

JOB SHEET

Client		Small works risk assessment: hazards and assessed risk level					Job Number	
Site	1	Hot work or surfaces	LOW	MED	HIGH			
Address	2	Confined space entry	LOW	MED	HIGH			
	3	Slips/trips/falls (ground level)	LOW	MED	HIGH	People at risk		
	4	Manual handling	LOW	MED	HIGH	Employees		
Description of work carried out	5	Electricity and other services	LOW	MED	HIGH	Contractors		
	6	Tools/machinery/equipment	LOW	MED	HIGH	General public		
	7	Sharp objects (glass/tools etc)	LOW	MED	HIGH	Customers		
	8	Fire/explosion (welding/gas/burning)	LOW	MED	HIGH	2 person team required		
	9	Noise/vibration	LOW	MED	HIGH	State reason for requiring 2 person team:		
	10	Chemicals/dust/fumes	LOW	MED	HIGH			
	11	Work/falls from height	LOW	MED	HIGH			
	12	Compressed air/generators	LOW	MED	HIGH			
	13	Vehicles/fork-lift trucks	LOW	MED	HIGH			
Work outstanding/recommendation/reports	14	Restricted movement	LOW	MED	HIGH			
	15	Environment (hot/cold/wet/dry)	LOW	MED	HIGH			
		State control measures to be taken to reduce the risk (tick relevant)						
		<input type="checkbox"/> Work area enclosed by barriers etc. to protect third parties						
		<input type="checkbox"/> Warning signs displayed						
Materials or plant used		<input type="checkbox"/> Gloves, goggles, face masks, helmets and/or harnesses to be worn						
Quantity	Description	<input type="checkbox"/> Other risk assessments also used, ie ladders & scaffolding, working at heights etc					<input type="checkbox"/> In hours	
		<input type="checkbox"/> Shop staff briefed and aware of works taking place					<input type="checkbox"/> Out of hours	
		<input type="checkbox"/> Other control measures (please state)					<input type="checkbox"/> Weekend	
		Date				I accept that the tradesperson has completed the work to my satisfaction:		
		Tradespersons Name:			Authorised signatory:			
		Total Job Duration:			Print name:			
					Position:			