

RISK ASSESSMENT SHEET – Site Risk Register

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|----------------|--|------------|--------------------|
| Prepared for: | | | |
| Site: | | | |
| Work Activity: | | | |
| Project No.: | | Work scope | General site works |
| Created by | | Date | |

| 5 x 5 Risk Matrix | | | | | | | LIKELIHOOD | <div style="display: inline-block; width: 10px; height: 10px; background-color: red; margin-bottom: 2px;"></div> High <div style="display: inline-block; width: 10px; height: 10px; background-color: yellow; margin-bottom: 2px;"></div> Medium <div style="display: inline-block; width: 10px; height: 10px; background-color: green;"></div> Low |
|-------------------|---|----|----|----|----|--|--------------|---|
| 5 | 5 | 10 | 15 | 20 | 25 | | | |
| 4 | 4 | 8 | 12 | 16 | 20 | | | |
| 3 | 3 | 6 | 9 | 12 | 15 | | | |
| 2 | 2 | 4 | 6 | 8 | 10 | | | |
| 1 | 1 | 2 | 3 | 4 | 5 | | | |
| | 1 | 2 | 3 | 4 | 5 | | CONSEQUENCES | |

Risk Rating (Likelihood x Consequence)
16-25 = High Risk: - Action required to eliminate or reduce risk
9-15 = Medium Risk: - Action required to reduce or control risk
1-8 = Low Risk: - No action required but review where necessary

| Activity / Process | Hazard | Risk | Those affected | Initial Risk Rating = | | | Controls introduced in order to reduce risk | Final Risk Rating= | | |
|---------------------------------|--|--|---|-----------------------|---|----|---|--------------------|---|---|
| | | | | L | C | R | | L | C | R |
| Electrical Hand Tools/Equipment | Electrocution Noise/vibration Flying particles from tools and materials Trailing cables Entanglement Sudden/unexpected movement of the tool | Electric shock Damage to hand and hearing, injuries to body, Bruises cut etc. | Employees, Sub-Contractors, Visitors & General Public | 4 | 4 | 16 | 1. Ensure adequate supervision is provided and that control measures remain valid for the duration of the work 2. All operatives and others in the area should be advised when noise, dust and other flying particles are likely to be present 3. All operatives to be trained in the use, selection and storage of the tools they use and instructed in how to inspect and check the equipment prior to using it. 4. At least one person on site shall have received training in electric shock treatment 5. All electrical power tools to be 110v or less 6. Power sockets shall not be overloaded | 2 | 2 | 4 |
| | | | | | | | | | | |

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 Effective Date: January 2018
 Revision Number: 1
 Our ref: RCL17-116v2

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 Author: H&S Department
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|--|--|--|--|--|---|--|
| | | | | | <p>7. The supply voltage shall always be within the operating range of the selected tool.</p> <p>8. Trailing cables shall be managed to reduce the risk of slips, trips and falls</p> <p>9. All tools shall be earthed or double insulated</p> <p>10. Temporary and impromptu repairs shall not be allowed</p> <p>11. All tools and cables shall be inspected before use</p> <p>12. Transformers shall be centre tapped to earth</p> <p>13. When not in use, all tools shall be disconnected from its electrical supply</p> <p>14. All damaged and defective equipment shall immediately be taken out of use, reported to the supervisor and marked as being defective</p> <p>Guidance information</p> <p>1. HSE Guidance Notes – Safe Use of Portable Electrical Equipment</p> <p>2. Electricity on Construction Sites</p> <p>3. HSE Information Sheet – Maintenance of Portable Electrical Equipment</p> | |
|--|--|--|--|--|---|--|

| | | | | | | | | |
|---|---|---|---|--|---|---|---|--|
|  |  |  |  |  |  |  |  | Other: 1. Anti vibration gloves may be required |
|---|---|---|---|--|---|---|---|--|

ENSURE THAT THE CORRECT PPE FOR THE TASK IS WORN AT ALL TIMES.

This risk assessment should be read in conjunction with all relevant method statements, safe systems of work and associated risk assessments as detailed on the Risk Assessment Briefing Record

All relevant H&S information will be relayed to staff through inductions, toolbox talks and Information displayed around site.

Method Statement Briefing Record

Briefing delivered by:

Position:

Date:

We (the undersigned) have read and understood the attached method statement and will comply with the specified requirements and control measures. If the work activity changes or deviates from that originally envisaged, we will seek further advice and request an amended method statement.

| Name (Print) | Signature | Date |
|--------------|-----------|------|
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