

WTCHG CONTRACTOR WORK RISK ASSESSMENT

PART 1: OVERVIEW – Who you are, what you are doing, who is responsible for your visit

Company		
Overview of work to be undertaken		
Proposed Date / Period of Work		
Name(s) of Contractors on Site Contact Telephone no.		
WTCHG Supervisor / Host Contact no.		
LOCATION OF WORK / BUILDING(S)	START (tick box or delete)	FINISH
GM 673 <input type="checkbox"/> PI 676 <input type="checkbox"/> CCMP 675 <input type="checkbox"/> Link building 683 <input type="checkbox"/> Quad Offices 671 <input type="checkbox"/> FGF Level 3 <input type="checkbox"/> BMRU <input type="checkbox"/> Room number(s):	Access Card <input type="checkbox"/> Hot works permit issued <input type="checkbox"/> Isolation of fire system <input type="checkbox"/> Other permit to work (specify) _____ Keys Issued:	Access Card returned <input type="checkbox"/> Hot works permit (closed) <input type="checkbox"/> Reinstate fire system <input type="checkbox"/> Other permit to work (closed) <input type="checkbox"/> Keys Returned:

PART 2: CONTRACTORS WORK & LOCAL RISK ASSESSMENT

Hazards	Tick	Guidance Notes	Detail Actions – indicate if no action required
Biological	<input type="checkbox"/>	If area/equipment is likely to be contaminated detail actions taken to decontaminate	
Chemical	<input type="checkbox"/>	If area/equipment likely to be contaminated detail actions taken to decontaminate	
Radiological	<input type="checkbox"/>	If area/equipment is likely to be contaminated, RPS or SRPS must monitor and/or decontaminate before work begins	
Electrical	<input type="checkbox"/>	If isolation is required 'blue book' holder must be involved & permission may be needed from Estates Electrical Services	
Mechanical	<input type="checkbox"/>	Is isolation required – If yes, detail actions taken to isolate	
Working at Height	<input type="checkbox"/>	Contractor to provide own equipment – contractors Risk Assessment & Method Statement required	<i>Consider Permit to Work at Height (s3/11a5)</i>
Hot Work	<input type="checkbox"/>	Hot works permit required Tick relevant boxes above (Part 1)	<i>Consider Fire System Isolation form</i>
Smoke or dust generation	<input type="checkbox"/>	Fire system isolation form required Tick relevant boxes above (Part 1)	
Other Hazards Identified	<input type="checkbox"/>	If yes, detail hazard & appropriate control measures	<i>Consider Other Permit(s) to Work</i>

Hazards Introduced by Contractor	<input type="checkbox"/>	If yes, detail hazard & appropriate control measures	
Does work impact on Centre Facilities, e.g. power or other service provision?	<input type="checkbox"/> *	If yes – provide detail and ensure all affected parties are informed. Authorisation required from Building Facilities Management (Part 4)	
Does the work impact on FGF (Level 3) and/or BMRU?	<input type="checkbox"/> *	If yes – provide detail and ensure all affected parties are informed. Authorisation required from FGF and/or BMRU Manager or deputy (Part 4)	

PART 3: NOTABLE POINTS – *Aide memoire / Rules you must comply with*

- Hazards of your work are covered by your risk assessment(s). You must notify us if these will affect our personnel
- Activities are strictly limited to agreed works. You must not start additional activities without prior authorisation
- All accidents & incidents must be notified to WTCHG supervisor and recorded in our Accident Book
- Your work area must be kept in a clean, tidy and safe state at all times
- Any waste generated in the course of your work must be removed
- If working in labs you must adhere to the laboratory rules posted near all entrances to the labs
- You must wash your hands before leaving the lab areas, e.g. eating, toilet breaks & on completion of work
- Fire Assembly point is the WTCHG gravel car park (north) – you must evacuate if alarms sound
- Fire sounder testing occurs on Wednesday between 11:00 – 11:30 when evacuation is not required
- On completion of your work PART 7 (below) must be signed before departure

PART 4: AUTHORISATION – *WTCHG supervisor / manager*

I hereby confirm that subject to the Control Measures detailed above, any risk to operators is low (for described work) and that the activities can commence.

Date / Time Work commenced			
Name		Signature	
Name of Additional Authorisation * (where necessary)		Signature	

PART 5: ACCEPTANCE – *Contractor*

I understand Health & Safety information provided, accept responsibility for myself and all other operatives involved, and agree to follow all local rules. I also accept that subject to the Control Measures detailed above, any risk to operators is relatively low (for the described work) and that I will ensure any work performed has prior authorisation by the WTCHG supervisor.

Name		Signature		Date	
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PART 6: OTHER DOCUMENTATION

List below details of other documentation that accompanies this assessment *i.e.* Permits to Work, Contractor Risk Assessments & Method Statements

Document	Date Issued	Copy Attached (Yes/No) <i>If No detail where this document is kept</i>

PART 7: HANDBACK – *Ensure that PART 1 FINISH section is completed*

I inform you that the agreed work has been completed, that all waste has been removed and all affected areas & equipment have been left safe and clear for use by centre personnel

Date & Time Work completed	
Contractor signature	
WTCHG Supervisor signature	