

RISK ASSESSMENT OF ACTIVITIES

ASSESSMENT NO:012 COVID 19

ASSESSOR: M TUCKER

RISK ASSESSMENT AREA: SHOP FLOOR

DESCRIPTION OF ACTIVITY: MANUFACTURE

RISK CATEGORY

<u>HAZARD</u>	<u>N/A</u>	<u>LOW</u>	<u>MEDIUM</u>	<u>HIGH</u>
1. CHEMICALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DUST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. VAPOUR/FUMES/GASES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VEHICLE MOVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. NOISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. MANUAL HANDLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ELECTRICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ERGONOMICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. MACHINERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. FIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. CONFINED SPACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. OTHER (SPECIFY) COVID 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BRIEF DESCRIPTION OF LOW RISK HAZARDS

HAVE ALL RELEVANT COSHH ASSESSMENTS BEEN CARRIED OUT? YES NO N/A

LIST HAZARDS PPE EQUIPMENT IS REQUIRED FOR :

IF MEDIUM OR HIGH RISKS IDENTIFIED ABOVE CONTINUE ON SECOND PAGE.

IF MEDIUM OR HIGH RISKS NOT IDENTIFIED ABOVE SIGN OFF BELOW.



INDUCTOTHERM
HEATING & WELDING
An Inductotherm Group Company

SIGNED _____ DATE: _____

DETAIL THE HAZARDS GIVING RISE TO THE MEDIUM OR HIGH RISK:

PERSONEL RETURNING TO WORK AFTER BEING ON FURLOUGH, INCREASED ACTIVITIES CAUSED BY THIS DUE TO THE COVID 19 VIRUS.

WHAT MEASURES CAN BE TAKEN TO ELIMINATE RISK OR REDUCE TO LOW CATEGORY?

ON RETURNING TO WORK EMPLOYEES HAVE A SAFE WORKING CHECKLIST TO READ AND SIGN ON AGREEEING.

2 MTRE SOCIAL DISTANCING RULES APPLY.

SIGNS HAVE BEEN PLACED ON THE WALK WAYS AND DOORS TO REMIND EMPLOYEES OF THE 2 MTR RULE.

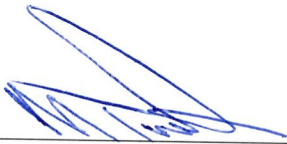
ALL PERSONEL PPE IS IN PLACE (MASK,S , GLOVES)

SANITISER IS AVAILABLE TO ALL PERSONEL

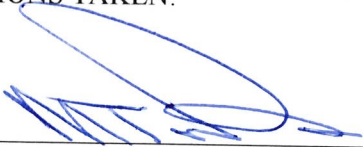
ONE WAY WALKWAYS IN PLACE IN OFFICES, THERE IS SUFFICIENT ROOM IN PRODUCTION TO SOCIAL DISTANCE AND FLOOR MARKINGS ON SOCIAL DISTANCE IN APPROPRIATE AREAS

WILL THE RISK BE LOW WHEN THESE ACTIONS HAVE BEEN TAKEN? YES NO N/A

- IF NO, 1) IDENTIFY PERSONS OR GROUPS AT RISK
2) CONSULT SAFETY ADVISER REGARDING PREPARATION OF A SAFE SYSTEM OF WORK, OR OPERATION OF A PERMIT-TO-WORK SYSTEM.

SIGNED M TUCKER  DATE: 11-05-20

FURTHER ACTIONS TAKEN:

SIGNED  DATE: _____