

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

JPS Machinery Ltd
METAL WORKING SOLUTIONS
Tel: 0113 2363366

View our website
jps-machinery.co.uk