

COMPANY HEALTH AND SAFETY POLICY STATEMENT

This is the Health and Safety Policy Statement of

**Mobile Structures Ltd
Houghton Road
North Anston Trading Estate
Sheffield
S25 4JJ**

The company will:

- ❖ Provide adequate control of the risks to the Health and Safety of all those who may be affected by our work activities.
- ❖ The Company will provide adequate financial and logistical resources along with sufficient time to enable the success of this policy.
- ❖ The Company will consult with our employees on matters affecting Health and Safety.
- ❖ The company will maintain safe plant and equipment and ensure that all statutory inspections are carried out at the specified intervals.
- ❖ The Company will ensure the safe handling and transportation of all work articles and substances.
- ❖ The Company will provide information, instruction and training for all employees and will ensure that adequate supervision is provided.
- ❖ The Company will ensure that all employees are competent to execute their duties and that adequate training will be provided to ensure that this level of competency is maintained.
- ❖ The Company will, as far as is reasonably practicable, take measures to prevent accidents and work related ill health.
- ❖ The Company will maintain a safe and healthy working environment.
- ❖ The Company undertakes to review and revise this policy as often as is necessary and will undertake an annual review.

Signed on behalf of the Company:

Base Date 31/07/07

RISK ASSESSMENT

Under the Management of Health and Safety Regulations 1992 revised 1999 the production of risk assessments is mandatory. This section of the manual addresses this issue.

Risk assessment is not a particularly difficult task to perform. It is the structured examination of what could cause harm to employees and what steps can be taken to reduce the likelihood of that harm being realised. The findings of risk assessments should be recorded and made known to employees who may be affected by the particular activity. The risk assessment form is a convenient way for this to be done.

A hazard is something with the potential to cause harm i.e. electricity, risk is the likelihood that the hazard will cause harm. An example would be bare live electrical wires which could be easily touched as opposed to a safely wired appliance with no exposed live wires which could be touched. In this case the hazard is electricity and the risk how easily it can come into contact with a person. In doing risk assessments it is important to address those who may be performing the task and the risk to them individually. I.e. an experienced worker or a young and inexperienced trainee. This extends also to members of the public who have access to areas of your premises and who are likely to be totally unaware of any activities which have a hazard which are performed on your premises or under your control.

Classification of the hazard in terms of the harm which could be caused ranging from slight to severe and the risk in terms of its likelihood from remote to extremely likely.. This allows the overall picture to be judged and thought given to removing or reducing the hazard or controlling the risk. By identifying the hazard and risk it is possible to identify methods to control the risk or better still eliminate it altogether.

The sheets which follow are the specific task risk assessment sheets for the company and are to be amended as required and signed off for the location in which the task is performed..

TASK RISK ASSESSMENT

NUMBER	R1	HAZARD	SEVERITY OF HARM							
TASK	WORK FROM A MEWP	WORK AT HEIGHT SITE TERRAIN OBSTACLES AT LOW & HIGH LEVEL OBJECTS FALLING TO BELOW	5	✓	Death					
			4	Serious Injury						
			3	Moderate Injury						
			2	Slight Injury						
SITE			1	Trivial Injury						
DATE	01/8/07	RISK	LIKELIHOOD OF HARM							
REVIEW DATE	01/08/09		5	Near Certainty						
ASSESSOR	C. N. PERRY		4	Probable						
			3	✓	Possible					
			2	Unlikely						
			1	Very Remote						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS	Hazard	5	10	15	20	25		
READ WITH RISK ASSESSMENTS				8	4	8	12	16	20	
		RISK OF DEATH OR SERIOUS INJURY IF FALLING FROM HEIGHT, OR OVERTURNING OF MEWP. RISK OF SLIGHT TO SERIOUS INJURY IF AN OBJECT IS STRUCK. RISK OF DEATH TO SLIGHT INJURY TO THOSE STRUCK BY A DROPPED OBJECT.		3	6	9	12	15		
				2	4	6	8	10		
				1	2	3	4	5		
			Risk							
CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR										
ONLY THOSE WHO HOLD AN IPAF/CITB LICENCE TO OPERATE THE CLASS AND TYPE OF MEWP USED SHALL DRIVE IT.										
IF THERE IS ANY POSSIBILITY OF REACHING OUTSIDE THE BOBY OF THE BASKET / PLATFORM OF THE MEWP THEN A SUITABLE HARNESS & LANYARD SHALL BE WORN. BY PREFERENCE A FIXED LANYARD WHICH PREVENTS THE WEARER FROM FALLING FROM THE BASKET / PLATFORM. SHOULD A FALL ARREST LANYARD BE USED BE AWARE THAT A VERTICAL DISTANCE OF APPROXIMATELY SIX (6) METRES IS REQUIRED TO DEPLOY IT EFFECTIVELY. IF A FALL ARREST LANJARD IS EMPLOYED THEN RESCUE EQUIPMENT SHALL BE AVAILABLE TO RESCUE ANYONE WHO FALLS. ENSURE THAT ALL FALL ARREST LANYARDS ARE SECURED TO A STRUCTURE CAPABLE OF WITHSTANDING THE SHOCK LOAD OF A FALL ARREST.										
CORDON OFF THE AREA BELOW YOUR WORKS TO PREVENT OTHERS ON SITE FROM HARM SHOULD YOU DROP ANYTHING										
DO NOT OVERLOAD THE PLATFORM										
BE AWARE OF OBSTACLES AT LOW AND HIGH LEVEL – INCLUDING UNEVEN GROUND.										
ALWAYS REPOSITION YOUR MEWP SO YOU CAN REACH WITHOUT STRETCHING										
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW					
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5	✓	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2	Unlikely		2	4	6	8	10
	1	Trivial Injury	1	✓		1	2	3	4	5

TASK RISK ASSESSMENT

NUMBER	R2	HAZARD	SEVERITY OF HARM							
TASK	WORK FROM MAN BASKET ON FORKLIFT	WORK AT HEIGHT ATTACHMENT OF MAN BASKET GROUND CONDITIONS	5	✓	Death					
			4		Serious Injury					
			3		Moderate Injury					
			2		Slight Injury					
SITE			1		Trivial Injury					
DATE	01/12/06	RISK FALL FROM HEIGHT LOSS OF MAN BASKET OVERTURNING OF FORKLIFT TRUCK STRIKING OBSTACLES AT HIGH./LOW LEVEL	LIKELIHOOD OF HARM							
REVIEW DATE	01/12/08		5		Near Certainty					
ASSESSOR	C. N. PERRY		4		Probable					
			3	✓	Possible					
			2		Unlikely					
			1		Very Remote					
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS DEATH OR SERIOUS INJURY IF FALL FROM HEIGHT, LOSS ON FAN BASKET OR OVERTURNING OF FORLIFT INJURIES FROM STRIKING OBJECTS FROM CUTS TO SEVERE INJURIES OR DEATH IF HEAD IS STRUCK	Hazard	5	10	15	20	25		
READ WITH RISK ASSESSMENTS				4	8	12	16	20		
8				3	6	9	12	15		
				2	4	6	8	10		
				1	2	3	4	5		
Risk										
CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR										
THE MAN BASKET MUST BE CHECKED EVERY SIX MONTHS BY A COMPETENT PERSON AND THIS INSPECTION/TEST FORMALLY RECORDED.										
WHEN ATTACHING THE MAN BASKET ENSURE IT IS SECURELY FITTED AND CANNOT COME OFF IN ANY CIRCUMSTANCES.										
ONLY USE WITH A FORKLIFT TRUCK SUITABLE FOR THE WEIGHT OF THE MAN, THE EXTENSION AND REACH REQUIRED AND THE SITE TERRAIN ENCOUNTERED.										
ENSURE EFFECTIVE COMMUNICATION BETWEEN THE DRIVER AD THE OPERATIVE IN THE MAN BASKET.										
KEEP OTHERS CLEAR OF THE WORK AREA, USE A BANKSMAN TO GUIDE THE VEHICLE AROUND OBSTACLES										
WEAR A FIXED LANYARD AND SAFETY HARNESS TO PREVENT FALLING FROM THE MAN BASKET.										
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW					
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	RISK				
	5	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2	Unlikely		2	4	6	8	10
	1	Trivial Injury	1	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

NUMBER	R3	HAZARD	SEVERITY OF HARM							
TASK	WORK FROM MOBILE SCAFFOLD BELOW 6M	WORK AT HEIGHT OBSTACLES AT LOW & HIGH LEVEL OBJECTS FALLING TO BELOW	5✓	Death						
			4	Serious Injury						
			3	Moderate Injury						
			2	Slight Injury						
SITE			1	Trivial Injury						
DATE	01/12/06	RISK FALL FROM HEIGHT OVERTURNING STRIKING OBSTACLES AT LOW & HIGH LEVEL OBJECTS STRIKING THOSE BELOW	LIKELYHOOD OF HARM							
REVIEW DATE	01/12/08		5	Near Certainty						
ASSESSOR	C. N. PERRY		4	Probable						
			3✓	Possible						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS RISK OF DEATH OR SERIOUS INJURY IF FALLING FROM HEIGHT, OR OVERTURNING OF TOWER. RISK OF SLIGHT TO SERIOUS INJURY IF AN OBJECT IS STRUCK. RISK OF DEATH TO SLIGHT INJURY TO THOSE STRUCK BY A DROPPED OBJECT.	Hazard	5	10	15	20	25		
READ WITH RISK ASSESSMENTS				4	8	12	16	20		
8				3	6	9	12	15		
				2	4	6	8	10		
				1	2	3	4	5		
Risk										
CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR										
ALL MOBILE ALLOY ACCESS TOWERS SHALL BE BUILT BY THOSE TRAINED TO DO SO										
FIT OUTRIGGERS WHEN ABOVE ONE BASE FRAME PLUS HAND RAILS.										
ALWAYS CLIMB UP THE INSIDE OF THE TOWER USING THE LADDER PROVIDED.										
USE THE TOE BOARDS TO PREVENT ITEMS BEING KICKED OFF AND FALLING TO BELOW										
ONLY HOIST UP ITEMS WITHIN THE BASE DIMENSION OF THE TOWER – THIS IS WHY OUTRIGGERS ARE REQUIRED.										
ALWAYS LOCK THE WHEELS OF THE TOWER WHEN IN USE.										
NEVER MOVE THE TOWER WITH PEOPLE OR EQUIPMENT ON IT.										
ONLY MOVE BY PUSHING AT THE BASE AND BE AWARE OF OBSTACLES AT BOTH LOW AND HIGH LEVELS										
CONSIDER THE USE OF THE “SCAFTAGG” SYSTEM TO SHOW USEABLE TOWERS.										
SITE SPECIFIC CONTROLS REQUIRED ?		YES	NO ✓	IF YES, DETAIL BELOW						
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5✓	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2	Unlikely		2	4	6	8	10
	1	Trivial Injury	1✓	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

NUMBER	R4	HAZARD	SEVERITY OF HARM										
TASK	WORK FROM MOBILE SCAFFOLD ABOVE 6M	WORK AT HEIGHT OBSTACLES AT LOW & HIGH LEVEL OBJECTS FALLING TO BELOW	5	✓	Death								
			4	Serious Injury									
			3	Moderate Injury									
			2	Slight Injury									
SITE			1	Trivial Injury									
DATE	01/12/06	RISK	LIKELYHOOD OF HARM										
REVIEW DATE	01/12/08		5	Near Certainty									
ASSESSOR	C. N. PERRY		4	Probable									
			3	✓	Possible								
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS RISK OF DEATH OR SERIOUS INJURY IF FALLING FROM HEIGHT, OR OVERTURNING OF TOWER. RISK OF SLIGHT TO SERIOUS INJURY IF AN OBJECT IS STRUCK. RISK OF DEATH TO SLIGHT INJURY TO THOSE STRUCK BY A DROPPED OBJECT.	Hazard	5	10	15	20	25					
READ WITH RISK ASSESSMENTS				4	8	12	16	20					
8				3	6	9	12	15					
				2	4	6	8	10					
				1	2	3	4	5					
			Risk										
CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR													
<p>ALL MOBILE ALLOY ACCESS TOWERS SHALL BE BUILT BY THOSE TRAINED TO DO SO FIT OUTRIGGERS.</p> <p>ALWAYS CLIMB UP THE INSIDE OF THE TOWER USING THE LADDER PROVIDED.</p> <p>USE THE TOE BOARDS TO PREVENT ITEMS BEING KICKED OFF AND FALLING TO BELOW</p> <p>ONLY HOIST UP ITEMS WITHIN THE BASE DIMENSION OF THE TOWER – THIS IS WHY OUTRIGGERS ARE REQUIRED.</p> <p>ALWAYS LOCK THE WHEELS OF THE TOWER WHEN IN USE.</p> <p>NEVER MOVE THE TOWER WITH PEOPLE OR EQUIPMENT ON IT.</p> <p>CORDON OFF THE AREA BELOW YOUR WORKS TO PREVENT OTHERS ON SITE FROM HARM SHOULD YOU DROP ANYTHING AND TO PREVENT THEM ACCIDENTALLY BUMPING INTO THE TOWER OR OUTRIGGERS</p> <p>ONLY MOVE BY PUSHING AT THE BASE AND BE AWARE OF OBSTACLES AT BOTH LOW AND HIGH LEVELS</p> <p>CONSIDER THE USE OF THE “SCAFTAGG” SYSTEM TO SHOW USEABLE TOWERS</p> <p>USE A FALL ARREST LANYARD AND HARNESS ONLY IF IT CAN BE SECURED TO A STRUCTURE CAPABLE OF WITHSTANDING THE SHOCK LOAD OF A FALL ARREST. THIS IS NOT TO BE THE ALLOY TOWER. RESCUE EQUIPMENT IS TO BE AVAILABLE TO RESCUE ANYONE USING THEIR FALL ARREST SYSTEM.</p>													
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW								
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk							
	5	✓	5	Near Certainty			5	10	15	20	25		
SIGNED OFF FOR SITE	4	Serious Injury		4		Probable			4	8	12	16	20
	3	Moderate Injury		3		Possible			3	6	9	12	15
	2	Slight Injury		2		Unlikely			2	4	6	8	10
	1	Trivial Injury		1		✓	Very Remote			1	2	3	4

TASK RISK ASSESSMENT

NUMBER	R5	HAZARD	SEVERITY OF HARM								
TASK	WORKING FROM A LADDER	WORK ABOVE GROUND LEVEL TOOLS, MATERIALS, ETC.	5	✓	Death						
			4		Serious Injury						
			3		Moderate Injury						
			2		Slight Injury						
SITE			1		Trivial Injury						
DATE	01/12/06	RISK	LIKELIHOOD OF HARM								
REVIEW DATE	01/12/08		5		Near Certainty						
ASSESSOR	C. N. PERRY		4		Probable						
			3	✓	Possible						
			2		Unlikely						
			1		Very Remote						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS DEATH OR SERIOUS INJURY FROM A FALL INJURY TO ANYONE STRUCK BY A FALLING OBJECT	Hazard	5	10	15	20	25			
READ WITH RISK ASSESSMENTS				4	8	12	16	20			
8				3	6	9	12	15			
				2	4	6	8	10			
				1	2	3	4	5			
			Risk								
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>TASKS PERFORMED FROM A LADDER ARE THOSE WHICH CAN BE DONE ONE HANDED ALLOWING YOUR OTHER HAND FREE TO HOLD THE LADDER</p> <p>THE LADDER MUST BE EITHER FOOTED BY ANOTHER PERSON OR TIED OFF.</p> <p>NEVER OVER-REACH, REPOSITION THE LADDER</p> <p>ALL LADDERS SHOULD BE VISUALLY CHECKED BEFORE USING THEM TO ENSURE THEY ARE IN A SAFE AND USEABLE CONDITION.</p> <p>LADDERS ARE INSPECTED EVERY SIX MONTHS AND THE LADDER TAG ATTACHED – NO TAG DO NOT USE</p> <p>WOODEN LADDERS MUST NOT BE PAINTED.</p> <p>KEEP THE AREA BELOW AND TO THE SIDES OF YOUR LADDER CLEAR OF OTHER PEOPLE SO IF YOU DROP SOMETHING IT WILL NOT HIT THEM.</p>											
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW						
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	RISK					
	5	✓	Death	5		Near Certainty	5	10	15	20	25
SIGNED OFF FOR SITE	4		Serious Injury	4		Probable	4	8	12	16	20
	3		Moderate Injury	3		Possible	3	6	9	12	15
	2		Slight Injury	2		Unlikely	2	4	6	8	10
	1		Trivial Injury	1		Very Remote	1	2	3	4	5

TASK RISK ASSESSMENT

SAFETY MANUAL
Task Risk Assessment

NUMBER	R6	HAZARD	SEVERITY OF HARM							
TASK	WORKING FROM A PODIUM STEP	WORK ABOVE THE GROUND TOOLS, MATERIALS, ETC.	5✓	Death						
SITE			4	Serious Injury						
DATE	01/12/06		3	Moderate Injury						
REVIEW DATE	01/12/08	RISK FALLING OFF THE PODIUM STEP DROPPING MATERIALS ONTO THOSE BELOW	2	Slight Injury						
ASSESSOR	C. N. PERRY		1	Trivial Injury						
PERSONS AT RISK OPERATIVES OTHERS ON SITE			LIKELIHOOD OF HARM							
READ WITH RISK ASSESSMENTS	8	OUTCOME / SCORE WITHOUT CONTROLS DEATH OR SERIOUS INJURY FROM FALLS INJURY TO ANYONE STRUCK BY A FALLING OBJECT	5	Near Certainty						
			4	Probable						
			3✓	Possible						
			2	Unlikely						
			1	Very Remote						
			Hazard	5	10	15	20	25		
		4		8	12	16	20			
		3		6	9	12	15			
		2		4	6	8	10			
		1		2	3	4	5			
Risk										
CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR										
WHEN WORKING FROM A PODIUM STEP ENSURE THAT THE PODIUM IS CORRECTLY BUILT										
WHEN WORKING FROM A PODIUM STEP DO NOT STAND ON THE HANDRAILS										
NEVER OVER-REACH – REPOSITION THE PODIUM STEP										
USE THE CORRECT SIZE OF PODIUM STEP.										
PODIUM STEPS ARE TO BE INSPECTED EVERY SIX MONTHS.										
CHECK THE PODIUM STEP VISUALLY BEFORE USE TO ENSURE THAT THEY ARE SAFE TO USE										
CHECK THE LADDERTAG – IF NO TAG DO NOT USE										
KEEP THE AREA BELOW AND TO THE SIDES OF YOUR PODIUM STEP CLEAR OF OTHER PEOPLE SO IF YOU DROP SOMETHING IT WILL NOT HIT THEM.										
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW					
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5✓	Death	5	Near Certainty		5	10	15	20	25
4	Serious Injury	4	Probable	4		8	12	16	20	
3	Moderate Injury	3	Possible	3		6	9	12	15	
2	Slight Injury	2✓	Unlikely	2		4	6	8	10	
1	Trivial Injury	1	Very Remote	1		2	3	4	5	
SIGNED OFF FOR SITE				HAZARD						

TASK RISK ASSESSMENT

SAFETY MANUAL
Task Risk Assessment

NUMBER	R7	HAZARD	SEVERITY OF HARM							
TASK	WORKING FROM A STEPLADDER	WORK ABOVE THE GROUND TOOLS, MATERIALS, ETC.	5✓	Death						
			4	Serious Injury						
			3	Moderate Injury						
SITE			2	Slight Injury						
			1	Trivial Injury						
DATE	01/12/06	RISK	LIKELYHOOD OF HARM							
REVIEW DATE	01/12/08		5	Near Certainty						
ASSESSOR	C. N. PERRY		4	Probable						
PERSONS AT RISK OPERATIVES OTHERS ON SITE READ WITH RISK ASSESSMENTS 8		OUTCOME / SCORE WITHOUT CONTROLS DEATH OR SERIOUS INJURY FROM FALLS INJURY TO ANYONE STRUCK BY A FALLING OBJECT	Hazard	5	10	15	20	25		
				4	8	12	16	20		
				3	6	9	12	15		
				2	4	6	8	10		
				1	2	3	4	5		
			Risk							
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>WHEN WORKING FROM A STEPLADDER ENSURE THAT YOU HAVE YOUR KNEES BELOW THE TOP OF THE STEPLADDER</p> <p>WHEN WORKING FROM A STEPLADDER THE TASK SHOULD BE ABLE TO BE PERFORMED WITH ONE HAND HOLDING THE STEPLADDER FOR THE MAJORITY OF THE TIME OR BE A LIGHT TASK WITH MINIMAL RISK OF LOSS OF BALANCE.</p> <p>NEVER OVER-REACH – REPOSITION THE STEPLADDER</p> <p>USE THE CORRECT SIZE OF STEPLADDER.</p> <p>STEPLADDERS ARE TO BE INSPECTED EVERY SIX MONTHS.</p> <p>CHECK THE STEPLADDERS VISUALLY BEFORE USE TO ENSURE THAT THEY ARE SAFE TO USE</p> <p>CHECK THE LADDERTAG – IF NO TAG DO NOT USE</p> <p>KEEP THE AREA BELOW AND TO THE SIDES OF YOUR STEPLADDER CLEAR OF OTHER PEOPLE SO IF YOU DROP SOMETHING IT WILL NOT HIT THEM.</p>										
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW					
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	RISK				
	5✓	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2✓	Unlikely		2	4	6	8	10
	1	Trivial Injury	1	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

SAFETY MANUAL
Task Risk Assessment

NUMBER	R8	HAZARD			SEVERITY OF HARM										
TASK	WORK AT HEIGHT	WORK AT HEIGHT			5	✓	Death								
SITE					4	Serious Injury									
DATE	01/12/06				3	Moderate Injury									
REVIEW DATE	01/12/08	2	Slight Injury												
ASSESSOR	C. N. PERRY	1	Trivial Injury												
PERSONS AT RISK	OPERATIVES OTHERS ON SITE	RISK FALL FROM HEIGHT			LIKELIHOOD OF HARM										
READ WITH RISK ASSESSMENTS					5	Near Certainty									
		4	Probable												
		3	✓	Possible											
		2	Unlikely												
		1	Very Remote												
		OUTCOME / SCORE WITHOUT CONTROLS DEATH OR SERIOUS INJURY IF FALLING FROM HEIGHT.			Hazard	5	10	15	20	25					
						4	8	12	16	20					
						3	6	9	12	15					
						2	4	6	8	10					
						1	2	3	4	5					
						Risk									
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>ALL WORK AT HEIGHT SHALL BE PROPERLY PLANNED.</p> <p>ALL THOSE WHO WORK AT HEIGHT SHALL DO SO IN A SAFE MANNER.</p> <p>ENSURE ALL SAFETY EQUIPMENT SUCH AS GUARD RAILS, EDGE PROTECTION, TOE BOARDS ETC. ARE IN PLACE PRIOR TO WORK COMMENCING.</p> <p>IF SAFETY HARNESSSES AND LANYARDS ARE USED ENSURE THAT THE CORRECT CHOICE IS MADE. A FIXED LANYARD SHOULD RESTRAIN THE WEARER AND PREVENT THEM FROM FALLING OVER THE EDGE. A FALL ARREST LANYARD IS USED TO DECELERATE THEM SAFELY IN THE EVENT THAT THEY FALL. THE FALL ARREST LANYARD REQUIRES A VERTICAL DISTANCE OF APPROXIMATELY SIX (6) METRES TO DEPLOY EFFECTIVELY. IF INERTIA REEL TYPE LANYARDS ARE CHOSEN ENSURE THAT THE REEL WILL LOCK AT A DISTANCE WHICH PREVENTS THE WEARER FROM HITTING THE GROUND, TAKE INTO ACCOUNT HOW TALL THE WEARER IS WHEN ASSESSING THIS. RESCUE EQUIPMENT MUST BE AVAILABLE IF FALL ARREST EQUIPMENT IS USED TO RESCUE THE FALLEN PARTY BEFORE SUSPENSION TRAUMA SETS IN</p> <p>IF THE WORK AT HEIGHT IS ABNORMALLY HIGH THEN CONSIDER THE USE OF A FORMAL PERMIT TO WORK SYSTEM</p>															
SITE SPECIFIC CONTROLS REQUIRED ?				YES	NO ✓	IF YES, DETAIL BELOW									
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE		Hazard			Risk			OVERALL SCORE			Risk				
		5	✓	Death		5	Near Certainty				5	10	15	20	25
SIGNED OFF FOR SITE		4	Serious Injury		4	Probable		4	8	12	16	20			
		3	Moderate Injury		3	Possible		3	6	9	12	15			
		2	Slight Injury		2	Unlikely		2	4	6	8	10			
		1	Trivial Injury		1	✓	Very Remote		1	2	3	4	5		

TASK RISK ASSESSMENT

NUMBER	R0	HAZARD			SEVERITY OF HARM				
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SAFETY MANUAL
Task Risk Assessment

			5 ✓	Death
TASK	ELECTRICAL INSTALLATION	ELECTRICITY WEATHER	4	Serious Injury
SITE			3	Moderate Injury
			2	Slight Injury
			1	Trivial Injury
DATE	01/12/06	RISK	LIKELIHOOD OF HARM	
REVIEW DATE	01/12/08	ELECTROCUTION FIRE	5	Near Certainty
ASSESSOR	C. N. PERRY		4	Probable
			3 ✓	Possible
			2	Unlikely
			1	Very Remote
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS	Hazard	5 10 15 20 25
READ WITH RISK ASSESSMENTS		DEATH OR INJURIES FROM TRIVIAL TO MINER DEPENDING ON THE SHOCK RECEIVED OR THE SIZE OF FIRE		4 8 12 16 20
				3 6 9 12 15
				2 4 6 8 10
				1 2 3 4 5
			Risk	

CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR

ALL ELECTRICAL INSTALLATION WORK MUST BE BY A COMPETENT ELECTRICIAN SUITABLY QUALIFIED FOR THE WORK UNDERTAKEN

ALL WORK TO BE TESTED TO NIC/EIC STANDARDS AND CERTIFICATES PROVIDED BEFORE USE

NO EQUIPMENT TO BE USED OUTDOORS WHICH IS NOT SUITABLE FOR THE ENVIRONMENT IT WILL OPERATE IN.

ALL JOINTS TO BE MADE CORRECTLY WITH WEATHERPROOF SOCKETS AND CABLES ROUTED TO AVOID ABRASIONS WHICH COULD LEAD TO A SHORT CIRCUIT.

SITE SPECIFIC CONTROLS REQUIRED ?	YES	NO ✓	IF YES, DETAIL BELOW
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FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4 ✓	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2 ✓	Unlikely		2	4	6	8	10
	1	Trivial Injury	1	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

NUMBER	P10	HAZARD	SEVERITY OF HARM
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SAFETY MANUAL
Task Risk Assessment

TASK	USING ELECTRICAL TOOLS	ELECTRICITY ROTATING TOOLS NOISE & VIBRATION	5 ✓	Death						
SITE			4	Serious Injury						
			3	Moderate Injury						
			2	Slight Injury						
			1	Trivial Injury						
DATE	01/12/06	RISK	LIKELIHOOD OF HARM							
REVIEW DATE	01/12/08	ELECTRIC SHOCK, CUTS ETC. FROM ROTATING TOOLS, TRIPS AND FALLS OVER TRAILING LEADS, DEAFNESS, VIBRATION WHITE FINGER.	5	Near Certainty						
ASSESSOR	C. N. PERRY		4	Probable						
			3 ✓	Possible						
			2	Unlikely						
			1	Very Remote						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS	Hazard	5 10 15 20 25						
READ WITH RISK ASSESSMENTS		DEATH OR BURN FROM ELECTROCUTION, FRACTURES AND BRUISES FROM TRIPS AND FALLS, PERMANENT DISABILITY FROM NOISE OR VIBRATION.		4 8 12 16 20						
				3 6 9 12 15						
				2 4 6 8 10						
				1 2 3 4 5						
			Risk							
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>ALL ELECTRICAL TOOLS WHICH ARE 110V OR 240V SHALL HAVE BEEN TESTED ("PAT" TEST) ALL 240V ELECTRICAL TOOLS MUST BE USED WITH AN "EARTH LEAKAGE" (RCD) CIRCUIT BREAKER BEFORE YOU USE THE TOOL LOOK AT IT AND CHECK THAT IT IS NOT BROKEN, THE WIRES HANGING OUT, PLUG DAMAGED ETC. DO NOT USE DAMAGED OR BROKEN TOOLS – RETURN THEM TO THE OFFICE FOR REPAIR OR RENEWAL. FIX THE TOOLS SUCH AS DRILLS OR ABRASIVE WHEELS CORRECTLY AND ALLOW TO STOP ROTATING BEFORE YOU PUT THEM DOWN. KEEP ALL EXTENSION LEADS TIDY AND ROUTE THEM SO YOU OR ANYONE ELSE CANNOT TRIP OVER THEM. WHEN USING DRILLS ETC IN SMALL ROOMS WEAR EAR DEFENDERS AS THE NOISE FROM THE TOOL IS MUCH GREATER IN SMALL SPACES AND TELL OTHERS IN THE ROOM ALSO TO WEAR EAR DEFENDERS ONLY USE THE TOOL FOR THE TIME ALLOWED IN THE VIBRATION RISK ASSESSMENT. KEEP OTHERS OUT OF YOUR WORK AREA.</p>										
SITE SPECIFIC CONTROLS REQUIRED ?		YES	NO ✓	IF YES, DETAIL BELOW						
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5	Death	5	Near Certainty		5 10 15 20 25				
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable		4 8 12 16 20				
	3 ✓	Moderate Injury	3	Possible		3 6 9 12 15				
	2	Slight Injury	2	Unlikely		2 4 6 8 10				
	1	Trivial Injury	1 ✓	Very Remote		1 2 3 4 5				

TASK RISK ASSESSMENT

NUMBER	R11	HAZARD	SEVERITY OF HARM							
TASK	HAND TOOL USE	BLADES, JAWS OF PLIERS, HAMMERS, SPANNERS	5	Death						
SITE			4	Serious Injury						
			3	Moderate Injury						
			2✓	Slight Injury						
			1	Trivial Injury						
DATE	01/12/06	RISK	LIKELIHOOD OF HARM							
REVIEW DATE	01/12/08	CUTS FROM KNIVES, TRAPPED FINGERS IN PLIERS, HITTING FINGERS WITH THE HAMMER, SLIPPING WHEN USING SPANNERS	5	Near Certainty						
ASSESSOR	C. N. PERRY		4	Probable						
			3✓	Possible						
			2	Unlikely						
			1	Very Remote						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS	Hazard	5	10	15	20	25		
READ WITH RISK ASSESSMENTS		CUTS, GRAZES, BRUISES, MINOR INJURIES.		4	8	12	16	20		
				3	6	9	12	15		
				2	4	6	8	10		
				1	2	3	4	5		
			Risk							
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>USE THE CORRECT TOOL FOR THE JOB – DO NOT USE SCREWDRIVERS AS PRY-BARS.</p> <p>BE CAREFULL WHEN USING KNIVES</p> <p>BE ALERT AND CAREFULL KEEP YOUR MIND ON THE JOB.</p> <p>KEEP CHISEL HEADS CORRECTLY DRESSED - NO MUSHROOM HEADS.</p> <p>USE RING SPANNERS WHERE POSSIBLE – OPEN JAW TYPES TEND TO SLIP OFF – PULL RATHER THAN PUSH.</p>										
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW					
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2✓	Slight Injury	2	Unlikely		2	4	6	8	10
	1	Trivial Injury	1✓	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

NUMBER	R12	HAZARD	SEVERITY OF HARM								
TASK	VEHICLE MOVEMENTS	MOVING VEHICLES	5	✓	Death						
SITE			4		Serious Injury						
			3		Moderate Injury						
			2		Slight Injury						
			1		Trivial Injury						
DATE	01/12/06	RISK	LIKELYHOOD OF HARM								
REVIEW DATE	01/12/08	STRUCK BY MOVING VEHICLE	5		Near Certainty						
ASSESSOR	C. N. PERRY		4		Probable						
			3	✓	Possible						
			2		Unlikely						
			1		Very Remote						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS	Hazard	5	10	15	20	25			
READ WITH RISK ASSESSMENTS		DEATH OR INJURIES FROM SEVERE TO TRIVIAL DEPENDING ON THE ACCIDENT		4	8	12	16	20			
				3	6	9	12	15			
				2	4	6	8	10			
				1	2	3	4	5			
			Risk								
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>ALL VEHICLE MOVEMENTS TO BE CONTROLLED BY EXCLUDING OTHERS FROM THE AREA AND PROVIDING A BANKSMAN TO GUIDE THE VEHICLE WHEN MANOUVRING OR REVERSING.</p> <p>ALL LOADS TO BE KEPT SECURELY STRAPPED DOWN UNTILL THE VEHICLE IS STATIONARY.</p> <p>PARKING BRAKE TO BE APPLIED.</p> <p>HIGH VISIBILITY CLOTHING, JACKET OR WAISTCOAT TO BE WORK BY BANKSMAN</p> <p>SPEEDS TO BE LIMITED TO 5 MPH</p> <p>NO VEHICLE TO MOVE WITHOUT PERMISSION</p>											
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW						
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	HAZARD	RISK				
	5	Death	5	Near Certainty			5	10	15	20	25
SIGNED OFF FOR SITE	4	Serious Injury	4	Probable			4	8	12	16	20
	3	Moderate Injury	3	Possible			3	6	9	12	15
	2	Slight Injury	2	Unlikely			2	4	6	8	10
	1	Trivial Injury	1	Very Remote			1	2	3	4	5

TASK RISK ASSESSMENT

NUMBER	R13	HAZARD	SEVERITY OF HARM							
TASK	WORK OUTDOORS	THE WEATHER	5	Death						
SITE			4	✓ Serious Injury						
			3	Moderate Injury						
			2	Slight Injury						
			1	Trivial Injury						
DATE	01/12/06	RISK	LIKELYHOOD OF HARM							
REVIEW DATE	01/12/08	EXTREME HOT OR COLD RAIN & SNOW SUNSHINE	5	Near Certainty						
ASSESSOR	C. N. PERRY		4	Probable						
			3	✓ Possible						
			2	Unlikely						
			1	Very Remote						
PERSONS AT RISK OPERATIVES OTHERS ON SITE		OUTCOME / SCORE WITHOUT CONTROLS	Hazard	5	10	15	20	25		
READ WITH RISK ASSESSMENTS		EXPOSURE OR SUNSTROKE FROM EXTREMES OF TEMPERATURE LEADING TO SERIOUS ILLNESS CANCER FROM UV RADIATION FROM THE SUN.		4	8	12	16	20		
				3	6	9	12	15		
				2	4	6	8	10		
				1	2	3	4	5		
			Risk							
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>WEAR APPROPRIATE CLOTHING FOR THE CONDITIONS</p> <p>WEAR CLOTHING WHICH COVERS YOUR SKIN IN SUNLIGHT – KEEP YOUR SHIRT ON!</p> <p>BE AWARE OF HYPOTHERMIA AND SUNSTROKE. THOSE WHO WORK IN EXTREMES OF TEMPERATURE SHOULD BE EQUIPPED AND TRAINED FOR EMERGENCIES.</p> <p>ENSURE REFUGE IS AVAILABLE FROM THE WEATHER.</p> <p>DRINK PLENTY OF FLUIDS IN HOT WEATHER – PREFERABLY WATER</p>										
SITE SPECIFIC CONTROLS REQUIRED ?			YES	NO ✓	IF YES, DETAIL BELOW					
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	RISK				
	5	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4	✓ Serious Injury	4	✓ Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2	Unlikely		2	4	6	8	10
	1	Trivial Injury	1	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

SAFETY MANUAL
Task Risk Assessment

NUMBER	R14	HAZARD	SEVERITY OF HARM							
TASK	TENT ERECTION	PYLONS / POLES WIRE GUIDE ROPES THE TENT MAST CLIMBING MOTORS / ATTACHMENTS	5✓	Death						
SITE			4	Serious Injury						
DATE	01/12/06		3	Moderate Injury						
REVIEW DATE	01/12/08		2	Slight Injury						
ASSESSOR	C. N. PERRY		1	Trivial Injury						
PERSONS AT RISK	OPERATIVES OTHERS ON SITE	RISK COLLAPSE OF STRUCTURE BREAKING OF ROPE / FAILURE OF MOUNTING FAILURE OF MOTOR OR ATTACHMENTS	LIKELIHOOD OF HARM							
READ WITH RISK ASSESSMENTS			5	Near Certainty						
			4	Probable						
			3	Possible						
			2✓	Unlikely						
		1	Very Remote							
		Hazard	5	10	15	20	25			
			4	8	12	16	20			
			3	6	9	12	15			
			2	4	6	8	10			
			1	2	3	4	5			
			Risk							
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>ALL TENTS TO BE ERECTED IN THE SEQUENCE LAID DOWN BY THE MANUFACTURER.</p> <p>ONLY COMPETENT OPERATIVES TO ERECT TENTS UNDER THE SUPERVISION OF AN EXPERIENCED TENT MASTER</p> <p>ALL STRUCTURAL ELEMENTS SUCH AS PYLONS/ POLES / WIRE ROPES / MOUNTING POSITIONS ETC TO BE CHECKED BEFORE ERECTION TAKES PLACE.</p> <p>ALL OTHERS TO BE KEPT CLEAR OF THE WORK OR ERECTING THE TENT TO A SAFE RADIUS</p> <p>ALL MAST CLIMBING MOTORS TO BE CHECKED AND THEIR SAFETY BRAKES AND ATTACHMENT POINTS TO BE WORKING AND FREE FROM DAMAGE ETC. ALL LIFTING EQUIPMENT TO BE INSPECTED / TESTED AND RECORDS KEPT.</p> <p>ALL ELECTRICAL LEADS TO BE KEPT CLEAR AND OF SUFFICIENT LENGTH TO ALLOW THE MOTORS TO CLIMB UNHINDERED.</p> <p>ALL WORK AT THE PERIPHERY TO BE DONE FROM AN APPROPRIATE PLATFORM FOR THE WORK BEING DONE AND THE GROUND CONDITIONS ON SITE.</p>										
SITE SPECIFIC CONTROLS REQUIRED ?				YES	NO ✓	IF YES, DETAIL BELOW				
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4✓	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2✓	Unlikely		2	4	6	8	10
	1	Trivial Injury	1	Very Remote		1	2	3	4	5

TASK RISK ASSESSMENT

SAFETY MANUAL
Task Risk Assessment

NUMBER	R15	HAZARD			SEVERITY OF HARM					
TASK	SEATING ERECTION	SEATING STRUCTURE GROUND CONDITIONS			5✓	Death				
SITE					4	Serious Injury				
					3	Moderate Injury				
					2	Slight Injury				
					1	Trivial Injury				
DATE	01/12/06	RISK			LIKELYHOOD OF HARM					
REVIEW DATE	01/12/08				5	Near Certainty				
ASSESSOR	C. N. PERRY				4	Probable				
		COLLAPSE OF SEATING			3	Possible				
					2✓	Unlikely				
		OUTCOME / SCORE WITHOUT CONTROLS			1	Very Remote				
PERSONS AT RISK OPERATIVES OTHERS ON SITE					DEATH OR INJURIES FROM SERIOUS TO TRIVIAL IF THE STRUCTURE COLLAPSES			Hazard	5	10
READ WITH RISK ASSESSMENTS		4	8	12					16	20
		3	6	9					12	15
		2	4	6					8	10
		1	2	3					4	5
Risk										
<p>CONTROLS: TO BE IMPLEMENTED BY OPERATIVE & SUPERVISOR. MONITORING OF COMPLIANCE BY SUPERVISOR</p> <p>ALL SEATING COMPONENTS TO BE CHECKED BEFORE ERECTION FOR CONDITION AND CORRECT NUMBERS / TYPES.</p> <p>ONLY COMPETENT PERSONS TO ERECT SEATING</p> <p>ERECT AS LAID DOWN IN THE MANUFACTURER'S INSTRUCTIONS.</p> <p>ENSURE THE GROUND THE SEATING IS BUILT ON IS SUITABLE TO BEAR THE WEIGHT OF THE FULLY OCCUPIED SEATING.</p> <p>KEEP ALL OTHERS AWAY FROM THE WORK WHILST THE SEATING IS BEING ERECTED.</p> <p>WHEN MAKING HIGH LEVEL FIXINGS USE A SUITABLE AND APPROPRIATE PLATFORM</p>										
SITE SPECIFIC CONTROLS REQUIRED ?				YES	NO ✓	IF YES, DETAIL BELOW				
FINAL SCORE WITH ALL CONTROL MEASURES IN PLACE	Hazard		Risk		OVERALL SCORE	Risk				
	5	Death	5	Near Certainty		5	10	15	20	25
SIGNED OFF FOR SITE	4✓	Serious Injury	4	Probable		4	8	12	16	20
	3	Moderate Injury	3	Possible		3	6	9	12	15
	2	Slight Injury	2	Unlikely		2	4	6	8	10
	1	Trivial Injury	1✓	Very Remote		1	2	3	4	5

COSHH RISK ASSESSMENTS

COSHH ASSESSMENT FORM			
Assessor C. N. Perry		Date 10/05/04	
Materials/process Diesel Fuel Oil			
Approved site uses: Used as a fuel			
Risk to Health Carcinogen Very Toxic Harmful Toxic Corrosive Irritant Flammable		Route of Exposure Eyes Skin Breathing in Swallowing Cuts/abrasions Ears	
Specific Exposure Information 8hr TWA		10min Type	
C ₈₋₂₈ – alkane rich and Methyl-branched alkane rich			
Risk evaluation Risk Rating Before Controls		HIGH MEDIUM LOW	
Flammable. Is harmful by ingestion. Avoid breathing the vapours given off or Exhaust fumes. Can be a skin irritant and cause contact and irritant dermatitis.			
COSHH action required			
Handling precautions described below		Yes/ No	Training/Information required Yes/ No
Maintenance controls		Yes /No	Health surveillance Yes /No
Monitoring of exposure		Yes /No	Other controls Yes /No
Handling precautions Methods and Control		PPE	
First Aid/Hygiene	Yes/ No	Footwear	Goggles/visor
Fire Precautions	Yes/ No	Ear defenders	Gloves
Waste Disposal	Yes/ No	Respiratory masks	Overalls
Spillage	Yes/ No	Others	
Storage	Yes/ No	In addition to Mandatory PPE	
Transport	Yes/ No		
Handling precautions/Other controls			
Store only in approved container. Store out of direct sunlight. Do not spill and keep away from naked flames and sources of ignition. Pour using the proprietary device or funnel Avoid splashing onto skin or eyes. Use in well ventilated area and not in a confined space due to the vapour due to evaporation DO NOT USE WATER AS A FIRE FIGHTING MEDIUM - USE FOAM			
First Aid			
Eye Contact – Wash out thoroughly with large amounts of water seek medical help if Redness and irritation persists.			
Skin contact – Wash immediately with soap and water if irritation persists seek medical help.			
Inhalation – Remove to fresh air – seek medical help if symptoms persist			
Ingestion – Give NOTHING by mouth due to aspiration hazard			
DO NOT INDUCE VOMITING – Seek medical advice			
Environmental / Disposal			
Likely to harm aquatic organisms; may cause long-term adverse effects in the aquatic environment. Likely to evaporate readily, but any films formed on water may affect oxygen transfer and damage organisms. Expected to biodegrade slowly. Disposal should be carried out by incineration or as required under Local Authority Regulations. Under no circumstances should diesel oil be discharged into the public drainage system, or marine and inland waterways.			
Risk Rating with Controls		HIGH MEDIUM LOW	

COSHH ASSESSMENT FORM			
Assessor C. N. Perry		Date 10/05/04	
Materials/process Unleaded Petrol			
Approved site uses: Used as a fuel for site generators			
Risk to Health Carcinogen Very Toxic Harmful Toxic Corrosive Irritant Flammable		Route of Exposure Eyes Skin Breathing in Swallowing Cuts/abrasions Ears	
Specific Exposure Information		8hr TWA	10min Type
Benzine			
Risk evaluation		Risk Rating Before Controls	HIGH <u>MEDIUM</u> LOW
Highly Flammable. Is toxic by ingestion. Avoid breathing the vapours given off or Exhaust fumes. Can be a skin irritant and cause contact and irritant dermatitis. Contains Benzine which is a known carcinogen.			
COSHH action required			
Handling precautions described below		Yes/ No	Training/Information required
Maintenance controls		Yes /No	Health surveillance
Monitoring of exposure		Yes /No	Other controls
Handling precautions Methods and Control		PPE	
First Aid/Hygiene	Yes/ No	Footwear	Goggles/visor
Fire Precautions	Yes/ No	Ear-defenders	Gloves
Waste Disposal	Yes/ No	Respiratory-masks	Overalls
Spillage	Yes/ No	Others	
Storage	Yes/ No		
Transport	Yes/ No	In addition to Mandatory PPE	
Handling precautions/Other controls			
Store only in approved container. Store out of direct sunlight. Do not spill and keep away from naked flames and sources of ignition. Pour using the proprietary device or funnel. Avoid splashing onto skin or eyes. Use in well ventilated area and not in a confined space due to the vapour due to evaporation. DO NOT USE WATER AS A FIRE FIGHTING MEDIUM - USE FOAM			
First Aid			
Eye Contact – Wash out thoroughly with large amounts of water seek medical help if Redness and irritation persists.			
Skin contact – Wash immediately with soap and water if irritation persists seek medical help.			
Inhalation – Remove to fresh air – seek medical help if symptoms persist			
Ingestion – Wash mouth out and give water to drink or milk if available			
DO NOT INDUCE VOMITING – Seek medical advice			
Environmental / Disposal			
Likely to harm aquatic organisms; may cause long-term adverse effects in the aquatic environment. Likely to evaporate readily, but any films formed on water may affect oxygen transfer and damage organisms. Expected to biodegrade slowly. Disposal should be carried out by incineration or as required under Local Authority Regulations. Under no circumstances should motor spirit be discharged into the public drainage system, or marine and inland waterways.			
Risk Rating with Controls		HIGH	<u>MEDIUM</u> <u>LOW</u>

MANUAL HANDLING RISK ASSESSMENTS

NUMBER	M1	DATE	01/12/06	PERSONS AT RISK		
TASK	UNLOADING / LOADING VEHICLE	REVIEW DATE	01/12/08	OPERATIVES VEHICLE DRIVER		
SITE		ASSESSOR	C. N. PERRY	READ WITH RISK ASSESSMENTS		
CONSIDER THE AREAS IN THE TABLE BELOW. IF THEY ARE APPLICABLE PUT A TICK IN THE BOX TO THE RIGHT THEN TICK THE RISK RATING APPLICABLE.				HIGH RISK	MEDIUM RISK	LOW RISK
						Risk Evaluation The task is mainly done by forklift truck however smaller items are manually handled
THE TASK				CONTROLS		
Does it involve holding the load away from the body ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ensure all those who do manual handling are appropriately trained and know only to lift what they are themselves capable of handling.	
Does it involve lifting or lowering distances ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve carrying over distances ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does it involve twisting or bending ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve pulling or pushing ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does it involve prolonged physical effort ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does it involve static effort (holding positions) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
THE LOAD				CONTROLS		
Does it have sharp edges ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ensure loads are small enough for team handling or for individual handling. Do not unstrap loads which may be insecure and fall from the vehicle Wear Gloves	
Is it an awkward shape or size ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Is it heavy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does it restrict the operators movement or vision ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve team handling ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Has the load a stable centre of gravity ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Is it easy to grip (are there handholds etc) ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Are personal safety precautions needed ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
THE WORKING ENVIRONMENT				CONTROLS		
Is the floor slippery or unstable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do not manually handle loads in inclement weather where this could cause you to lose your grip or fall in muddy conditions.	
Is there adequate lighting ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Are there space restrictions ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are temporary working platforms utilized ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there obstacles to be negotiated ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do changes in floor level have to be negotiated ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
THE INDIVIDUAL				CONTROLS		
Are there certain physical limitations ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.Ensure that you only lift loads you are physically capable of lifting.	
Could there be age limitations ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Could it be limited to males only ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Is there need for specific materials handling knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there need for specialist task training ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ADDITIONAL SITE SPECIFIC CONTROLS IF REQUIRED.					SIGNED OFF FOR SITE	

MANUAL HANDLING RISK ASSESSMENT

NUMBER	M2	DATE	01/12/06			PERSONS AT RISK OPERATIVES VEHICLE DRIVER
TASK	HANDLING TENTS	REVIEW DATE	01/12/08			READ WITH RISK ASSESSMENTS
SITE		ASSESSOR	C. N. PERRY			
CONSIDER THE AREAS IN THE TABLE BELOW. IF THEY ARE APPLICABLE PUT A TICK IN THE BOX TO THE RIGHT THEN TICK THE RISK RATING APPLICABLE.				HIGH RISK	MEDIUM RISK	LOW RISK
				Risk Evaluation The task is mainly done by forklift truck however the tent is rolled out by hand		
THE TASK				CONTROLS		
Does it involve holding the load away from the body ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure all those who do manual handling are appropriately trained and know only to lift what they are themselves capable of handling. Team Handling is required	
Does it involve lifting or lowering distances ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve carrying over distances ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does it involve twisting or bending ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve pulling or pushing ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve prolonged physical effort ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does it involve static effort (holding positions) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
THE LOAD				CONTROLS		
Does it have sharp edges ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ensure loads are small enough for team handling or for individual handling. Do not unstrap loads which may be insecure and fall from the vehicle Wear Gloves	
Is it an awkward shape or size ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Is it heavy ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it restrict the operators movement or vision ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does it involve team handling ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Has the load a stable centre of gravity ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Is it easy to grip (are there handholds etc) ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Are personal safety precautions needed ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
THE WORKING ENVIRONMENT				CONTROLS		
Is the floor slippery or unstable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do not manually handle loads in inclement weather where this could cause you to lose your grip or fall in muddy conditions.	
Is there adequate lighting ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Are there space restrictions ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are temporary working platforms utilized ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there obstacles to be negotiated ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do changes in floor level have to be negotiated ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
THE INDIVIDUAL				CONTROLS		
Are there certain physical limitations ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.Ensure that you only lift loads you are physically capable of lifting.	
Could there be age limitations ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Could it be limited to males only ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Is there need for specific materials handling knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there need for specialist task training ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ADDITIONAL SITE SPECIFIC CONTROLS IF REQUIRED.					SIGNED OFF FOR SITE	

MANUAL HANDLING RISK ASSESSMENT

NUMBER	M3	DATE	01/12/06	PERSONS AT RISK OPERATIVES VEHICLE DRIVER	
TASK	LIFTING / CARRYING POLES	REVIEW DATE	01/12/08	READ WITH RISK ASSESSMENTS	
SITE		ASSESSOR	C. N. PERRY		
CONSIDER THE AREAS IN THE TABLE BELOW. IF THEY ARE APPLICABLE PUT A TICK IN THE BOX TO THE RIGHT THEN TICK THE RISK RATING APPLICABLE.			HIGH RISK	MEDIUM RISK	LOW RISK
			Risk Evaluation The task is manual handling except for larger items which are lifted and carried by the forklift truck		
THE TASK			CONTROLS		
Does it involve holding the load away from the body ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ensure all those who do manual handling are appropriately trained and know only to lift what they are themselves capable of handling.
Does it involve lifting or lowering distances ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does it involve carrying over distances ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does it involve twisting or bending ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does it involve pulling or pushing ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does it involve prolonged physical effort ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does it involve static effort (holding positions) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THE LOAD			CONTROLS		
Does it have sharp edges ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ensure loads are small enough for team handling or for individual handling. Do not unstrap loads which may be insecure and fall from the vehicle Wear Gloves
Is it an awkward shape or size ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it heavy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does it restrict the operators movement or vision ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does it involve team handling ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Has the load a stable centre of gravity ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is it easy to grip (are there handholds etc) ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are personal safety precautions needed ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
THE WORKING ENVIRONMENT			CONTROLS		
Is the floor slippery or unstable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do not manually handle loads in inclement weather where this could cause you to lose your grip or fall in muddy conditions.
Is there adequate lighting ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are there space restrictions ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are temporary working platforms utilized ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there obstacles to be negotiated ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do changes in floor level have to be negotiated ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THE INDIVIDUAL			CONTROLS		
Are there certain physical limitations ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.Ensure that you only lift loads you are physically capable of lifting.
Could there be age limitations ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Could it be limited to males only ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there need for specific materials handling knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there need for specialist task training ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL SITE SPECIFIC CONTROLS IF REQUIRED.				SIGNED OFF FOR SITE	

MANUAL HANDLING RISK ASSESSMENT

NUMBER	M4	DATE	01/12/06			PERSONS AT RISK OPERATIVES VEHICLE DRIVER
TASK	CARRYING / HANDLING SEATING	REVIEW DATE	01/12/08			READ WITH RISK ASSESSMENTS
SITE		ASSESSOR	C. N. PERRY			
CONSIDER THE AREAS IN THE TABLE BELOW. IF THEY ARE APPLICABLE PUT A TICK IN THE BOX TO THE RIGHT THEN TICK THE RISK RATING APPLICABLE.				HIGH RISK	MEDIUM RISK	LOW RISK
				Risk Evaluation The task is mainly done by forklift truck however smaller items are manually handled and some steelwork manually lifted		
THE TASK				CONTROLS		
Does it involve holding the load away from the body ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does it involve lifting or lowering distances ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does it involve carrying over distances ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does it involve twisting or bending ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does it involve pulling or pushing ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does it involve prolonged physical effort ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does it involve static effort (holding positions) ?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THE LOAD				CONTROLS		
Does it have sharp edges ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is it an awkward shape or size ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is it heavy ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does it restrict the operators movement or vision ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does it involve team handling ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has the load a stable centre of gravity ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is it easy to grip (are there handholds etc) ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are personal safety precautions needed ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
THE WORKING ENVIRONMENT				CONTROLS		
Is the floor slippery or unstable ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate lighting ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there space restrictions ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are temporary working platforms utilized ?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there obstacles to be negotiated ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do changes in floor level have to be negotiated ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
THE INDIVIDUAL				CONTROLS		
Are there certain physical limitations ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could there be age limitations ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could it be limited to males only ?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there need for specific materials handling knowledge?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there need for specialist task training ?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL SITE SPECIFIC CONTROLS IF REQUIRED.					SIGNED OFF FOR SITE	