**Risk Assessment**

|  |  |
| --- | --- |
| Customer Name: Mrs Aruna Mistry | Job Reference: 001 |
| Address: 25 Hunter Road  Leicestershire | Completed by: Naieem Ashraf |
| Signature: |
| Postcode: LE4 5GJ | Date:22/04/2021 |

*Hazards you have identified:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Present**  (tick) | **Hazard**  **Controlled?** | | **Safe to**  **Continue?** | | **Comments** | **Has task been**  **made safe?**  **(If NO do not continue)** |
| **YES** | **NO** | **YES** | **NO** |
| Manual handling |  |  |  |  |  |  |  |
| Slips, trips & falls |  |  |  |  |  |  |  |
| Dangerous machinery |  |  |  |  |  |  |  |
| Use of hand tools |  |  |  |  |  |  |  |
| Use of power tools |  |  |  |  |  |  |  |
| Electrical works |  |  |  |  |  |  |  |
| Drilling |  |  |  |  |  |  |  |
| Work in occupied premises |  |  |  |  |  |  |  |
| Abrasive wheels & cutters |  |  |  |  |  |  |  |
| Using hazardous substances  (follow COSHH regulations) |  |  |  |  |  |  |  |
| Gas works |  |  |  |  |  |  |  |
| Electricity |  |  |  |  |  |  |  |
| Falling objects |  |  |  |  |  |  |  |
| Weather issues |  |  |  |  |  |  |  |
| Pressure vessels |  |  |  |  |  |  |  |
| Light/night work |  |  |  |  |  |  |  |
| Waste |  |  |  |  |  |  |  |
| Spillage |  |  |  |  |  |  |  |
| Other contractors |  |  |  |  |  |  |  |
| Bio hazard (faeces, sharps) |  |  |  |  |  |  |  |
| Carrying cash |  |  |  |  |  |  |  |
| Violent/abusive clients |  |  |  |  |  |  |  |
| Lone working |  |  |  |  |  | ' |  |
| Working at heights |  |  |  |  |  |  |  |
| Confined spaces |  |  |  |  |  |  |  |
| Noise |  |  |  |  |  |  |  |
| Vibration |  |  |  |  |  |  |  |
| Additional hazards |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional** Information: | YES | NO | **N/A** | Are there at least 2 employees working on the site? If not, what other emergency precautions are in place should anyone get injured?  **NO**  ...............................................................................  ············································································ |
| Is the mobile phone signal of sufficient strength |  |  |  |
| Is there safe access for emergency services |  |  |  |
| Ladders inspected |  |  |  |
| PPE available & checked |  |  |  |
| Adequate supply of dust sheets |  |  |  |
| Barriers & safety signs available |  |  |  |
| RCD protection available |  |  |  |

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**Asbestos Risk Assessment**

YES NO

Has the customer indicated that there might be asbestos within the property? □ √

Is there any reason to suspect that asbestos is present within the property? □ √

# If YES, identify the room and the component within the property where it is located e.g. garage, flue, heater, etc.

Is the material in sound condition? □ □

\*Could the location of the material result *in* accidental disturbance/damage? □ □

\*Is asbestos work required? □ □

# \*If answered yes do not proceed

Asbestos work required: □ Removal

□ Drilling/Cutting/Sampling

Location(s) of asbestos:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

What ls the main type of asbestos present? (circle)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AIB** | Lagging | Floor | Gasket/ | Textured | Cement Products | Other: |
|  |  | Covering | Seals | Coating |  |  |

*(Please* Specify)..............................................................................................................................................................................



Signed:

Name: Naieem Ashraf

Date: 22/04/2021