

## ELECTRATEST - GENERIC RISK ASSESSMENT – PART A

To be completed prior to commencing the contract and/or during the initial visit to third-party premises.

<b>CLIENT:</b>	Generic Risk Assessment - Carrying out Portable Appliance Testing	<b>SITE/LOCATION:</b>	Office Based Premises
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RA No	ACTIVITY/EQUIPMENT/AREA	ADDITIONAL PRECAUTIONS / CONTROLS REQUIRED, INCLUDING PPE	IDENTIFIED YES / NO (X)
1	Visiting clients premises		<input checked="" type="checkbox"/> <input type="checkbox"/>
2	Portable appliance testing		<input checked="" type="checkbox"/> <input type="checkbox"/>
3	Using access ladders /step ladders		<input type="checkbox"/> <input type="checkbox"/>
4	Lighting		<input checked="" type="checkbox"/> <input type="checkbox"/>
5	Hand Tools		<input type="checkbox"/> <input type="checkbox"/>
6	Hazardous substances/materials		<input checked="" type="checkbox"/> <input type="checkbox"/>
7	Noise		<input type="checkbox"/> <input type="checkbox"/>
8	Explosive atmosphere/highly flammable substances		<input type="checkbox"/> <input type="checkbox"/>
9	Confined space/area		<input checked="" type="checkbox"/> <input type="checkbox"/>
10	Manual Handling		<input checked="" type="checkbox"/> <input type="checkbox"/>
11	Working at Height		<input type="checkbox"/> <input type="checkbox"/>
12	Other:		
13			
14			
15			
16			

**OVERALL ASSESSMENT OF CONTRACT RISK. (Based on single highest risk.)**

SEVERITY		LIKELIHOOD				
No Injury	1	Never				
Minor Injury	2	Seldom				
Injury	3	Possible				
Serious Injury	4	Probable				
Death	5	Always				

	X	5	4	3	2	1			
	5	25	20	15	10	5			
	4	20	16	12	8	4			
	3	15	12	9	6	3			
	2	10	8	6	4	2			
	1	5	4	3	2	1			

<b>NAME:</b>	Steve Dugdale	<b>SIGNATURE:</b>		<b>DATE:</b>	10/11/03
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