**HAND-ARM VIBRATION SYNDROME (HAV’s)**

**RISK ASSESSMENT**

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| **Project Name:** | M1 J13-16 Technology Site Clearance |
| **Project Reference No:** | MCC1901 |

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| **Task to be undertaken:** | | |
| Flange bolt removal | | |
| Assess the task – can it be carried out by any other means? | ~~YES~~ | NO |

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| **Tools to be used:** | **Make:** | Maxim |
| **Model:** | 35 |
| **Vibration Magnitude (M/S)** | 13.5 m/s2 | |
| **Exposure Action Value (EAV)** | 16 mins | |
| **Exposure Limit Value (ELV)** | 1hr 06 Mins | |
| **Exposure Points per Hour** | 365 | |

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| --- | --- | --- | --- |
| **The above Vibration Magnitude is taken from:** | Manufacturers data | Yes | ~~NO~~ |
| HSE Sources of Vibration Magnitude data | YES | ~~NO~~ |
| Measured tests | ~~YES~~ | NO |
| **TRIGGERED TIMES ALLOWED (Taken from HSE Exposure Calculator)** | | |  |
| Are the operatives who are using the equipment trained? | | YES | ~~NO~~ |
| If ‘No’, state what training will be undertaken before use: | | | |
|  | | | |
| Do any operatives have any medical condition which would require exposure time to be reduced? (existing VWF, poor circulation, heart conditions etc.) | | ~~YES~~ | NO |
| Is medication which may affect the circulation being taken? | | ~~YES~~ | NO |
| If ‘Yes’, state condition/medicine and control measures to be implemented: | | | |
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| **SUPPLEMENTARY PPE REQUIREMENTS (Above those stated in the RAMS)** | | |
| Gloves (to keep hands warm and dry) | YES | ~~NO~~ |
| Hearing protection | YES | ~~NO~~ |
| Respiratory protection | ~~YES~~ | NO |
| Eye Protection | YES | ~~NO~~ |

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| **HAV’s Risk Assessment Carried Out By:** | **Name** | David Rodwell |
| **Job Title** | HS Manager |
| **Signed** |  |