

**ALERTSYSTEMS - RISK ASSESSMENT CHECKLIST**

**COMPANY NAME:**

**REF NO:**

**COMPANY ADDRESS:**

**WORK TO BE CARRIED OUT:**

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

**ALERTSYSTEMS LIMITED  
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CANAL ROAD  
TROWBRIDGE  
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BA14 8RH  
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| DESCRIPTION OF RISK                   | RISK BEFORE              |                          |                                     | Control Measures<br>REFER TO:- | RISK AFTER                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|-------------------------------------|--------------------------|--------------------------|
|                                       | CONTROL MEASURES         |                          |                                     |                                | CONTROL MEASURES                    |                          |                          |
|                                       | LOW                      | MED                      | HIGH                                |                                | LOW                                 | MED                      | HIGH                     |
| WORKING AT HEIGHT FROM CHERRY PICKERS | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-01                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WORKING OFF EXTENSION LADDERS         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-02                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WORKING OFF STEP LADDERS              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-03                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ROOF WORK                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-04                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL WORK                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-05                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MANUAL HANDLING AND LIFTING           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-06                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VISIBILITY TO MOVING PLANT            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-07                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SLIPS AND TRIPS                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-08                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ASBESTOS                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-09                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUMES/DUST                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ARAS-10                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ANY OTHER RISK                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ARAS-11 (BLANK)                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| PPE REQUIREMENTS | YES                                 | NO                       |
|------------------|-------------------------------------|--------------------------|
| SAFETY HELMET    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SAFETY BOOTS     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GLOVES           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GOGGLES          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DUST MASK        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SAFETY HARNESS   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| HI-VISE          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WATER PROOFS     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| OTHER            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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.