|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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| Contractor Documentation | * Documentation out of date e.g. public liability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).**

|  |
| --- |
| **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:** |  |