ALERTSYSTEMS - RISK ASSESSMENT CHECKLIST

COMPANY NAME: **REF NO:**

COMPANY ADDRESS:

ALERTSYSTEMS LIMITED
ALERT HOUSE, 1 WILLOWSIDE PARK
CANAL ROAD
TROWBRIDGE
WILTSHIRE
BA14 8RH
TEL: 01225 775666
FAX: 01225 768732

WORK TO BE CARRIED OUT:

ASSESS IN YOUR OPINION THE DEGREE OF RISK AND TICK THE APPROPRIATE RISK LEVEL (ONE TICK PER RISK)

DESCRIPTION OF RISK	RISK BEFORE CONTROL MEASURES			Control Measures	RISK AFTER CONTROL MEASURES		
	LOW	MED	HIGH	REFER TO:-	LOW	MED	HIGH
WORKING AT HEIGHT FROM CHERRY PICKERS	☐	☐	☑	ARAS-01	☑	☐	☐
WORKING OFF EXTENSION LADDERS	☐	☐	☑	ARAS-02	☑	☐	☐
WORKING OFF STEP LADDERS	☐	☐	☑	ARAS-03	☑	☐	☐
ROOF WORK	☐	☐	☑	ARAS-04	☑	☐	☐
ELECTRICAL WORK	☐	☐	☑	ARAS-05	☑	☐	☐
MANUAL HANDLING AND LIFTING	☐	☐	☑	ARAS-06	☑	☐	☐
VISIBILITY TO MOVING PLANT	☐	☐	☑	ARAS-07	☑	☐	☐
SLIPS AND TRIPS	☐	☐	☑	ARAS-08	☑	☐	☐
ASBESTOS	☐	☐	☑	ARAS-09	☑	☐	☐
FUMES/DUST	☐	☐	☑	ARAS-10	☑	☐	☐
ANY OTHER RISK	☐	☐	☐	ARAS-11 (BLANK)	☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐

PPE REQUIREMENTS	YES	NO
SAFETY HELMET	☑	☐
SAFETY BOOTS	☑	☐
GLOVES	☑	☐
GOGGLES	☑	☐
DUST MASK	☑	☐
SAFETY HARNESS	☑	☐
HI-VISE	☑	☐
WATER PROOFS	☑	☐
OTHER	☑	☐

PREPARED BY:

POSITION:

DATE:

ENGINEER:

SIGNATURE:

DATE: TIME:

CUSTOMER EMPLOYEE TO PLEASE INITIAL / SIGN CONFIRMING TIME & DATE OF ALERT ENGINEER'S SIGNATURE IF FAX MACHINE NOT AVAILABLE.

CUSTOMER SIGNATURE:

THIS FORM MUST BE COMPLETED AND FAXED TO THE OFFICE PRIOR TO WORK COMMENCING.