



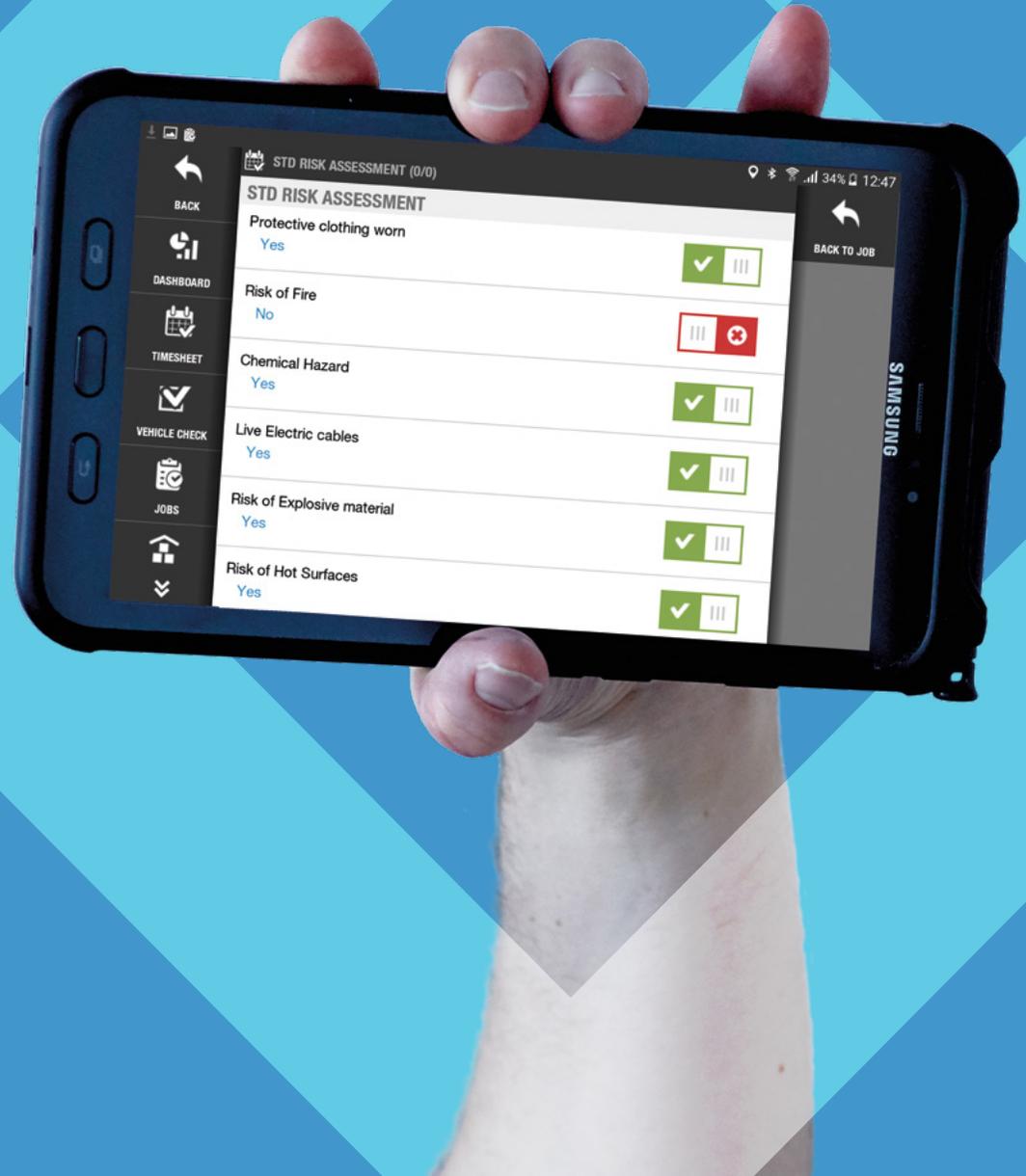
HEALTH & SAFETY FORM PACK

JOBWATCH MAKES IT EASY TO TRANSFORM FROM PAPER TO PAPERLESS

We are now offering our customers a unique opportunity to turn the many forms previously filled in multi layers of paper into a seamless paperless on-demand reporting.

All workflows are customised to suit your own business processes while ensuring that all regulatory standards are followed to the letter.

Our worksheets are process driven and especially made intuitive for engineers who are the source of information generated into your forms.





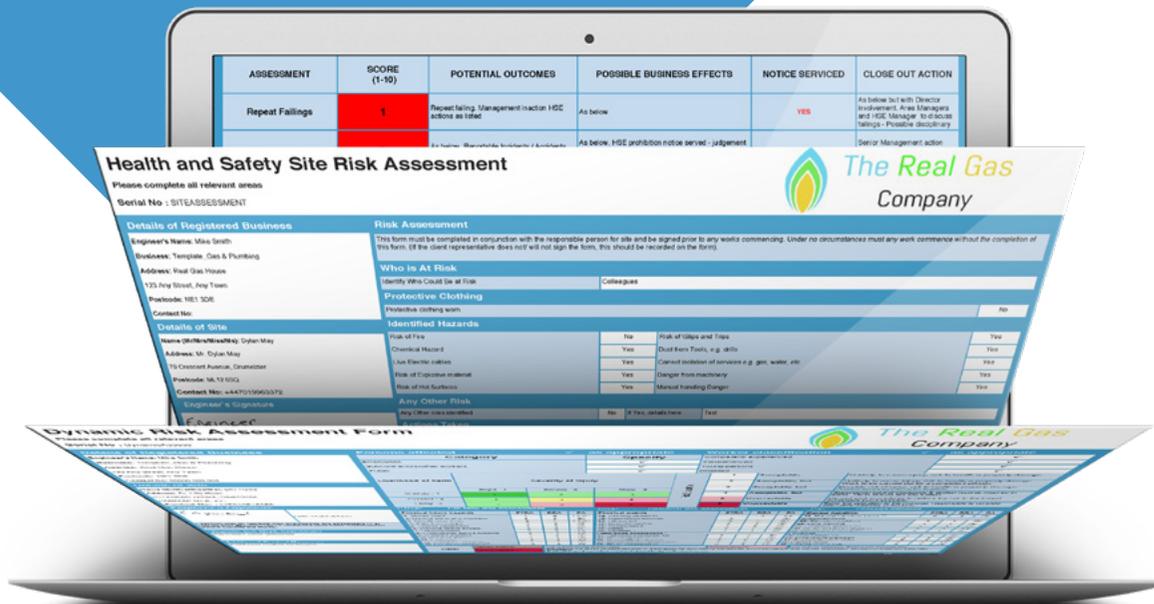
UPDATING PROCESSES AND FORMS CONTENT

Bigchange work with its partners to ensure that all certificates are kept up to date. Our Professional Services Department will be responsible for making any amendments on the worksheets to reflect any changes made to the certificates or add new certificates should the regulatory bodies require so.

REAP THE REWARD OF GOING PAPERLESS ON YOUR FORMS

- Compliant forms
- Ensure your business is compliant with legislation
- Join the paperless revolution; you will never run out of paper because there is no paperwork
- Auto-Email certificates straight to your customers
- 24/7 support when you need it with BigChange RoadCrew
- Increased business profile through our business collaboration platform

1. Site Risk Assessment
2. RIDDOR Report
3. Pre – Task Risk Dynamic Risk Assessment
4. PPE Site Risk Assessment - PART 1
5. PPE Site Risk Assessment - PART 2
6. Audit Inspection Report - PART 1
7. Audit Inspection Report - PART 2
8. 8Dynamic Risk Assessment



Health and Safety Site Risk Assessment



Please complete all relevant areas

Serial No : SITEASSESSMENT

Details of Registered Business

Engineer's Name: Mike Smith

Business: Template_Gas & Plumbing

Address: Real Gas House
123 Any Street, Any Town

Postcode: NE1 3DE

Contact No:

