

WHG 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. | | |
| WHG 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"/> | Access Card <input type="checkbox"/> | Access Card returned <input type="checkbox"/> |
| Link building 683 <input type="checkbox"/> Quad Offices 671 <input type="checkbox"/> | Hot works permit issued <input type="checkbox"/> | Hot works permit (closed) <input type="checkbox"/> |
| FGF Level 3 <input type="checkbox"/> BMRU <input type="checkbox"/> | Isolation of fire system <input type="checkbox"/> | Reinstate fire system <input type="checkbox"/> |
| Room number(s): | Other permit to work (specify) _____ | Other permit to work (closed) <input type="checkbox"/> |
| | Keys Issued: | 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 checked="" 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 WHG supervisor and recorded in our Accident Book
- Your work area must be kept in a clean, tidy and safe state at all times, and any waste 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

Wellcome Centre Covid19 Building procedures

- A RAMS form related to COVID19 has already been submitted to WHG
- All COVID19 building procedures must be followed at all times, these include:
 - Social distancing, 2 metres, must be maintained at all times
 - Use Antibacterial hand gel dispensers when needed, widely available across the building
 - Regularly wash your hands
 - Comply with all covid-19 signage across the building
 - When an activity requires working in close proximity for prolonged periods such that a 2 metre distance cannot be maintained, face masks can be worn
 - Face masks (when required) can be obtained from the facilities team / reception

PART 4: AUTHORISATION – WHG 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 WHG supervisor.

| | | | | | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|

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 | |
| WHG Supervisor signature | |