Risk Assessment Checklist

**DETAILS:**

Job Number:

Job Address:

Date:

Client name:

Client contact number:

Completed By:

Signed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard** | **Y/N** | **Description:** | |
| Lead based Paint? |  |  | |
| Demolition works? |  |  | |
| Manual handling? |  |  | |
| Hazardous substances? |  |  | |
| Working at heights? |  |  | |
| Working on roofs? |  |  |
| Asbestos? |  |  |
| Uneven surfaces? |  |  |
| Excessive Dust present? |  |  |
| Plant equipment required? |  |  |
| Confined Space? |  |  |
| Powerlines/underground services? |  |  |
| Hot Works i.e., Use of grinder |  |  |
| Public Access/Safety |  |  |

Approving Director:

Signed: