**APPENDIX 1**



**South Tyneside Homes Housing & Service Areas Risk Assessment**

|  |  |
| --- | --- |
| Activity: **??? Team Office Working and Visiting Tenants** | Assessment reference: **WR001** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazards identified |  |  |  |  |  |  |  |  |
| **1** | Slips, trips and falls |  | **7** | Violence |  | **13** | Asbestos |  | **19** |  | ✓ |
| **2** | Manual Handling |  | **8** | Electricity |  | **14** | Lone Working |  | **20** |  | ✓ |
| **3** | Hazardous subs |  | **9** | Fire |  | **15** | Driving at work |  | **21** |  | ✓ |
| **4** | Stress |  | **10** | Office layout and lighting |  | **16** |  |  | **22** |  |  |
| **5** | Contact with sharps |  | **11** | Working externally |  | **17** |  |  | **23** |  |  |
| **6** | Working on VDU’s |  | **12** | Weather conditions |  | **18** |  |  | **24** |  |  |

|  |  |
| --- | --- |
| **PPE requirements & Job Roles** |  |
| **PPE/RPE requirements****For job role**✓ | **Protection required (with standard)** |
| **Gloves****Hand** | **Ear****Ear** | **Eye****Eye** | **face****Respiratory** | MA17**Respiratory**  | Harness**Fall** | **Overalls****Contaminant Protection** | **Boots****Foot** | **hi-viz****Hi-Viz** | **hat****Head & face visor** |
|  | EN 388 | EN 352-1 | EN 166 B |  |  |  |  |  |  |  |
| **State Affected Job Titles / Roles Here** | ✓ | **X** | **X** | **X** | **X** | **X** | **X** | ✓ | ✓ | ✓ |

|  |  |  |
| --- | --- | --- |
|  | Hazards, risks & control measures identified:*e.g. 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15* | Assessment reference: WR001*e.g.(Team ref i.e. Welfare Reform = WR)* |
|  | **Assessment date:**Date of Assessment | **Assessment undertaken by:**Name, Manager/Team Leaders Job Title | **Scheduled review date:***(1 Year from Assessment Date)* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hz.****No** | HAZARD | RISK | PERSONS AFFECTED | CONTROL MEASURES | **ARE CONTROLS SUFFICIENT?** | **FURTHER ACTION REQUIRED** | **ACTION BY** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hz.****No** | **HAZARD** | **RISK** | PERSONS AFFECTED | CONTROL MEASURES | **ARE CONTROLS SUFFICIENT?** | **FURTHER ACTION REQUIRED** | **ACTION BY** |
|  |  |  |  |  |  |  |  |

Please refer to and follow the control measures stated in the assessment notes.

If any other potential hazards are encountered during the event, please use the additional sheet provided to record findings. Please enter information in the first four columns and pass the information on to your immediate line manager as soon as possible for action.

Line managers / Team leaders – please ensure any additional hazards identified are acted upon.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL HAZARD ENCOUNTERED** | **LOCATION** | RECORDED BY | DATE | **INFORMATION PASSED ON TO:** | **ACTION REQUIRED** | **ACTION UNDERTAKEN** |
|  |  |  |  |  |  |  |

**3.1(b) Risk assessment Pro-forma Construction/Property Services**

**South Tyneside Homes Construction / Property Services Risk Assessment**

|  |  |
| --- | --- |
| Activity: **??? Team Office Working and Visiting Tenants** | Assessment reference: **PS001** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazards identified |  |  |  |  |  |  |  |  |
| **1** | Slips, trips and falls |  | **7** | Violence |  | **13** | Asbestos |  | **19** |  | ✓ |
| **2** | Manual Handling |  | **8** | Electricity |  | **14** | Lone Working |  | **20** |  | ✓ |
| **3** | Hazardous subs |  | **9** | Fire |  | **15** | Driving at work |  | **21** |  | ✓ |
| **4** | Stress |  | **10** | Office layout and lighting |  | **16** |  |  | **22** |  |  |
| **5** | Contact with sharps |  | **11** | Working externally |  | **17** |  |  | **23** |  |  |
| **6** | Working on VDU’s |  | **12** | Weather conditions |  | **18** |  |  | **24** |  |  |

|  |  |
| --- | --- |
| **PPE requirements & Job Roles** |  |
| **PPE/RPE requirements****For job role**✓ | **Protection required (with standard)** |
| **Gloves****Hand** | **Ear****Ear** | **Eye****Eye** | **face****Respiratory** | MA17**Respiratory**  | Harness**Fall** | **Overalls****Contaminant Protection** | **Boots****Foot** | **hi-viz****Hi-Viz** | **hat****Head & face visor** |
|  | EN 388 | EN 352-1 | EN 166 B |  |  |  |  |  |  |  |
| **State Affected Job Titles / Roles Here** | ✓ | **X** | **X** | **X** | **X** | **X** | **X** | ✓ | ✓ | ✓ |
|  | Hazards, risks & control measures identified:*e.g. 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15* | Assessment reference: WR001*e.g.(Team ref i.e. Welfare Reform = WR)* |
|  | **Assessment date:**Date of Assessment | **Assessment undertaken by:**Name, Manager/Team Leaders Job Title | **Scheduled review date:***(1 Year from Assessment Date)* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hz.****No** | HAZARD | RISK | PERSONS AFFECTED | CONTROL MEASURES | **ARE CONTROLS SUFFICIENT?** | **FURTHER ACTION REQUIRED** | **ACTION BY** |
|  |  |  |  |  |  |  |  |
| **Hz.****No** | **HAZARD** | **RISK** | PERSONS AFFECTED | CONTROL MEASURES | **ARE CONTROLS SUFFICIENT?** | **FURTHER ACTION REQUIRED** | **ACTION BY** |
|  |  |  |  |  |  |  |  |

Please refer to and follow the control measures stated in the assessment notes.

If any other potential hazards are encountered during the event, please use the additional sheet provided to record findings. Please enter information in the first four columns and pass the information on to your immediate line manager as soon as possible for action.

Line managers / Team leaders – please ensure any additional hazards identified are acted upon.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL HAZARD ENCOUNTERED** | **LOCATION** | RECORDED BY | DATE | **INFORMATION PASSED ON TO:** | **ACTION REQUIRED** | **ACTION UNDERTAKEN** |
|  |  |  |  |  |  |  |