

Date: 27/1/26 Customer: BHSC

Location: Rill Ward 28

Surveyor: [Signature]

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.

RISK	ASSESSMENT OF RISK	PERSONS EXPOSED	CONTROL MEASURES	COMMENTS
<u>Work at Heights</u> Applicable <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/>	Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Anderson's Staff <input checked="" type="checkbox"/> Other Contractors <input type="checkbox"/> Client's Personnel <input type="checkbox"/> Public <input type="checkbox"/> Children <input type="checkbox"/>	The hierarchy for safe work at heights requires that: a) Avoid the risk by not working at heights b) Prevent falls c) Mitigate the consequences of a fall d) Give collective measures e.g. guard rails, nets etc. precedence over personal protective measures  Options: 1) Mobile Scaffolding _____ 2) Stepladders _____ 3) Other _____ 4) kneeling on secure Bench/Desk _____ 5) Standing on secure Bench/Desk _____ 6) Steps on secure Bench/Desk _____ 7) Sink Cover _____ 8) Number of operatives Required _____	Small steps 1 man!
<u>Working in Occupied Premises</u> Applicable <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/>	Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Anderson's Staff <input type="checkbox"/> Other Contractors <input type="checkbox"/> Client's Personnel <input type="checkbox"/> Public <input type="checkbox"/> Children <input type="checkbox"/>	Work area to be vacated by Client's personnel <input checked="" type="checkbox"/> Work area to be secured by fixed barriers <input type="checkbox"/> Work area to remain occupied throughout work <input type="checkbox"/> Work area to be secured by temporary barriers <input type="checkbox"/>	
<u>Risks Associated with Electricity or other services</u> Applicable <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/>	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Anderson's Staff <input type="checkbox"/> Other Contractors <input type="checkbox"/> Client's Personnel <input type="checkbox"/> Public <input type="checkbox"/> Children <input type="checkbox"/>	Confirm location and routes of any services <input type="checkbox"/> Confirm status of power or other services with client upon arrival <input type="checkbox"/> Work to any services to be carried out by a competent person <input type="checkbox"/> Client to immobilise power or other services <input type="checkbox"/>	
<u>Asbestos</u> Applicable <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/>	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Anderson's Staff <input type="checkbox"/> Other Contractors <input type="checkbox"/> Client's Personnel <input type="checkbox"/> Public <input type="checkbox"/> Children <input type="checkbox"/>	Copy of relevant asbestos survey provided <input type="checkbox"/> No relevant asbestos survey available <input type="checkbox"/>	
<u>Slips, Trips and Falls</u> Applicable <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/>	Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Anderson's Staff <input checked="" type="checkbox"/> Other Contractors <input type="checkbox"/> Client's Personnel <input type="checkbox"/> Public <input type="checkbox"/> Children <input type="checkbox"/>	Work area to be vacated by Client's personnel and can be used for storage <input checked="" type="checkbox"/> Work area will be secured by fixed or temporary barriers and materials secured within <input type="checkbox"/> Materials will be removed by Andersons Interiors when not on site <input type="checkbox"/> Storage area to be agreed on site with Client/Principal Contractor <input type="checkbox"/>	
<u>Manual Handling</u> Applicable <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/>	Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Anderson's Staff <input type="checkbox"/> Other Contractors <input type="checkbox"/> Client's Personnel <input type="checkbox"/> Public <input type="checkbox"/> Children <input type="checkbox"/>	Location of work (ground floor, first floor etc): Route to area of work (existing traffic routes, stairs, lift): Height at which work is to be carried out: Approximate weight of item to be fitted (if >15kg): Other:	5th floor E104 2050

Date: 27/1/26

Customer: BHSCT

Location: R04 Ward 28

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 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**

[Blank area for comments]

**DYNAMIC SITE CHANGES**

[Blank area for dynamic site changes]

Signature of the Assessor:

AUTHORISED & SIGNED:

[Signature]

[Signature]