

RISK ASSESSMENT FORM



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

Risk Assessment Number: 019		Date Of Assessment: 20.10.16			
Task / Work Activity / Work Area Assessed: Structural Repairs to the Walkway		People Involved In Making This Assessment: Nunu, Ilan & Natassja			
Supplementary Checklist Used In Respect Of: 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 <input checked="" type="checkbox"/>					
1. Persons Affected By The Activity * Employees * Contractors * Public * New & Expectant Mothers * Children * Young Persons * Other vulnerable people * Others	2. What Hazards Have Been Identified? <ul style="list-style-type: none"> Burns caused by welding Fire caused by welding Debris falling 	3. Control Measures Already in Place <ul style="list-style-type: none"> There is a crash deck already installed with triple toe boards & monaflex, which is inspected weekly 	4. Further Control Measures Identified As Necessary <ul style="list-style-type: none"> Make sure protective gloves, overalls, mask and goggles are used at all times Cordon off work area to protect public. Be aware of weather conditions (e.g. high winds) and stop if necessary. 	5. Action on measures listed in Col. 4 Allocated to (Name) NuNu	6. Work Completed. Date And Signature TBC
People allocated actions in col. 4 and target dates approved by Manager / Supervisor: Name: Natassja Norval		Risk Assessment Reviewed, Date and initials of Reviewer:			
Signature:		Date: 20.10.16			