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| --- | --- | --- | --- | --- | --- |
| **Date of assessment:** |  | **Site / Area:** |  | **Risk Assessment #:** | **025RA** |
| **Department/Area:** | |  | | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | **Contractors – Minor Works** | | |

| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer hazard sheet) | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer hazard sheet ) | **Step 3: Reducing the risk**: What do you believe can be done to reduce the risk? (Refer hazard sheet ) |
| --- | --- | --- |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| Contractor Documentation | * Documentation out of date e.g. public liability | * Site to obtain all documentation as outlined in the Procedure Number 6 – Contractor Management  Public Liability  * Trade/Builders Licences * Workers Compensation * Specific competencies e.g. asbestos removal * Risk Assessments/JSA/ * Safety Management System. |
| Induction of Contractors | * Contractors not being inducted | * Principal Contractor to be inducted with the sites policy and procedures * All other Contractors to be inducted by the Principal Contractor or Project Manager.  Regular meetings to be arrange with site Management and Contractors  * All documentation to be retained by site. |
| Change to Workplace | * Lack of communication, consultation and co-ordination | * Workers to be informed of change to worksite including “No Go” zones * Staff to report to management any issues or concerns. |
| Smoking/ Inappropriate behaviour | * Fumes * Fire * Swearing * Drugs/alcohol | Contractor to be informed – “Non Smoking” site“Non-Smoking” signs displayed around siteStaff to report to management if any issues. |
| Consider the work that the Contractor has been engaged to complete then assess the impact to the site and associated risks.   * Gardening * Lawn Mowing * Window Cleaning * Plumbing * Electrical * Roof Work * Gutter Cleaning * Paving * Cleaners * Refurbishment * Repairs * Painting * ICT |  |  |
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| **Completed by (name):** |  | **Signature:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **In consultation with (name):** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |