



Date: \_\_\_\_\_ Customer: \_\_\_\_\_ Location: \_\_\_\_\_ Surveyor: \_\_\_\_\_

Please indicate as part of your assessment which of the following risks are relevant to this location, your assessment of risk, persons exposed, control measures and any comments you may have.

<p><u>Use of Electrical Tools</u></p> <p>Applicable <input type="checkbox"/></p> <p>Not applicable <input checked="" type="checkbox"/></p>	<p>Low <input type="checkbox"/></p> <p>Medium <input type="checkbox"/></p> <p>High <input checked="" type="checkbox"/></p>	<p>Anderson's Staff <input type="checkbox"/></p> <p>Other Contractors <input type="checkbox"/></p> <p>Client's Personnel <input type="checkbox"/></p> <p>Public <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p>	<p>All tools to be 110 volts <input type="checkbox"/></p> <p>Portable electrical tools to be used <input type="checkbox"/></p> <p>Available power sources <input type="checkbox"/></p> <p>RCD to be used <input type="checkbox"/></p> <p>No electrical supply on site <input type="checkbox"/></p> <p>AI test lead <input type="checkbox"/></p> <p>AI safety connection Box <input type="checkbox"/></p> <p>240 Volt extension lead <input type="checkbox"/></p> <p>Consider hidden power supply <input type="checkbox"/></p>	
<p><u>Hand Tools</u></p> <p>Applicable <input checked="" type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p>	<p>Low <input checked="" type="checkbox"/></p> <p>Medium <input type="checkbox"/></p> <p>High <input type="checkbox"/></p>	<p>Anderson's Staff <input type="checkbox"/></p> <p>Other Contractors <input type="checkbox"/></p> <p>Client's Personnel <input type="checkbox"/></p> <p>Public <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p>	<p>Detail in the comments box opposite any hand tools which you believe will be required during the installation process.</p> <p>(In addition to standard fitters 'Kit')</p>	
<p><u>Mental Health / Adolescent units / homes / Wards</u></p> <p>Applicable <input type="checkbox"/></p> <p>Not applicable <input checked="" type="checkbox"/></p>	<p>Low <input type="checkbox"/></p> <p>Medium <input type="checkbox"/></p> <p>High <input type="checkbox"/></p>	<p>Anderson's Staff <input type="checkbox"/></p> <p>Other Contractors <input type="checkbox"/></p> <p>Client's Personnel <input type="checkbox"/></p> <p>Public <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p>	<p>Liaise with duty nurse / Contact upon arrival <input type="checkbox"/></p> <p>No tools or equipment left unattended <input type="checkbox"/></p> <p>Two Man work 2<sup>nd</sup> Man to protect fitter plus tools and equipment while fitter working <input type="checkbox"/></p> <p>Staff to escort fitter or fitters <input type="checkbox"/></p> <p>Staff to Remove Children / Patients from work area while work being carried out <input type="checkbox"/></p> <p>See SMW7 <input type="checkbox"/></p>	
<p><u>COVID 19 &amp; Infection Risk</u></p> <p>Applicable <input type="checkbox"/></p> <p>Not applicable <input checked="" type="checkbox"/></p>	<p>Low <input type="checkbox"/></p> <p>Medium <input type="checkbox"/></p> <p>High <input type="checkbox"/></p>	<p>Anderson's Staff <input type="checkbox"/></p> <p>Other Contractors <input type="checkbox"/></p> <p>Client's Personnel <input type="checkbox"/></p> <p>Public <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p>	<p>Red Zone <input type="checkbox"/> Amber Zone <input type="checkbox"/> Green Zone <input type="checkbox"/></p> <p>Wash &amp; use anti-bacterial hand sanitizer regularly <input type="checkbox"/></p> <p>Keep two metre social distancing from all persons <input type="checkbox"/></p> <p>See Nurse / Contact / Staff on arrival for control measures and PPE required on site <input type="checkbox"/></p> <p>Site supplying PPE <input type="checkbox"/></p> <p>Anderson Interiors supplying PPE <input type="checkbox"/></p>	
<p><u>Any Other Risks Identified</u></p>	<p>Low <input type="checkbox"/></p> <p>Medium <input type="checkbox"/></p> <p>High <input type="checkbox"/></p>	<p>Anderson's Staff <input type="checkbox"/></p> <p>Other Contractors <input type="checkbox"/></p> <p>Client's Personnel <input type="checkbox"/></p> <p>Public <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p>		

**PERSONAL PROTECTIVE EQUIPMENT**

Please detail the level of PPE which will be required to carry out the works

Hard hat  Safety Footwear  High Viz Vest  Safety Glasses/Goggles

Ear Defence  Gloves  Bump Hat  Specialist (please specify)

**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DYNAMIC SITE CHANGES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of the Assessor:

AUTHORISED & SIGNED:

\_\_\_\_\_

\_\_\_\_\_