

EMCOR, EMR BUILDING, OLDBURY

HEALTH AND SAFETY RISK ASSESSMENT RECORD – NUMBER RA016

Site/Premises: EMR Building

Area/Section: EMR Building

Work Activity: Mobile elevated working platforms

PERSONS AFFECTED	✓Yes	✓No	CLASSIFICATION	✓Yes	✓No
Employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Experienced	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: ERECTION AND USAGE AS WORKING PLACES

HAZARD TYPE	✓Yes	✓No		✓Yes	✓No
Physical Injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Biological (e.g. Micro Organism)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Hazard (e.g. Harmful Substance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Natural (e.g. Weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

IDENTIFIED HAZARDS – tick as appropriate						
Contact with:	a) Moving Machinery Parts	<input checked="" type="checkbox"/>	Fire	<input type="checkbox"/>	Weather	<input checked="" type="checkbox"/>
	b) Moving Materials	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Temperature	<input type="checkbox"/>
	c) Moving Vehicles	<input checked="" type="checkbox"/>	Burns	<input type="checkbox"/>	Manual Handling	<input checked="" type="checkbox"/>
	d) Fixed Machinery	<input type="checkbox"/>	Falls from Heights	<input checked="" type="checkbox"/>	Lone Working	<input type="checkbox"/>
Electrical:	a) Shock	<input checked="" type="checkbox"/>	Pressurised Systems	<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>
	b) Burns	<input type="checkbox"/>	Vibration	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>
	c) Explosion	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Restricted Access/Egress	<input type="checkbox"/>
Radiation:	a) Ultraviolet	<input type="checkbox"/>	Harmful Substances	<input checked="" type="checkbox"/>	Power Tools	<input type="checkbox"/>
	b) Ionising	<input type="checkbox"/>	Vermin	<input type="checkbox"/>	Sharp Objects	<input type="checkbox"/>
	c) Lasers	<input type="checkbox"/>	Particles	<input type="checkbox"/>	Posture	<input type="checkbox"/>

Comments:

Likelihood x Severity = Risk Score. Score assuming standard control measures overleaf are implemented = 3

SIGNIFICANT RISK IDENTIFIED:

Falls of Persons, Fall of Materials, Overturning

RELEVANT STATUTORY PROVISIONS (AND GUIDANCE) (Note: Standard Control Measures must also be reviewed and made site specific)

HASAWA 1974, Construction Design Management Regs 2007, Management of Health and Safety at Work Regs 1999, P.U.W.E.R. 1998, Working at Height Regs,

PPE REQUIRED FOR TASK (tick/complete as appropriate – Refer to Control Measures over page making specific)

Hard Hat	<input checked="" type="checkbox"/>	Ear Protection	<input type="checkbox"/>	Welding Helmet	<input type="checkbox"/>
Safety Footwear	<input checked="" type="checkbox"/>	Goggles	<input type="checkbox"/>	Respirator (enter type)	<input type="checkbox"/>
High Vis Vest	<input checked="" type="checkbox"/>	Overalls	<input type="checkbox"/>	Gloves (3)	<input type="checkbox"/>
Gas Welding Goggles	<input type="checkbox"/>	Safety Spectacles	<input checked="" type="checkbox"/>	Other (specify type)	<input type="checkbox"/>

Circle Residual Risk Score after implementation of your additional Control Measures (if any)

Likelihood of Harm	Severity of Injury			Risk Score = 1 LOW	Acceptable – unlikely to cause first aid case injury, risk to health, property or environmental damage.
	LOW 1	MED 2	HIGH 3		
	Possible first aid case injury, environmental damage	Possible <3 day lost time injury, minor environmental damage	Possible >3 day serious injury, major environmental damage	Risk Score = 2 LOW	Acceptable – unlikely to cause lost time injury, risk to health, property or environmental damage. Work to be carried out by a competent person.
				Risk Score = 3 LOW <input checked="" type="checkbox"/>	Unlikely to cause serious injury, risk to health, property or environmental damage. Control measures and written method statement must be in place.
Unlikely 1	1	2	3	Risk Score = 4 MEDIUM	Possible risk of lost time injury, minor injury to health, environmental damage. Supervision, control measures and written method statement must be in place.
Possible 2	2	4	6	Risk Score = 6 HIGH	Unacceptable – revisit work procedures to reduce this risk to a score of four or below
Likely 3	3 <input checked="" type="checkbox"/>	6	9	Risk Score = 9 HIGH	Unacceptable – refer the operation to the Manager responsible. The work must not proceed as proposed, an alternative method must be developed

Signed:

Position in Company: Operations Director

Date: 14-03-13

Print Name: Kevin Flint

Date of Review: 14-06-13

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DETAILS OF CONTROL MEASURES		Is this control measure in place ✓	Additional action required ✓
No engineers are to work on a mobile access equipment unless they have read this risk assessment detailing the Risks associated with the use of step ladders			
1.	Mobile equipment is to be operated by a qualified competent person and in accordance with the safe practices expected to prevent overturning or overloading of the equipment.	✓	
2.	Operatives' certification to be issued prior to using the equipment.	✓	
3.	Operatives are to refrain from over-reaching which would lead to a fall. Safety lanyard and harness to be worn and fixed to a secure anchor point designed in the basket of the machine.	✓	
3.	Machinery to be operated on a firm, level ground with wheels chocked or outriggers secured.	✓	
4.	Area will be cordoned off with adequate warning signs displayed clearly to warn others of the work being undertaken.	✓	
5.	Safe working load is to be identified on the machine before use.	✓	
6.	Persons are to stay within the constraints of the basket whilst elevated and no transferring from the basket allowed for any reason.	✓	
7.	Do not operate access equipment in high wind conditions.	✓	
8.	Unauthorised access must be avoided by the keys being removed when not in operation	✓	
9.	M.E.W.P's (mobile elevated working platform) must undergo recorded inspections by the authorised user daily. Statutory requirements inspection will be undertaken by the supplier at six monthly intervals.	✓	
10.	A fall restraint lanyard and harness must be used in all self propelled booms (cherry pickers) and also in some Scissor lifts.	✓	
11.	Some of the common dangers associated with the use of working platforms are: <ul style="list-style-type: none"> ➤ Person's tool or materials falling from the platform. ➤ Person's becoming trapped in the working platform mechanism. ➤ Person's becoming trapped between the platform and fixed obstruction. ➤ Overturning, due to overloading, gradients, wind, travelling with the platform raised over unsuitable terrain, outriggers not in use, and incorrect tyre pressure. ➤ Collision with buildings or other objects, other appliances or vehicles. ➤ Inadvertent movement due to e.g. misapplication of controls, brake failure and wind. ➤ Persons becoming stranded on the platform whilst in a raised position, perhaps due to power failure. ➤ Contact with live electrical conductors. ➤ Person's being struck by a moving working platform or by the jib slewing. ➤ Use during the hours of darkness. ➤ Not having adequate training or information about the MEWP. ➤ Never use a MEWP to transport men or materials from one level to another 	✓	

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[illegible]