







TASK RISK ASSESSMENT

NOTE: This assessment should be printed duplex i.e. on both sides of a single sheet of paper so all the information remains together.

NUMBER		HAZARD = SOURCE OF RISK AND SEVERITY ?	SEVERITY OF HARM																																											
TASK			5	Death																																										
			4	Serious Injury																																										
			3 ✓	Moderate Injury																																										
			2	Slight Injury																																										
			1	Trivial Injury																																										
SITE			LIKELIHOOD OF HARM																																											
DATE		RISK = EVENT WHICH MAY HAPPEN, HOW LIKELY?	5	Near Certainty																																										
REVIEW DATE			4	Probable																																										
ASSESSOR			3 ✓	Possible																																										
			2	Unlikely																																										
			1	Very Remote																																										
PERSONS AT RISK – TICK AS REQUIRED			OUTCOME / SCORE WITHOUT CONTROLS		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg);">Hazard</td> <td style="border: none;"></td> <td style="border: none;">5</td> <td style="border: none;">10</td> <td style="border: none;">15</td> <td style="border: none;">20</td> <td style="border: none;">25</td> </tr> <tr> <td style="border: none;">4</td> <td style="border: none;">8</td> <td style="border: none;">12</td> <td style="border: none;">16</td> <td style="border: none;">20</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">3</td> <td style="border: none;">6</td> <td style="border: none;">9</td> <td style="border: none;">12</td> <td style="border: none;">15</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">2</td> <td style="border: none;">4</td> <td style="border: none;">6</td> <td style="border: none;">8</td> <td style="border: none;">10</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">1</td> <td style="border: none;">2</td> <td style="border: none;">3</td> <td style="border: none;">4</td> <td style="border: none;">5</td> <td style="border: none;"></td> </tr> <tr> <td colspan="7" style="text-align: center;">Risk</td> </tr> </table>					Hazard		5	10	15	20	25	4	8	12	16	20		3	6	9	12	15		2	4	6	8	10		1	2	3	4	5		Risk					
Hazard		5	10	15							20	25																																		
	4	8	12	16							20																																			
	3	6	9	12							15																																			
	2	4	6	8							10																																			
	1	2	3	4						5																																				
Risk																																														
OPERATIVES	✓																																													
OTHER TRADES																																														
VISITORS																																														
GENERAL PUBLIC																																														
YOUNG / PREGNANT / NURSING * Specific Risk Assessment also needed																																														
READ WITH RISK ASSESSMENTS:		NUMBER OF OPERATIVES		DURATION OF TASK																																										
CONTROL MEASURES																																														
PPE TO BE WORN: TICK AS REQUIRED. (TICK EVEN THOSE ITEMS REQUIRED BY LAW ON A CONSTRUCTION SITE)																																														
 Head protection must be worn	 Wear boots	 High visibility jackets must be worn	 Wear gloves	 Wear goggles	 Wear glasses	 Wear masks	 Wear ear protection																																							
HARD HAT	✓	BOOTS	✓	HI-VIS	✓	GLOVES	✓	GLASSES		GOGGLES EN166B		DUST MASK		EAR DEFENDERS																																
SPECIFIC INSTRUCTION / TRAINING REQUIRED: TICK AS REQUIRED																																														
SITE INDUCTION TRAINING			✓	IPAF/CITB																																										
CSCS TRAINING				MANUAL HANDLING																																										
TOOLBOX TALKS				ABRASIVE WHEELS																																										
PASMA/CITB				SPECIFIC TRADE TRAINING / COMPETENCE																																										
FURTHER GUIDANCE / SPECIFIC SAFE SYSTEMS OF WORK OVER AND ABOVE METHOD STATEMENT: TICK AS REQUIRED																																														
SAFE LIFTING TECHNIQUE			✓	ISOLATION OF ELECTRICAL EQUIPMENT																																										
CHANGING AN ABRASIVE WHEEL				WORK ON LIVE ELECTRICAL EQUIPMENT																																										
CONTROLS: IMPLEMENTATION & MONITORING		TO BE IMPLEMENTED BY OPERATIVES & SUPERVISOR THROUGHOUT THE WORK. ALL CONTROLS TO BE IN PLACE BEFORE WORK COMMENCES. METHOD STATEMENT TO DETAIL START DATE AND DURATION OF TASK. MONITORING OF COMPLIANCE BY SUPERVISOR. ALL OPERATIVES UNDERTAKE BY THEIR SIGNATURE OVERLEAF THAT THEY WILL WORK WEARING ALL REQUIRED PPE, WORK AS INSTRUCTED AND TRAINED AND WILL MAINTAIN ALL CONTROL MEASURES DETAILED OVERLEAF WHICH ARE FOR THEIR SAFETY. OPERATIVES NOT TO COMMENCE WORK AND TO STOP WORK IF ANY CONTROL CANNOT BE IMPLEMENTED AND REPORT THIS TO THEIR SUPERVISOR IMMEDIATELY. NO DEFECTIVE TOOLS TO BE USED, TAKE OUT OF SERVICE, REPORT TO SUPERVISOR																																												



SPECIFIC CONTROLS REQUIRED – DETAIL BELOW AND STATE WHO TO IMPLEMENT							IMPLEMENTED BY					
							OPERATIVES	<input checked="" type="checkbox"/>				
							SUPERVISOR	<input type="checkbox"/>				
							OPERATIVES	<input type="checkbox"/>				
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							OPERATIVES	<input type="checkbox"/>				
							SUPERVISOR	<input type="checkbox"/>				
ADDITIONAL CONTROL SHEET ATTACHED ?							YES		NO		<input checked="" type="checkbox"/>	
FINAL RISK RATING AND SIGN OFF												
FINAL SCORE <u>WITH ALL</u> CONTROL MEASURES IN PLACE	Hazard			Risk			OVERALL SCORE	Risk				
	5	Death	5	Near Certainty	5	10		15	20	25		
AUTHOR/CHECKER TO SIGN HERE	4	Serious Injury	4	Probable	4	8	12	16	20			
	3 <input checked="" type="checkbox"/>	Moderate Injury	3	Possible	3	6	9	12	15			
	2	Slight Injury	2	Unlikely	2	4	6	8	10			
	1	Trivial Injury	1 <input checked="" type="checkbox"/>	Very Remote	1	2	3	4	5			
RESIDUAL PERSONS AT RISK	OPERATIVES	<input checked="" type="checkbox"/>	OTHER TRADES	<input type="checkbox"/>	VISITORS	<input type="checkbox"/>	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>			
PRINT NAME	SIGN						DATE					