

GA07 Post-completion defect work risk assessment

Company name		Project title	
Location		Contract no.	
Address			
Reason for assessment	6 month defects	12 month defects	Other (state)
Sub-contractor(s)			
Brief description of work/defects/call out			
Have details of defects/reasons for call out been passed on to those carrying out the work?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is work to be carried out in live/occupied premises?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' are there any client requirements, access restrictions or site rules? (state below)			
Tick PPE required			
			Other (state)
Will work require lone working?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' state control measures/monitoring arrangements (raising alarm, first aid, etc.) (state below)			
Is work deemed high risk?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' a separate risk assessment is required		Risk assessment no.	
If 'No' state control measures required, including manual handling, COSHH, and so on (state below)			
What working at height/access is required? (tick below) indicates additional requirements			
<input type="checkbox"/>	Existing (such as 'safe' type system)		Must be trained in the use of, prior to starting work
<input type="checkbox"/>	Scissor lift/cherry picker/MEWP		Must be trained operator (e.g. IPAF)
<input type="checkbox"/>	Mobile tower		Must be trained to erect and use (e.g. PASMA)
<input type="checkbox"/>	Podium steps/room mate		Erect correctly, lock wheels - no over reaching
<input type="checkbox"/>	Stepladder		Short duration work only plus complete ladder permit
<input type="checkbox"/>	Ladder		Access only - otherwise complete ladder permit
<input type="checkbox"/>	Other		Include any training or special requirements
State plant, equipment and materials (including waste disposal measures) to be used			
State any other issues/comments			
Assessment completed by			
Name	Position	Signature	Date
The works have been completed, as detailed above, and the area left safe and clean			
Name	Position	Signature	Date

This risk assessment must be communicated to operatives before work commences. A separate briefing sheet (refer to GA11) should be used and be made available to operatives for reference.