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| **MINOR WORKS CPP** | | | |
| **SITE ADDRESS** |  | | |
| **SCOPE OF WORKS** |  | | |
| **START DATE** |  | **COMPLETION DATE** |  |
| **START TIME** |  | **COMPLETION TIME** |  |
| **CLIENT** |  | **JOB NUMBER** |  |
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| **Method of works** | |
| **Additional notes/ Additional Control Measures** | |
| For Safety Procedures and safe systems please use the QR code below to gain access to the WMS employee safety handbook. | |
| **Subcontractors** | **Materials** |
|  |  |
| **Welfare** | **Nearest A+E** |
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| **Risk Assessment** | | |

☑ - Relevant box

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| **Hazard** |  | |  |  | | |
| **Yes** | | **No** | **Control Measures** | | |
| Falls from height |  | |  | 🗌 Safety inspected ladder/steps, with spurs/mats used in line with training.  🗌 Mobile tower scaffold by PASMA qualified.  🗌Scaffold erected by competent scaffolder.  🗌 MEWP –operative competent (IPAF) Harness, hi vis, hard hat. | | |
| Slips, trips and falls |  | |  | 🗌 Site kept clean and tidy at all times, no trailing leads, excessive stored items.  🗌If spillage occurs, clean immediately. Inspect ground conditions | | |
| Manual handling |  | |  | 🗌 Correct lifting techniques to be adopted, no lift over 25kg  🗌Mechanical assistance | | |
| Stability of structure |  | |  | 🗌 Contact contracts manager, further control measures required.  🗌 Works have been planned through, see method statement. | | |
| Excavation/hole/trench |  | |  | 🗌 Contact contracts manager, further control measures required.  🗌 Works have been planned through, see method statement. | | |
| Electrical |  | |  | 🗌 Electrical works to be completed by electricians.  🗌 Tools to be 110V or Battery only  🗌 Tools to have been PAT | | |
| Hot works |  | |  | 🗌 Hot works permit prior to start. | | |
| Gas |  | |  | 🗌 Only qualified Gas Safe engineer to touch gas. | | |
| Lone working |  | |  | 🗌 Assess if it is safe to undertake task as a lone worker. | | |
| Chemicals |  | |  | 🗌Follow material safety data sheet. | | |
| Drugs needles |  | |  | 🗌 Contact contracts manager, risk assessment prior to start. | | |
| Dangerous pets |  | |  | 🗌 Segregate pets, WMS operatives not to approach pets. | | |
| Potential aggressiveness |  | |  | 🗌Remove yourself from the immediate area, contact contracts manager. | | |
| Hygiene |  | |  | 🗌 Wear PPE, ring contracts manager if unacceptable condition. | | |
| Vulnerable persons |  | |  | 🗌 Segregate persons from work area, barriers/signage.  🗌 Undertake works out of hours. | | |
| Vibration |  | |  | 🗌 Wear PPE, regular breaks, undertake maintenance of tools and check HAVS calculator | | |
| Noise |  | |  | 🗌 Wear PPE, regular breaks, inform persons of loud works. | | |
| Respirable dust |  | |  | 🗌Extraction/suppression.  🗌 Wear face fitted FFP3 mask, where dust may arise. | | |
| Asbestos |  | |  | 🗌Read asbestos survey ensure awareness of ACM’s.  🗌 Contact contracts manager if chance of disturbing an ACM.  🗌 Specialist contractor removal. | | |
| **Chimney/Flue/Roofing/Utilities/Ventilation Check GSIUR’s Reg 8**  🗸 I have undertaken an assessment of the works and it will not disturb any chimney, flue, utilities, roofs, ventilation etc  🗌 For removal/changes to chimney, flue, utilities, roofs, ventilation etc I have assessed and it will not render any connections unsafe  🗌 If applicable I have written confirmation that gas/gas appliance isolated/removed and works safe to continue  🗸 I confirm that I have the knowledge to complete this assessment and works are safe to continue. | | | | | | |
| 🗸 Complete - I confirm that the work has been completed to my satisfaction.  🗌 Additional works required =  🗌 No access | | | | | | |
| **Assessment completed by** | |  | | | **RAMS Read and understood** |  |
| **Signature** | |  | | | **Signature** |  |
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