

# POINT OF WORK RISK ASSESSMENT

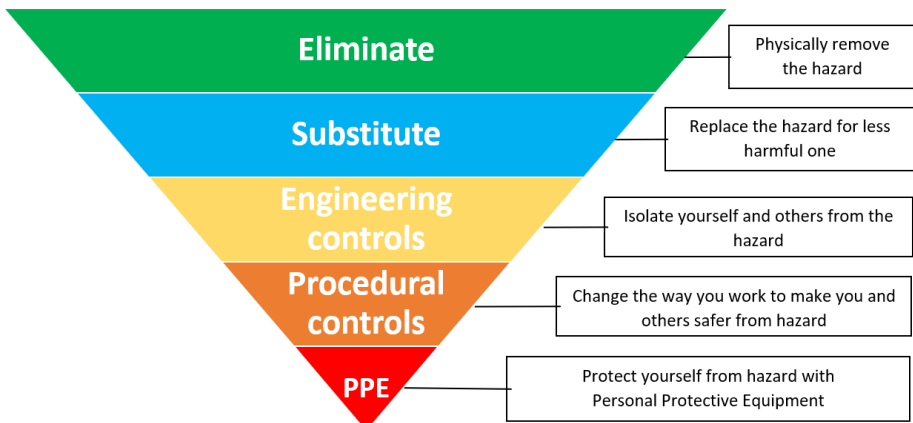
## Estates Management Services































### Application:

- Must be completed by the assigned **Competent Person** before any work commences.
- Used to identify the hazard(s) present on job, and action to be taken, to reduce risk of injury/impact on containment systems/site services. Hierarchy of control principles should be applied as part of safe working best practice.
- Must be completed when attending any call out and where conditions may have changed to those previously risk assessed.
- Where the provision of suitable control measures are outside the control of the Competent Person, the Responsible Person, or Line Manager must be contacted to discuss task and carry out further assessment before work commences.
- A mandatory **permit (P)** is required by EMS and BACS staff for a task involving specific hazards as listed below. Any **permitted** activities will require separate task specific Risk Assessment (and Method Statement).
- Use of this Point of Work Assessment must be made by personnel with sufficient knowledge and experience of work they are planning to undertake and the area and systems they will be working in/on.

### HIERARCHY OF CONTROL PRINCIPLES:



Ref	Hazard / Impact		Details
1	P	 Asbestos Present	Consider in buildings-built pre-2000
2	P	 Biocontainment	Any impact on biocontainment systems (SMS, AHU) PWBCS & review by HSBS team.
		 SPF facility	Any impact to SPF status (AHU, water supply) PW-SPF & review by appropriate facility managers.
3	P	 Confined Space	e.g., tank, chamber, pipe, pit
4	P	 Electricity (HV)	Work on or near live conductors High Voltage-Voltage exceeds 1000 volts AC / 1500 volts DC
5	P	 Electricity (LV) – Working Live	Live or invasive- Working on or near live conductors- Voltage is below 1000 volts AC / 1500 volts DC.
6	P	 Excavation	e.g., buried services
7	P	 Explosive Atmospheres	DSEAR – gases, vapors, dusts
8	P	 Hot Works	Source of ignition e.g., Welding cutting, grinding soldering
9	P	 Life Safety System	e.g., Fire detection systems / O2 / CO2 detection (isolations)
10	P	 Pressure Systems	e.g., boilers, pipework, gauges, autoclaves, refrigeration plant
11	P	 Working at Height	e.g., MEWPs, scaffolds, ladders (higher risk tasks), edge of excavation site
12		 Biohazards	Exposure to biological substances e.g., Legionella or other infectious agents
13		 Electricity (LV) – Working Dead	Low voltage (voltage below 1000 volts AC / 1500 volts DC) where electricals are isolated – <b>Self-Permit must be completed</b>
14		 Environment & Access / Egress	e.g., Weather conditions, lighting, safe access
15		 Equipment / Machinery	POWER
16		 Falling Objects	Unsecure loads, lifting activities
17		 Flammable Substances	e.g., gases, liquids, solid substances
18		 Hazardous Materials & Substances	e.g., Exposure to Radiation, Smoke, Fumes, Harmful Chemicals
19		 Hot/Cold Surfaces / Systems	e.g., steam streams, liquid nitrogen systems
20		 Lifting Equipment and Operations	LOLER
21		 Lone Working	Without close or direct supervision
22		 Manual Handling	Load, individual capability, task, location
23		 Noise / Vibration	Consider duration, exposure limits
24		 Sharp objects / edges	e.g., equipment, material,
25		 Slips, Trips and Falls	e.g., icy surfaces, potential spills
26		 Traffic (management)	e.g., reversing vehicles, use of vans
27		 Pollution	e.g., environmental impact (water / land)

