




## RISK ASSESSMENT FORM

Use this form to record details of individual risk assessments. To be read with Method Statements

<b>Risk Assessment Number:</b> 020		<b>Date Of Assessment:</b> 20.10.16			
<b>Task / Work Activity / Work Area Assessed:</b> Removing Infill to Atch		<b>People Involved In Making This Assessment:</b> Nuno, Ilan & Natassja			
<b>Supplementary Checklist Used In Respect Of:</b> <input type="checkbox"/> New And Expectant Mothers <input type="checkbox"/> Young Persons <input type="checkbox"/> Substances Hazardous To Health <input type="checkbox"/> Display Screens <input type="checkbox"/> Manual Handling <input type="checkbox"/> Installations					
<b>1. Persons Affected By The Activity</b> * Employees * Contractors * Public * New & Expectant Mothers * Children * Young Persons * Other vulnerable people * Others: .....  * Delete inappropriate entries. Add any affected people not listed.	<b>2. What Hazards Have Been Identified?</b> - Potential Hazard of dropping/falling debris	<b>3. Control Measures Already In Place</b> - N/A	<b>4. Further Control Measures Identified As Necessary</b> - Make sure tower is erected safely - Wear correct PPE - Store materials correctly once removed.	<b>5. Action on measures listed in Col. 4</b> Allocated to (Name): Nuno For completion by (Date): TBC	<b>6. Work Completed.</b> Date And Signature
<b>People allocated actions in col. 4 and target dates approved by Manager / Supervisor:</b> Name: Natassja Norval			<b>Risk Assessment Reviewed, Date and initials of Reviewer:</b>		
<b>Signature:</b> 			<b>Date:</b> 20.10.16		