Details of Site

Name (Mr/Mrs/Miss/Ms): Dylan May

Address: Mr. Dylan May
79 Crescent Avenue, Drumelzier

Postcode: ML12 6SQ

Contact No: +447019963372

Engineer's Signature

Engineer

Risk Assessment

This form must be completed in conjunction with the responsible person for site and be signed prior to any works commencing. Under no circumstances must any work commence without the completion of this form. (If the client representative does not/ will not sign the form, this should be recorded on the form).

Who is At Risk

| | |
|-------------------------------|------------|
| Identify Who Could Be at Risk | Colleagues |
|-------------------------------|------------|

Protective Clothing

| | |
|--------------------------|----|
| Protective clothing worn | No |
|--------------------------|----|

Identified Hazards

| | | | |
|----------------------------|-----|--|-----|
| Risk of Fire | No | Risk of Slips and Trips | Yes |
| Chemical Hazard | Yes | Dust from Tools, e.g. drills | Yes |
| Live Electric cables | Yes | Correct Isolation of services e.g. gas, water, etc | Yes |
| Risk of Explosive material | Yes | Danger from machinery | Yes |
| Risk of Hot Surfaces | Yes | Manual handling Danger | Yes |

Any Other Risk

| | | | |
|----------------------------|----|----------------------|------|
| Any Other risks identified | No | If Yes, details here | Test |
|----------------------------|----|----------------------|------|

Actions Taken

| | | | |
|----------------------------------|----|----------------------|------|
| Any actions taken to reduce risk | No | If Yes, details here | Test |
|----------------------------------|----|----------------------|------|

**If hazards are still unacceptable STOP, report to your supervisor.
Always remember to check your work area on returning from breaks
OUR WORK IS NEVER SO URGENT OR IMPORTANT THAT WE CANNOT TAKE TIME TO DO IT SAFELY**

Health & Safety RIDDOR Report



Please complete all relevant areas

Serial No : RIDDOR/001

About Your Organisation

Notifier Name: Mike Smith

Business: The Real gas Company

Address: Real gas House
Any Street, Any Town

Postcode: AB1 2CD

Contact No: 00000 000 001

Location of Incident

Name : BigChange Apps Limited

Address: Bullerthorpe Lane
Bullerthorpe Lane Leeds

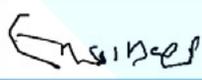
Postcode: LS15 9JL

Contact No: +441134571000

Other Important Information

Other important information relating to incident here

Notifier's Signature



Location Of Incident

BigChange Kitchen

About The Incident

Incident date and time: 17/02/2020 11:45

What type of work was being carried out (main business activity)?: Plumbing

About the kind of incident

Kind of incident: Cut

Work process involved: Moving Washer

Main factor involved: Lifting

Describe incident: While attempting to pull dish washer from location, my assistant had a cut on washer sharp edge

About the injured person

Person name: Bob Connick

Address: 49 Huntingdon Avenue

Phone Number: 07880241453

Gender: Male

Work status: Employed

Job title: Engineer Assistant

Age: 22

About the injury

Severity of Injury: Minor

Injury Description: Deep cut on hand

Area of body affected: Finger

Pre-Task Dynamic Risk Assessment Form



Please complete all relevant areas

Serial No : PRE-TASK

Details of Registered Business

Engineer's Name: Mike Smith

Business: Template_Gas & Plumbing

Address: Real Gas House
123 Any Street, Any Town

Postcode: NE1 3DE

Contact No: 00000 000 001

Details of Site

Name (Mr/Mrs/Miss/Ms): Lilly Howe

Address: Dr. Lilly Howe
89 Bootham Terrace, Ravenstone

Postcode: MK46 4JS

Contact No: +447040516053

Engineer's Signature

Engineer

Date: 20/05/2020

Additional Comments

Additional comments here

REMEMBER TO CLEAN UP AFTER FINISHING THE JOB

Please tick relevant boxes in the table

| | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Have I/ we read, understood and signed method statement/ risk assessment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are correct isolations/ immobilisations in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is correct PPE being worn? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is correct lifting equipment being used? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you using correct working at height equipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are others aware of you working in the area and/or cordoned it off? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are correct tools being used for the job? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the task harm the environment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

BEFORE carrying out the task, list any additional risks & hazards associated with the task that are not covered by the method statement/ risk assessment and actions needed to ensure safe working : Key: RL = Risk Level , RRL = Revised Risk Level

| Hazard/ risk | RL | Action needed to carry out task safely | RRL | OK? |
|---------------------|----|--|-----|-------------------------------------|
| risk assessment one | 3 | Action here | 2 | <input checked="" type="checkbox"/> |
| assessment two | 3 | action here | 3 | <input checked="" type="checkbox"/> |
| risk three here | 3 | action here | 2 | <input checked="" type="checkbox"/> |

DURING the task, list any additional risks & hazards associated with the task that are not covered by the method statement/ risk assessment and actions needed to ensure safe working: KEY: RL = Risk Level , RRL = Revised Risk level

| Hazard/ risk | RL | Action needed to carry out task safely | RRL | OK? |
|-------------------|----|--|-----|-------------------------------------|
| assessment 4 here | 2 | action required here 4 | 2 | <input checked="" type="checkbox"/> |
| assessment 5 | 2 | action here | 1 | <input checked="" type="checkbox"/> |
| assessment 6 | 2 | action taken 6 here | 2 | <input checked="" type="checkbox"/> |

| | Y | N |
|---|-------------------------------------|-------------------------------------|
| Does the Risk Assessment need changing for future use? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is new/ extra equipment needed to carry out the task in future? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do the hazards require further investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PPE Site Risk Assessment



Please complete all relevant areas

Serial No : PPE

Details of Registered Business

Engineer's Name: Mike Smith
Business: Template_Gas & Plumbing
Address: Real Gas House
 123 Any Street, Any Town
Postcode: NE1 3DE
Contact No: 00000 000 001

Details of Site

Name (Mr/Mrs/Miss/Ms): Marcus Evans
Address: BigChange Apps Limited
 Bullerthorpe Lane, Leeds
Postcode: LS15 9JL
Contact No: +441134571000

Engineer's Signature

ENGINEER

Date 03/06/2020

Engineer's Additional Information

Addition information from engineer here

Eye Hazard

Task that can cause eye injuries include working with chemicals or acids; UV lights; chipping; sanding grinding; welding; furnace operations and metal and wood working

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|----------------------|--|----------------|----------------------|
| Chemical Exposure | <input checked="" type="checkbox"/> Description here | Shaded Goggles | |
| High Heat/Cold | <input checked="" type="checkbox"/> description here | Welding Helmet | |
| Dust/Flying Debris | <input checked="" type="checkbox"/> Description of hazard here | Shaded Goggles | |
| Impact | <input checked="" type="checkbox"/> Description of haxard here | Other | Other PPE here |
| UV/IR Radiation | <input checked="" type="checkbox"/> | | |

Head/Neck/Face Hazards

Tasks that can cause head/neck/face injuries include, working below other workers who are using tools or materials that can fall, working on energised electrical equipment or utilities and working in confined places

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|----------------------|--|--------------|----------------------|
| Chemical Exposure | <input checked="" type="checkbox"/> Chemical exposure description here | Overall | |
| Electrical Shock | <input checked="" type="checkbox"/> | | |
| Dust/Flying Debris | <input checked="" type="checkbox"/> Description here | Goggles | |
| Impact | <input checked="" type="checkbox"/> Description here | Other | Other PPE here |
| UV/IR Radiation | <input checked="" type="checkbox"/> Description here | Goggles | |

Foot Hazard

Tasks that can cause foot enjuries include exposure to chemicals or acids, welding and cutting, material handling, renovation or construction and electrical work

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|-----------------------|---|--------------|----------------------|
| Chemical Exposure | <input checked="" type="checkbox"/> Description here | Other | Other PPE here |
| High Heat/Cold | <input checked="" type="checkbox"/> Description here | Safety Boots | |
| Impact/Compression | <input checked="" type="checkbox"/> Description here | Safety Boots | |
| Puncture | <input checked="" type="checkbox"/> Description here | Other | Other here |
| Slippery/Wet surfaces | <input checked="" type="checkbox"/> Wet floor description | Wellis | |
| Electrical Shock | <input checked="" type="checkbox"/> Description here | Safety Boots | |

Noise Hazards

Personnel can be exposed to noise hazards when working in mechanical rooms; machine; grinding; sanding; cage washing; dish washing; working around pneumatic equipment; ground equipment; generators; chillers; motor saws; jack hammers or similar equipment

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|----------------------|--|-----------------|----------------------|
| Noise Hazards | <input checked="" type="checkbox"/> Hazard description | Muffler Headset | |

PPE Site Risk Assessment

Please complete all relevant areas

Serial No : PPE

Hand hazards

Tasks that can cause eye injuries include: working with chemicals or acids; UV lights; chipping; sanding grinding; welding; furnace operations and metal and wood working

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|----------------------|---|----------------|----------------------|
| Chemical Exposure | <input checked="" type="checkbox"/> Chemical exposure description | Other | Other PPE here |
| High Heat/Cold | <input checked="" type="checkbox"/> Description here | Welding Gloves | |
| UVMR Radiation | <input checked="" type="checkbox"/> Radiation description of hazard | Gloves | |
| Electrical Shock | <input checked="" type="checkbox"/> Electrical Shock description | Other | Other PPE |
| Puncture | <input checked="" type="checkbox"/> Puncture description | Gloves | |
| Cuts/Abrasion | <input checked="" type="checkbox"/> Description Cuts/abrasion | Coverall | |

Body Hazards

Tasks that can cause eye injuries include: working with chemicals or acids; UV lights; chipping; sanding grinding; welding; furnace operations and metal and wood working

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|----------------------|---|-------------------|----------------------|
| Chemical Exposure | <input checked="" type="checkbox"/> Chemical Exposure Description | Apron | |
| High Heat/Cold | <input checked="" type="checkbox"/> Description of hazard here | Apron | |
| Impact/Compression | <input checked="" type="checkbox"/> Compression description of | Other | |
| Electrical Arc | <input checked="" type="checkbox"/> Arc description | Insulation screen | |
| Cuts and Abrasion | <input checked="" type="checkbox"/> Cuts description | Other | State other |

Respiratory Hazard

Personnel maybe exposed to respiratory

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|----------------------|--|------------------|----------------------|
| Chemical Exposure | <input checked="" type="checkbox"/> Description of hazards | Respiratory Mask | |
| Particulate Exposure | <input checked="" type="checkbox"/> describe hazard here | Breathing mask | |

Fall Hazard

Tasks that can cause foot injuries include exposure to chemicals or acids, welding and cutting, material handling, renovation or construction and electrical work

| Tick appropriate box | Description of Hazard (s) | Required PPE | Other PPE not listed |
|------------------------------|---|--------------|----------------------|
| Objects Fall from Height | <input checked="" type="checkbox"/> Objects description | Fall Net | |
| Operatives Fall from Heights | <input checked="" type="checkbox"/> Operatives fall description | Harness | |

Health and Safety Inspection Audit Report Form



Please complete all relevant areas

Serial No : PHOTO

Details of Registered Business

Engineer's Name: Mike Smith
 Business: Template_Gas & Plumbing
 Address: Real Gas House
 123 Any Street, Any Town
 Postcode: NE 1 3DE
 Contact No: 00000 000 001

Details of Site

Name (Mr/Mrs/Miss/Ms): Lilly Howe
 Address: Dr. Lilly Howe
 89 Bootham Terrace, Ravenstone
 Postcode: MK 46 4JS Contact No: +447040516053

Engineer's Signature

Date: 01/01/0001

Workplace Audit

Engineer's RAMS
 Method Statements Available
 Risk Assessments Available
 Engineers Po/NRA Completed
 COSHH Assessments Available
 Vehicle Checks
 Daily Log Book Recorded
 Vehicle Clean and Tidy
 Tyres In Good Repair
 Mirrors and Windscreen
 Kit Bag
 Tools and Equipment
 Fire Extinguisher
 PAT Tested
 First Aid/Emergency
 First Aid Provisions
 First Aider
 Emergency First Aider

Engineer's Training Record
 CSCS / CPCSC Cards
 NICEIC
 Gas Safe
 PASMA
 IP AF
 Asbestos Awareness
 Abrasive Wheels
 Manual Handling
 Confined Space
 PPE / Kit Bag Checks
 Hi Visibility Vest
 Safety Boots
 Hard Hat
 Gloves
 Face Masks
 Ear Defenders
 Safety Glasses

Appliance SOPs
 Work At Heights
 Confined Space
 Scaffolding
 Temporary Works
 Personal Protective Equipment
 Mobile Working Platforms
 Mobile Access Towers
 Lifting Operations
 Stepladders
 First Aid
 Buried Services
 Hot Works
 Housekeeping
 Electrical Installations
 Gas Installations
 Manual Handling
 Work Equipment

Workplace Inspection

| Health and Safety | Engineer/Subcontractor |
|----------------------------------|-------------------------------|
| 1 RAMS and Procedures Followed | 1 ID Cards Visible |
| 2 COSHH Assessments Available | 2 Company Uniform |
| 3 Plant Inspections Carried Out | 3 Plant and Equipment Checked |
| 4 Electrical Tools PAT Tested | 4 Warning Signage Displayed |
| 5 Stepladders Checked | 5 Signing in Procedure |
| 6 Work At Heights Managed | 6 Housekeeping Standards |
| 7 Asbestos Register Reviewed | 7 Access / Egress Maintained |
| 8 Waste Management Controlled | 8 First Aid Kit |
| 9 PPE Standards | 9 Vehicle Management |
| 10 Electrical Lockout Tagout | 10 Po/NRA Created |
| 11 Lone Working System Followed | 11 Kit Bags Available |
| 12 Emergency Arrangements | 12 Spare / Surplus PPE |
| 13 Training Records Available | 13 Client Satisfaction |
| 14 Dust and Noise Levels Managed | 14 Material Storage |
| 15 Permits Completed | 15 Fire Extinguisher: On-Site |

| Engineer/Subcontractor | Totals |
|-------------------------------|------------------|
| 1 ID Cards Visible | 10 |
| 2 Company Uniform | NaN |
| 3 Plant and Equipment Checked | Target % |
| 4 Warning Signage Displayed | Action Plan Req |
| 5 Signing in Procedure | ENGINEER'S SCORE |
| 6 Housekeeping Standards | 10 |
| 7 Access / Egress Maintained | NaN |
| 8 First Aid Kit | Target % |
| 9 Vehicle Management | Action Plan Req |
| 10 Po/NRA Created | 70.00% |
| 11 Kit Bags Available | |
| 12 Spare / Surplus PPE | |
| 13 Client Satisfaction | |
| 14 Material Storage | |
| 15 Fire Extinguisher: On-Site | |

| HEALTH & SAFETY SCORES | |
|------------------------|-----|
| 10 | |
| * | NaN |
| Target % | |
| Action Plan Req | |
| ENGINEER'S SCORE | |
| 10 | |
| * | NaN |
| Target % | |
| Action Plan Req | |
| 70.00% | |