**TPI Reference only:**

**Hazard based (generic) Risk Assessments for the EMS department are available for reference, controlled via Q-Pulse. Please refer to these assessments as required. H&S Advice to be sort from Engineering Health, Safety and Risk Manager, EMS Managers / Supervisors, HSBS team, or your host where applicable/required.**

## Point of Work Risk Assessment

**Competent Person:** NAME

To complete this assessment I will use my current knowledge of the area and skills for the tasks involved.

☐ TPI Engineer

☐ Contractor

**Building / Area / Location:**

**Date of assessment:**

**Topdesk / Permit No:**

**Task description:**

**Before you start (tick appropriate box)**

YES

NO\*

N/A

Risk Assessment for permitted (P) EMS tasks and/or Contractor work available?

☐

☐

☐

*\*If NO – do not start task. Task specific RA to be prepared.*

**WHO COULD BE AT RISK FROM TASK –**

Please tick as appropriate

**NOTE:** Account for anyone who may be affected by job.

☐ EMS Staff

☐ Science Staff

☐ TPI Staff

☐ Sub-contractor (s)

☐ Visitor (s)

**HAZARDS & CONTROLS – Please complete as appropriate. Re-assess at least daily and note any changes**

**HAZARDS**  
Provide Ref No.

**PtW?**

**CONTROL MEASURES TAKEN TO WORK SAFELY**

e.g. LEV, personal isolations, PPE, communication

**Date**

(if changed)

☐

☐

☐

☐

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**PoWRA Submission:**

**NOTE:** By signing this form you are confirming you are able and competent to undertake the work involved safely, and that risks from hazards identified have been reduced to an acceptable level.

**CP SIGNATURE:**

**FINISH DATE:**

*Once complete return this form to Permit Station for attention of Authorising Persons.*

**Challenge any work activity that YOU do not think is safe!**

**If it cannot be done safely, DON'T DO IT!**

*Notes & feedback section on next page (if required) ➡*

<b>Low Voltage Testing – Self-Permit</b>			
<b>Section to be used for TPI Electrical Appointed Persons to allow to prove dead after an isolation for LV systems.</b>			
<b>Note: This section is for internal TPI use only and cannot be used by contractors.</b>			
<b>Description of electrical work to be undertaken:</b>			
<b>MANDATORY REQUIREMENTS</b>		<b>YES</b>	<b>COMMENTS</b>
EMS-WI-367 has been read & acknowledged on Q-Pulse.			
Consideration has been given to notify the relevant Facility Coordinator on the intended work.			
Permission for the intended work has been confirmed and test equipment calibrated, next due date checked and in working order. (GS38- Electrical Test Equipment)			
Caution signs, lock out devices, barriers etc. have been applied at points of isolation.			
<b>Details of isolations:</b>			
I declare that the information I have provided is correct and confirm that it is safe for work to commence.			
<b>Name</b>		<b>Signature</b>	
<b>Date</b>		<b>Time</b>	

<b>FEEDBACK &amp; NOTES - note any improvement measures or issues</b>	
<ul style="list-style-type: none"> <li>• What could be done to make the task safer next time?</li> <li>• Any suggestions for improving safe systems of work?</li> <li>• Were any unsafe conditions observed?</li> <li>• Have any health issues been identified?</li> </ul>	

**If you have identified anything that requires review or inclusion in existing Risk Assessments, please provide details to your Line Manager or Host.**

**Any health issues must be reported to your Line Manager or Host as soon as possible.**