

RISK ASSESSMENT SHEET – Site Risk Register

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

LIKELIHOOD

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

5 x 5 Risk Matrix

Risk Rating

High

Medium

Low

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

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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
FALL RESTRAINT	Falls from height if equipment fails or protocol for using equipment is not followed	Injury to person working at height	Operatives Public Official	4	4	16	1.All work restraint/ fall arrest equipment is in accordance with the working at height regulations 2005 and the PUWER 99 and checked periodically to ensure it is fit for purpose 2.Weight of persons working with man-safe is to be calculated and enough weight applied to stack to counter balance the weight of operative as recommended by manufacturer 3.Operatives are made aware of the need to be clipped on at all times and a seclusion area will be introduced- permit to work system will be in place with checklist and fully supervised by allocated permit issuer 4.Sign off sheets for correct PPE and procedure before an after task is undertaken	2	2	4

								<p>Other:</p> <p>1. Anti vibration gloves may be required</p>
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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