|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** | | **Complete the below Risk Assessment & Method Statement document and submit it along with your insurance details to your RCSI contact.** **= Fill in text.**  **= tick the box.** | | | | | | | | | | | |
| **Contractor:** | | **Name:** | | | **Address:** | | | | | | | **Tel:** | |
| **E-mail:** | |
| ***Please note that all red text specifically related to health & safety measures to reduce the spread of COVID-19*** | | | | | | | | | | | | | |
| **Name and description of project / activity / task:** | |  | | | | | | | | | | | |
| **Sequence of Operations (include sketches if required):** | | **Travel to & from:**  All travel arrangements & vehicles used to be planned & managed as per the guidance in this [CIF Standard Operating Procedure:](https://cif.ie/wp-content/uploads/2020/04/CIF-Covid-19-Operating-Procedure-Report.pdf)  **Site Prep/Set up:** Adequate social distancing measures to be put in place to maintain 2m+ space between operatives. RCSI staff & students to be kept 2m+ away from all work activities using barriers & signage:  **Close work activities:** Where close working (less than 2m) is necessary, list each close working activity below & the control measure planned:   |  |  |  | | --- | --- | --- | | **Close Work Activity** | **Have all possible alternative measures to close work considered & deemed unworkable? Y/N?** | **Control Measures** | |  |  |  | |  |  |  | | | | | | | | | | | | |
| **RCSI Location:** | |  | | | | | | **Start Date/Time:** | |  | | | |
| **Finish Date/Time** | |  | | | |
| **Sub-Contractors Involved (incl name & trade)** | |  | | | | | | | | | | | |
| **Site Supervisor:** | |  | | | | | | **Tel:** | |  | | | |
| **COVID-19 Compliance Officer** | |  | | | | | | **Tel:** | |  | | | |
| **List plant, tools & equipment to be used (attach certification if required):** | | E.g. ladders; platforms; drills; hand tools etc. | | | | | | | | | | | |
| **Materials / Chemicals / Substances to be used:** | |  | | | | | | | | | | | |
| **From above list, identify the hazards associated with the material:** | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **flamme** | **explos** | **rondflam** | **acide** | **toxic** | | **Flammable** | **Explosive** | **Oxidiser** | **Corrosive** | **Acute toxicity** | | **pollu** | **bottle** | **silouete** | **exclam** |  | | **Environmental Hazard** | **Compressed gas** | **Health Hazard** | **Harmful / Warning** | | | | | | | | | | | | |
| **Describe additional hazards associated with the task / activity:** | | Slips, Trips, Falls: | | | | | | | | | | | |
| Manual Handling: | | | | | | | | | | | |
| Lone Working: | | | | | | | | | | | |
| Electricity / Fire / Hot Works: | | | | | | | | | | | |
| COVID-19: | | | | | | | | | | | |
| Other: | | | | | | | | | | | |
| **Specific staff training required for the job:** | | |  |  |  |  | | --- | --- | --- | --- | | Manual Handling | First Aid | Scaffold/ Alloy Tower | Fall Arrest | | MEWP / Hoist | Safe Pass | Fire Safety | Confined Space Entry | | **Other? Please specify:**  **Note: Site induction training to take place with spacing of 2m+ between operatives** | | | | | | | | | | | | | | | |
| **Temporary Supports and Props needed to facilitate the works:** | | (if none, state none) | | | | | | | | | | | |
| **Work at height equipment needed to access & egress work area?** | | (E.g. Ladders/MEWPS/Scaffold/Trestles/Step Ladder, etc.) | | | | | | | | | | | |
| **Fall Protection Measures:**  (Where work at height cannot be eliminated – consider both Personnel & Materials) | | (E.g. Guard Rails/Toe Boards/Safety Harnesses/Exclusion Zones, etc.) | | | | | | | | | | | |
| **Storage Arrangements (if required):** | |  | | | | | | | | | | | |
| **Safe Working Loads (SWL):** | | (Detail any limits on the loadings applicable to temporary plant/equipment or fixed elements of the structure where the work is taking place) | | | | | | | | | | | |
| **Required Personnel Protective Equipment:** | | Safety Boots | Hard Hats | Safety Gloves | | | Hearing Protection | | Eye Protection | | Respiratory Protection | | Other (circle):  1. Hi-Viz  2.Coveralls  3. |
| **Emergency Procedures:** | | **Follow all instructions issued by RCSI staff.**   * Know your escape route in advance of work commencing; * Raise the alarm - activate nearest red break glass unit and inform all persons in your area there is an emergency;   St. Stephens Green: 01 402 2219  Beaumont Smurfit: 01 809 3700  Beaumont Library: 01 809 2110  Sandyford: 01 402 8679  GEM Connolly: 01 6465438 / 5294  Dardistown: 999 / 112   * Call the in-house emergency number; * Only use firefighting equipment if it is safe to do so; * Evacuate building by nearest emergency exit; * Follow instructions of RCSI staff / fire wardens who will direct   you to nearest assembly point;   * Do not use lifts. | | | | | | | | | | | |
|  |  | **Name of on-site first aider:** | | | | **Please note the RCSI Security team where present can provide occupational first aid support.** | | | | | | | |
| **First aid box location:** | | | | **RCSI first aid boxes are kept at building reception desks. Some Dept. have own also but advised to have your own.** | | | | | | | |
| **Tick nearest hospital to your work location:** | | | | St. Stephens Green = St. James’ Hospital  Beaumont Smurfit & Library = Beaumont Hospital  Sandyford = St. Vincent’s University Hospital  GEM Connolly = Connolly Hospital  Dardistown = Beaumont Hospital | | | | | | | |
| **Welfare Facilities:** | | Supplied by RCSI unless otherwise stated  **Please comply with RCSI signage in these areas in relation to social distancing, hand washing etc.** | | | | | | | | | | | |
| **Services to be supplied by RCSI / others to complete your work:** | |  | | | | | | | | | | | |
| **Other information & Comments** | |  | | | | | | | | | | | |
| All work will be undertaken at RCSI locations by qualified competent persons with relevant experience of the type of work described above, and in all cases in full compliance with RCSI safety requirements and your Company’s health & safety procedures. Please complete a specific risk assessment for your task in RCSI. Template below or attach your own completed template.   |  |  |  | | --- | --- | --- | | **Prepared By:**   |  |  | | --- | --- | | **Position:** | **Date:** | | | | | | | | | | | | | | | |

**RISK ASSESSMENT**

**Risk Ratings:**

**LIKELIHOOD CATEGORIES**

|  |  |
| --- | --- |
| **Category** | **Definition** |
| **1** | **Practically Impossible** |
| **2** | **Not Likely** |
| **3** | **Possible** |
| **4** | **Likely** |
| **5** | **Very Likely** |

|  |  |
| --- | --- |
| **Category** | **Definitions** |
| **1** | **First Aid treatment required** |
| **2** | **Off work for 1 Day and / or Medical (GP, Hosp treatment) treatment required** |
| **3** | **Off work for 3 consecutive days (incl weekend, regardless if no weekend work) or a dangerous occurrence occurs (**[**click here for dangerous occurrence definitions in Appendix 1**](https://www.hsa.ie/eng/Publications_and_Forms/Publications/Safety_and_Health_Management/Accident_and_Dangerous_Occurrences_Reporting.pdf)**)** |
| **4** | **Single Fatality** |
| **5** | **Multiple Fatalities** |

**CONSEQUENCE CATEGORIES**

**Risk Rating Matrix:**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME THE WORK TASKS** | **HAZARDS** | **RISKS** | **PERSONS AFFECTED** | **INITIAL RISK RATING (before controls/action plan in place)** | **CONTROL MEASURES / ACTION PLAN** | **RESIDUAL RISK RATING (after controls in place)** | **PERSONS RESPONSIBLE (for implementing control measures)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |