

Dynamic Risk Assessment/Safe Start Review

 Office Use Only :

This form should be completed after reviewing the general risk assessments for the works to be undertaken to identify and evaluate any site specific risks and to identify suitable control measures that are to be implemented to manage the risks.

OVERALL RISK RATING/LEVEL: **HIGH** **MEDIUM** **LOW**

Location :		Date :	
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ACTIVITY

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Site Setup | <input type="checkbox"/> Welding/Brazing etc | <input type="checkbox"/> LPG/Gas Supply | <input type="checkbox"/> Use of Access Equipment |
| <input type="checkbox"/> General Pipework | <input type="checkbox"/> Hydraulic Pressure Testing | <input type="checkbox"/> Gas Purging | <input type="checkbox"/> Filling/drainage of systems |
| <input type="checkbox"/> Install of brackets/clips | <input type="checkbox"/> Pneumatic Pressure Testing | <input type="checkbox"/> Other (specify) | |

Description of Work :

SITE SPECIFIC HAZARDS

Hazard	Control Measures	Hazard	Control Measures
<input type="checkbox"/> Noise	Use alternate work methods, Signage PPE, Inform Client/other trades of risks	<input type="checkbox"/> Hot Works/Fire	Use alternate work methods, Permit system, suitable fire fighting equipment,
<input type="checkbox"/> Confined Space	Restrict access, Permits, Alternate work methods to avoid hot works etc	<input type="checkbox"/> Electricity	Isolation by others and Permits to work, Staff instruction and training
<input type="checkbox"/> Hand Tools	Pre-use checks, Competent engineers, Use of correct tools , Training	<input type="checkbox"/> Power Tools	Pre-use checks, PAT Testing, Competent engineers, Use of correct tools, Training
<input type="checkbox"/> Hazardous Substances	COSHH Assessments, PPE Provision, Training and instruction as required	<input type="checkbox"/> Fall/work at height	Use of suitable access equipment/protection. Tower/podium inspection & training, Demark area
<input type="checkbox"/> Manual Handling	Use of lifting aids/equipment, Team lifting , Staff training and awareness	<input type="checkbox"/> Lone Working	Formal procedure & Assessments, Staff awareness and instruction
<input type="checkbox"/> Other Trades/Activities	Suitable coordination of works, Demark area. Signage displayed, Training	<input type="checkbox"/> Slips, trips and falls	Good housekeeping, Residents/clients excluded from area where practical
<input type="checkbox"/> Vehicles	Vehicles parked in safe location, Banksman when reversing, Vehicle maintenance	<input type="checkbox"/> Weather	Work planned round weather, Provision of suitable PPE, Rotation of engineers
<input type="checkbox"/> Asbestos	Asbestos register available, Surveys where required, Visual inspection. Formal Procedure, Training	<input type="checkbox"/> Other (specify below)	Other (specify below)
Description :			
Control Measures:			

SPECIFIC SITE CONDITIONS

Describe the site activity/process that creates risks requiring precautions to be taken :-

PERSONS AT RISK

Directly affected:-

<input type="checkbox"/> Employee	<input type="checkbox"/> Other Contractor	<input type="checkbox"/> Visitors	<input type="checkbox"/> Trainee(s)
<input type="checkbox"/> Other employee(s)	<input type="checkbox"/> NEMS	<input type="checkbox"/> Other (specify)	

ADDITIONAL CONTROL MEASURES

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Specific COSHH Assessment | <input type="checkbox"/> Additional PPE | <input type="checkbox"/> Revised Safe Working Procedure | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Specific Risk Assessment | <input type="checkbox"/> Instruction/Training | <input type="checkbox"/> Specific Emergency Procedures | <input type="checkbox"/> Isolation/Lock-off |
| <input type="checkbox"/> Additional Documentation | <input type="checkbox"/> Asbestos Survey | <input type="checkbox"/> Other (Please Specify) | |

Record additional information here :-

Additional Action Required :	Yes <input type="checkbox"/> *	No <input type="checkbox"/>	* If YES contact Client/PC & F&S Project Manager/ HSE Director and discuss what actions required BEFORE WORKS commence.
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Date of Assessment :		Review Date :		Name :	
Date Amended/Applied to Site :		Review Date :		Name :	
Supervisor :		Review Date :		Name :	