input type="checkbox"/> Ladders	
<input type="checkbox"/> Falling materials		<input type="checkbox"/> Stepladders	
<input type="checkbox"/> Slips and trips (uneven or poor floor surfaces)		<input type="checkbox"/> Tower scaffolding/MEWP	
<input type="checkbox"/> Manual handling operations		<input type="checkbox"/> Platform	
<input type="checkbox"/> Flying debris (shards, splinters)		<input type="checkbox"/> Hand tools	
<input type="checkbox"/> Work area layout/space cramped		<input type="checkbox"/> COSHH	
<input type="checkbox"/> Obstructions (low beams, projections)		<input type="checkbox"/> Oil, greases, chemicals	
<input type="checkbox"/> Confined spaces		<input type="checkbox"/> Lighting conditions	
<input type="checkbox"/> Use of portable tools and equipment		<input type="checkbox"/> Extreme weather outdoor conditions	
<input type="checkbox"/> Use of fixed equipment (saw/lathe/drill)		<input type="checkbox"/> Fire, including electrical	
<input type="checkbox"/> Cutting and burning equipment		<input type="checkbox"/> Contact with hot or cold surfaces	
<input type="checkbox"/> Mechanical lift equipment		<input type="checkbox"/> Crush and trap entanglement	
<input type="checkbox"/> Forklift trucks/pallet trucks		<input type="checkbox"/> Traffic	
<input type="checkbox"/> Stored energy		<input type="checkbox"/> Moving vehicles	
<input type="checkbox"/> Hyd/mech/pneu		<input type="checkbox"/> Flora/fauna	
<input type="checkbox"/> Noise		<input type="checkbox"/> Other workers	
<input type="checkbox"/> Lone working		<input type="checkbox"/> Young people	
		<input type="checkbox"/> OTHERS (please specify)	

RISK CALCULATOR

Incident likelihood	L	Total cumulative exposure	E
Low/seldom/not foreseeable	1	Less than 1 hour per shift	1
Medium (frequently)	5	Less than 4 hours per shift	5
High (near certainty)	10	More than 4 hours per shift	10
Severity	S	Persons affected	P
Slight (no treatment)	1	Single person	1
Minor (first aid and return to work)	5	All in immediate area (1 to 5)	5
Major (lost time or incapacity)	10	All in the department (5 to 20)	10

Score 1–10 low risk

Score 11–50 medium risk

Score 51+ high risk

Continued

UNIT 102

APPLY HEALTH, SAFETY AND ENVIRONMENTAL CONSIDERATIONS

SUPPLEMENTARY EVIDENCE: RISK ASSESSMENT (CONTINUED)

RISK ASSESSMENT/IMPROVEMENT PLAN

LO 1/2/3/4

Hazard description	Risk rating L x E x S x P = Score					Improvement actions	Risk rating L x E x S x P = Score				
	L	E	S	P	Score		L	E	S	P	Score

Continued

UNIT 102

APPLY HEALTH, SAFETY AND ENVIRONMENTAL CONSIDERATIONS

SUPPLEMENTARY EVIDENCE: RISK ASSESSMENT (CONTINUED)

Are appropriate procedures in place for the safe handling, storage and disposal of hazardous materials and products, in accordance with following:

<input type="checkbox"/>	Environmental Protection Act (1990)	<input type="checkbox"/>	Control of Pollution Act (1974)
<input type="checkbox"/>	The Hazardous Waste Regulations (2005)	<input type="checkbox"/>	Control of Noise at Work Regulations (2005)
<input type="checkbox"/>	Pollution Prevention and Control Act (1999)	<input type="checkbox"/>	Environment Act (1995)

Risk assessor name	Risk assessor signature	Date

Relevant people informed of findings:

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

UNIT 102

APPLY HEALTH, SAFETY AND ENVIRONMENTAL CONSIDERATIONS

SUPPLEMENTARY EVIDENCE: METHOD STATEMENT

Supplementary evidence sheet reference no.	SE
Project name and site address	
Contractor name and contact details	
Site manager name and contact details	
Attendees on site	
Description of the contract	

Continued

UNIT 102

APPLY HEALTH, SAFETY AND ENVIRONMENTAL CONSIDERATIONS

SUPPLEMENTARY EVIDENCE: METHOD STATEMENT (CONTINUED)

Sequence of work activity	
Date:	Work activity:
Pre-start checks:	
Deliveries and site access requirements:	
Documentation passed to contractor or client representative:	
Welfare facilities:	
Hazards identified:	
Work permits required:	
PPE requirements:	
First aid facilities:	

Continued

UNIT 102

APPLY HEALTH, SAFETY AND ENVIRONMENTAL CONSIDERATIONS

SUPPLEMENTARY EVIDENCE: METHOD STATEMENT (CONTINUED)

Tools and plant required

Method statement prepared by: Name

Signature

Date

Method statement accepted by: Name

Signature

Date