Template only MUST modify to site conditions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site / Area: |  | Date of Assessment |  | Risk Assessment # | **025RA** |
| Completed by (name) |  | Signature |  | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | **CONTRACTORS – MINOR WORKS** | | |
| Authorised by: |  | Signature: |  | Date: |  |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | |
| **Other**   * Contractor Documentation | | * Documentation out of date e.g. public liability | | * Site to obtain all documentation as outlined in the Procedure Number 6 – Contractor Management  Public Liability  * Trade/Builders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. | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other**   * 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 Contractor  * All documentation to be retained by site. |
| **Other**   * 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. |
| **Other**   * Smoking/ Inappropriate behaviour | | | | * Fumes * Fire * Swearing * Drugs/alcohol | | | | Contractor to be informed – “Non Smoking” site“Non-Smoking” signs displayed around site  * *Staff 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 | | | |  | | | |  |
|  | | | |  | | | |  |
| **Other** | | | |  | | | |  |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | | | | |
| **Step 4: Monitor & Review:** | | | | | | | | |
| Were the controls effective? | | | | Were there any unforeseen hazards / incidents? | | | | New controls |
| Yes |  | No |  | Yes |  | No |  |
|  | | | |  | | | |  |