

S25 – Employee Risk Assessment H&SRAS02

Task description

Assessed by Signed Date

Position Site location

Does a written safe system of work exist for the task? Yes No

Does the control measure reduce the hazard to an acceptable level to proceed?

Is there a risk of?

How will the risk be controlled?

Coming into contact with moving machinery Yes No Yes No

Coming into contact with compressed air/pressurised fluid Yes No Yes No

Being hit by a flying object Yes No Yes No

Being struck by a vehicle Yes No Yes No

Being cut or receiving a puncture wound Yes No Yes No

A manual handling injury Yes No Yes No

Slipping, tripping or falling Yes No Yes No

Falling from height, no minimum level Yes No Yes No

Being trapped by something collapsing or overturning Yes No Yes No

Drowning or suffocation Yes No Yes No

Exposure to potentially harmful substances Yes No Yes No



Exposure to heat, hot surfaces, sparks or flames	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Exposure to noise and/or dust	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Something exploding or catching fire	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Receiving an electric shock (electrocution)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Contact with buried services	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Flammable or inert gases being present	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Work in confined space (Permit to Work required)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Failure of lifting equipment (including mobile cranes)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Unsafe access/egress	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Unspecified risks not listed above	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

If any risk remains unacceptable after implementing controls, do not commence work. Contact your supervisor immediately for further advice.

Has authorisation been granted to proceed or a permit of work been granted? Yes No

Has the appropriate equipment been isolated and locked off? Yes No

Risk assessment and safe system of work to be reviewed by all those completing the work. Sign acceptance below

Name	Signed	Date
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