

CALVAY HOUSING ASSOCIATION

Point of Work Survey & Assessment																			v												
Operatives to complete before commencing short duration or minor works of 1-3 days																															
Address:																															
Work Description:																															
1. Before you start:										Remember- no smoking or eating on site																					
										yes			no			n/a						yes			no			n/a			
sign in at reception										have you checked the asbestos register?																					
do you have the correct documentation?										do you have the correct PPE & tools?																					
have you done this type of job here before?										do hazard & safety assessment below																					
are all permits required available?										sign out at reception																					
If you have answered 'no' to any of the above take the required action or report to your supervisor																															
2. Hazard Assessment: are any of these hazards present?																															
										yes			no			ok						yes			no			ok			
suspect materials/ ACM's										textured coatings																					
slips, trips or falls										dust																					
falls from height/ roof work										fumes																					
falling objects										noise																					
chemicals/ COSHH										vibration																					
heat/ fire/ explosion										electricity/ gas																					
asphyxiation										other contamination																					
contamination/ asbestos/ needles										poor lighting																					
needle risk										temperature																					
vehicles/ insecure loads										adverse weather																					
confined spaces										risk to you or others from your work																					
Tick 'yes' where hazard is present and 'ok' if there are adequate controls. Where 'yes' only is ticked then complete part 3																															
Are any of the following applicable?																				n/a			yes			no			ok		
Is the work area: safe; sound; secure; reasonably protected; free from hazards on walls/ floors?																															
Is the work area able to support scaffold, ladders and trestles etc?																															
Are you or others at risk? Ensure no-one can be harmed, cordon off works area and below																															
Is all plant and equipment, scaffolds, ladders & lifting equipment appropriately inspected, tested and certified?																															
Has an assessment of the manual handling of materials and installation been made?																															
Is there work at height: fragile roofs; slippery surfaces; open edges; rooflights, suitable weather?																															
Are work at height measures required: crawling boards; safety lines/ arrest ; edge support; window/ door bars?																															
Is falling debris a hazard: cordon off area below; operative below to warn others																															
Is PPE in good condition: footwear; gloves; hard hat; clothing; goggles; harness & lanyard etc?																															
Services: is [part] isolation required for the works to be carried out safely?																															
Hazardous materials: is there good ventilation; eye and skin protection?																															
Tick 'yes' where hazard is present and 'ok' if there are adequate controls. Where 'no' only is ticked then complete part 3																															
3. Safety Assessment: control measures required from section 2?																															
Hazard identified above										Control measures/ precautions										residual risk											
																				L			M			H					
[continue over if required]																															
4. Review following work																															
Comments										If you answer 'yes' to either of these questions, tell your supervisor										yes			no								
Could anything be done safer next time?																															
Has the work created any new hazards?																															
Operative to Sign, Print Name and Date																															
WORK ORDER NO:																															