6

| ASSESSMENT | SCORE (1-10) | POTENTIAL OUTCOMES | POSSIBLE BUSINESS EFFECTS | NOTICE SERVICED | CLOSE OUT ACTION |
|-------------------------|--------------|---|---|--|--|
| Repeat Failings | 1 | Repeat failing. Management in action HSE actions as listed | As below | YES | As below but with Director involvement. Area Managers and HSE Manager to discuss failings - Possible disciplinary |
| Unacceptable | 2 | As below, Reportable Incidents / Accidents, personnel injury claims | As below, HSE prohibition notice served - judgement served in writing held against business for 3years - possible effects on future tenders | YES | Senior Management action B38 Group internal improvement notice served |
| Poor | 3 | High Risk of Incidents / Accidents - RIDDOR Reportable - Claims | As below, possible written recorded HSE prohibition or improvement notice served. Possible individual prosecution | YES | Action plan required |
| Areas at Risk | 4 | Risk of Incident / Injury or Claims RIDDOR reportable | Criticism of B38 Group by enforcing authorities and/ or Client verbal warning held against company for future tenders | Action Plan For Multiple Scores of 4 within Report | Action plan for improvement. Seek support from HSE Manager. Internal Improvement notice for consistent scores of 4 - Consult Area Manager arrange joint visit / Inspection |
| Improvement Required | 5 | Risk of Incident / Injury or Claims | Verbal criticism of B38 Group by Clients HSE team, possible criticism, recorded actions | Possible Action Plan of 5 scores | Seek support and advice from Health and Safety Manager to address any weak areas. Look at behavioural standards from site team and any appointed contractors |
| Improvement Recommended | 6 | Reasonable standards, some hazards identified, some at risk behaviour issues to be addressed and closed out at site level - | Possible Action Plan to identify weak areas, look for ways of improving to achieve legal compliance scoring | Possible Action Plan | Seek support and advice from Health and Safety Manager to address any weak areas. Look at behavioural standards from site team and any appointed contractors |
| Compliant | 7 | Basic Legal Compliance. No Major issues. | No business effect, seek continuous improvement where necessary | No Action | No further action required if benchmark score cannot be improved - encourage standards to be raised by site team |
| Industry Standards | 8 | Industry standard basic legal compliance being achieved. | Standards meet industry normal | No Action | |
| Very Good | 9 | Well managed, compliant with Legal and B38 Group standards. | Standards above industry normal | No Action | Worthy of note. Ensure words reflect standard. Photograph where applicable. |
| Best Practice | 10 | Well managed, full compliance with legal/ Client and B38 Group standards, Potential Best Practice Areas | Model for others to follow | No Action | Congratulate Engineers or Sub-Contractor. Ensure report words reflect standards seen. Photograph/ detail to Area Managers to circulate |

Dynamic Risk Assessment Form



Please complete all relevant areas

Serial No : DynamicAssess

Details of Registered Business

Engineer's Name: Mike Smith
Business: Template_Gas & Plumbing
Address: Real Gas House
 123 Any Street, Any Town
Postcode: NE1 3DE
Contact No: 00000 000 001

Details of Site

Name (Mr/Mrs/Miss/Ms): Lilly Howe
Address: Dr. Lilly Howe
 89 Bootham Terrace, Ravenstone
Postcode: MK46 4JS
Contact No: +447040516053

Engineer's Signature

Engineer
 Date: 29/05/2020

I confirm that all residual risk evaluations are acceptable (4 or below) after ALL the control measures have been implemented before starting the works.

