

ELECTRATEST - GENERIC RISK ASSESSMENT – PART A

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

CLIENT:	Generic Risk Assessment - Carrying out Portable Appliance Testing	SITE/LOCATION:	Workshop 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	Check PPE requirements with client	<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 checked="" type="checkbox"/> <input type="checkbox"/>
6	Hazardous substances/materials		<input checked="" type="checkbox"/> <input type="checkbox"/>
7	Noise		<input checked="" type="checkbox"/> <input type="checkbox"/>
8	Explosive atmosphere/highly flammable substances		<input checked="" 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				

	HIGH					
	MED					
	LOW					

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

NAME:	Steve Dugdale	SIGNATURE:		DATE:	10/11/03
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