

**GC19 Point of work risk assessment**

Point of work risk assessment								
Company name								
Project title			Location					
Contract no.			Date					
<b>Part 1. Stop</b>	<b>Before you start</b>					Yes	No	N/A
	Are you at the correct site, item of plant or location?							
	Do you have the right documentation for the job?							
	Do you have the right personal protective equipment (PPE) for the job?							
	Are power tools, leads and plant tested?							
	Are scaffolds and ladders inspected (access safe)?							
	Is lifting equipment inspected?							
<b>If you have answered 'No' to any of the above, take the required action or report to your supervisor. If in doubt always ask!</b>								
<b>Part 2. Think</b>	<b>Safety and health assessment</b> <i>(if the hazard is present tick the box)</i>							
	Falls from height		Entry into a confined space		Poor lighting			
	Falling or flying objects		Dust		Temperature (high/low)			
	Chemicals or harmful substances		Fumes		Adverse weather			
	Heat, fire or explosion		Noise		Uncertified equipment			
	Asphyxiation or drowning		Vibration		Risk to you from your work			
	Risk to plant		Electricity		Risk to others from your work			
	Contact with stationary objects		Residues		Stored energy or insecure loads			
	Object overturning or collapsing		Underground services		Traffic or moving vehicles			
	Slips, trips or falls on the same level		Manual handling		Other <i>(state)</i>			
<b>If required, you must have a rescue plan in place. Provide brief details.</b> <i>(You must always be able to provide a way of safe escape in the event of something going wrong.)</i>								
If no control measures are in place for the hazards identified above, then Part 3 (on the next page) needs to be completed and appropriate control measures put in place before work commences.								

**GC19 Point of work risk assessment *continued***

<b>Part 3. Act</b>	<b>Additional safety assessment</b>							
	<b>Hazard</b> <i>(identified overleaf)</i>	<b>Control measures or precautions</b>				<b>Remaining risk</b>		
						<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Part 4. Review</b>	<b>End of job review</b>							
	Are there any lessons for next time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Has the work created any new hazards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	<b>If you have answered 'Yes' to either of these questions, make a brief note below and tell your supervisor.</b>							
<b>Lessons learnt and future site or location visit advice</b> <i>(list here any information that would make the next visit safer and include contact details if appropriate)</i>								
<b>Risk assessment briefing</b>								
<b>Name</b>		<b>Position</b>		<b>Signature</b>		<b>Date</b>		