GC19 Point of work risk assessment

Point of work risk assessment			
Company name			
Project title		Location	
Contract no.		Date	

Part 1. Stop

Before you start	Yes	No	N/A
Are you at the correct site, item of plant or location?			
Do you have the right documentation for the job?			
Do you have the right personal protective equipment (PPE) for the job?			
Are power tools, leads and plant tested?			
Are scaffolds and ladders inspected (access safe)?			
Is lifting equipment inspected?			

If you have answered 'No' to any of the above, take the required action or report to your supervisor. If in doubt always ask!

Part 2. Think

Safety and health assessment *(if the hazard is present tick the box)*

Falls from height		Entry into a confined space		Poor lighting	
Falling or flying objects		Dust		Temperature (high/low)	
Chemicals or harmful substances		Fumes		Adverse weather	
Heat, fire or explosion		Noise		Uncertified equipment	
Asphyxiation or drowning		Vibration		Risk to you from your work	
Risk to plant		Electricity		Risk to others from your work	
Contact with stationary objects		Residues		Stored energy or insecure loads	
Object overturning or collapsing		Underground services		Traffic or moving vehicles	
Slips, trips or falls on the same level		Manual handling			
Other *(state)*					

If required, you must have a rescue plan in place. Provide brief details.
(You must always be able to provide a way of safe escape in the event of something going wrong.)

If no control measures are in place for the hazards identified above, then Part 3 (on the next page) needs to be completed and appropriate control measures put in place before work commences.

© Construction Industry Training Board 2019

GC19 Point of work risk assessment *continued*

Part 3. Act

Additional safety assessment

Hazard *(identified overleaf)*	Control measures or precautions	Remaining risk		
		High	Medium	Low

Part 4. Review

End of job review

Are there any lessons for next time?	Yes		No	
Has the work created any new hazards?	Yes		No	

If you have answered 'Yes' to either of these questions, make a brief note below and tell your supervisor *(list here any information that would make the next visit safer and include contact details if appropriate).*

Risk assessment briefing completed?	**Yes**		**No**		**N/A**		
Name		**Position**		**Signature**		**Date**	

© Construction Industry Training Board 2019