Significant Risk Identified

significant risks identified

Additional Control Measures

Additional control measures

Persons affected ✓ as appropriate

| Category | Specify |
|------------------------------|---------|
| Employees | ✓ |
| Subcontractors/other workers | ✓ |
| Public | ✓ |

Worker classification ✓ as appropriate

| | |
|------------------------|---|
| Competent/ experienced | ✓ |
| Inexperienced | ✓ |
| Young persons | ✓ |
| Disabled | ✓ |

| Likelihood of harm | Severity of injury | | | Risk Evaluation | Description | |
|--------------------|--------------------|-------------|-----------|-----------------|-----------------|--|
| | Slight - 1 | Serious - 2 | Major - 3 | | | |
| Unlikely - 1 | 1 | 2 | 3 | 1 | Acceptable | Unlikely to cause injury, risk to health or property damage. |
| Possible - 2 | 2 | 4 | 6 | 2 | Acceptable, but | Unlikely to cause injury, risk to health or property damage. Work to be carried out by a competent person. |
| Likely - 3 | 3 | 6 | 9 | 3 | Acceptable, but | Possible risk of injury, risk to health or property damage. Control measures must be in place. |
| | | | | 4 | Acceptable, but | Supervision control measures & written records must be in place. Try to reduce the risk further. |
| | | | | 6 | Unacceptable | Re-visit work procedures to reduce the risk to the lowest acceptable score possible. |
| | | | | 9 | Unacceptable | Refer the operation to the manager responsible to consider alternative methods of working. |

PTRA: Pre task risk assessment RRA: Residual risk assessment PA: Persons affected

| Physical injury hazards | PTRA | RRA | PA | Physical agents | PTRA | RRA | PA | Manual handling | PTRA | RRA | PA |
|--------------------------------|------|-----|-------|-------------------------------|------|-----|-------------------|-------------------------------|------|-----|-----|
| 1. Mobile plant | 1 | 4 | E/S/P | 14. Ionising radiation | | 3 | /S/ | 26. Manual handling injury ** | 4 | 2 | /S/ |
| 2. Moving parts of a machine | 5 | 6 | E// | 15. Lasers/microwaves | 2 | | /S/ | Miscellaneous | | | |
| 3. Hand/power tools | 4 | 5 | E/S/P | 16. Ultraviolet | 3 | 5 | //P | 27. Climate conditions | 3 | 5 | //P |
| 4. Falls from height | 4 | 2 | //P | 17. Hot/cold objects | 5 | 3 | /S/ | 28. Lone working | 4 | 4 | /S/ |
| 5. Access equipment | 3 | 2 | //P | 18. Temperature | 4 | 6 | //P | 29. Confined spaces *** | 5 | 4 | /S/ |
| 6. Working above people | 3 | 3 | //P | 19. Noise * | 4 | 7 | /S/ | 30. Restricted access/egress | 5 | 3 | /S/ |
| 7. Slips/trips/falls | 3 | 3 | E// | 20. Vibration * | 4 | 4 | /S/ | 31. Overhead obstructions | 3 | 2 | //P |
| 8. Excavations/ buried systems | 3 | 4 | E// | Hazardous substances * | | | Electrical | | | | |
| 9. Pressure systems*** | 4 | 5 | /S/ | 21. Asbestos/chemicals etc * | 5 | 4 | E// | 32. High voltage *** | 6 | 5 | /S/ |
| 10. Hot work fire*** | 4 | 2 | /S/ | 22. Micro-organisms ** | 2 | 3 | /S/ | 33. Shock/burns/explosion | 3 | 6 | /S/ |
| 11. Explosion | 4 | 4 | /S/ | 23. Vermin/Weill's disease | 3 | 2 | E// | 34. Overhead/buried cables | 7 | 2 | /S/ |
| 12. Transport - road/rail | 4 | 3 | /S/ | 24. Fumes/gases/vapours/dust | 3 | 4 | /S/ | 35. Lighting levels | 2 | 3 | E// |
| 13. Petroleum products*** | 3 | 4 | /S/ | 25. Waste management | 5 | 4 | E// | 36. Collapse of structure | 6 | 3 | /S/ |

Note: Hazards marked* May require health surveillance Hazards marked** Will require additional specific risk assessments
 Hazards marked*** Will require that work on these systems or areas MUST be approved by the relevant authorised person after the risk assessment and method statement have been completed. A permit to work must be issued and signed by the authorised person.

