

ON SITE
RISK ASSESSMENT

Company Name _____

Contract _____ Position _____

Brief Description of work to be undertaken _____

Site Conditions/Potential Hazards _____

Vehicle Movement _____

Noise _____

Moving Machinery _____

Dust/Fumes/Sparks _____

Floor conditions _____

Restricted access _____

Fragile Roof _____

Cranes/Suspended Loads _____

Electricity _____

Services/Buried/Height _____

Falling Objects _____

Asbestos/Lead _____

Radiant Heat _____

Hot / Sharp Surfaces _____

Oil /Chemicals _____

Lighting Levels _____

Fire Risk Areas _____

Other Contractors _____

Excavations / Pits _____

Pollution to Air/Ground/Water _____

Work at Height _____

Other Hazards _____

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Please tick where appropriate

Minimum PPE Requirements For Site Access:

Helmet ___ Hearing Protection ___ Overalls ___ Fall Arrest Equipment ___

Gloves ___ Eye protection ___ Respirator ___ Safety Footwear ___ High viz ___

Foreseeable Risk / Limitations on Likely Work Method

Public _____

Your Employer / Employee _____

Other Contractors _____

Signed _____ Date _____

We trust that our RISK ASSESSMENT meets your requirements,
for any further clarifications or queries, kindly feel free to contact me.

Thanks
Lee Fozard

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View our website
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