

GC19 Point of work risk assessment

Point of work risk assessment							
Company name							
Project title		Location					
Contract no.		Date					
Part 1. Stop	Before you start				Yes	No	N/A
	Are you at the correct site, item of plant or location?						
	Do you have the right documentation for the job?						
	Do you have the right personal protective equipment (PPE) for the job?						
	Are power tools, leads and plant tested?						
	Are scaffolds and ladders inspected (access safe)?						
	Is lifting equipment inspected?						
If you have answered 'No' to any of the above, take the required action or report to your supervisor. If in doubt always ask!							
Part 2. Think	Safety and health assessment <i>(if the hazard is present tick the box)</i>						
	Falls from height		Entry into a confined space		Poor lighting		
	Falling or flying objects		Dust		Temperature (high/low)		
	Chemicals or harmful substances		Fumes		Adverse weather		
	Heat, fire or explosion		Noise		Uncertified equipment		
	Asphyxiation or drowning		Vibration		Risk to you from your work		
	Risk to plant		Electricity		Risk to others from your work		
	Contact with stationary objects		Residues		Stored energy or insecure loads		
	Object overturning or collapsing		Underground services		Traffic or moving vehicles		
	Slips, trips or falls on the same level		Manual handling				
	Other <i>(state)</i>						
If required, you must have a rescue plan in place. Provide brief details. <i>(You must always be able to provide a way of safe escape in the event of something going wrong.)</i>							
If no control measures are in place for the hazards identified above, then Part 3 (on the next page) needs to be completed and appropriate control measures put in place before work commences.							

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Part 3. Act	Additional safety assessment							
	Hazard <i>(identified overleaf)</i>	Control measures or precautions				Remaining risk		
						High	Medium	Low
Part 4. Review	End of job review							
	Are there any lessons for next time?	Yes		No				
	Has the work created any new hazards?	Yes		No				
	If you have answered 'Yes' to either of these questions, make a brief note below and tell your supervisor (<i>list here any information that would make the next visit safer and include contact details if appropriate</i>).							
Risk assessment briefing completed?		Yes		No		N/A		
Name		Position		Signature		Date		