

Minute Risk Assessment

		Date:		Job / Serial No:	
Area:		Task:			
	No	Yes		Circle Safeguards used	Done
there a completed risk assessment or Work Instruction for the task?	<input type="checkbox"/>	<input type="checkbox"/>	▶	Read and follow safeguards	
Hazard	▼		▶	Safeguards	
Are you creating access to moving machinery / working on parts that can move	<input type="checkbox"/>	<input type="checkbox"/>	▶	1,2,3	<input type="checkbox"/>
Are you creating access to the following sources of energy:					
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	▶	Follow Electrical Procedures	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	▶	Isolate	<input type="checkbox"/>
Air	<input type="checkbox"/>	<input type="checkbox"/>	▶	1,4,6	<input type="checkbox"/>
Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	▶	1,4,6	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	▶	Permit Required	<input type="checkbox"/>
Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	▶	1,4,6	<input type="checkbox"/>
Stored Energy (Springs, weight, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	▶	6,7,8,9	<input type="checkbox"/>
Are there any cutting blades or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	▶	Wear suitable gloves	<input type="checkbox"/>
Are there any chemicals involved	<input type="checkbox"/>	<input type="checkbox"/>	▶	Read and follow COSHH data sheet / seek guidance	<input type="checkbox"/>
Are you working on or near hot or cold surfaces	<input type="checkbox"/>	<input type="checkbox"/>	▶	Wear suitable PPE	<input type="checkbox"/>
Is manual handling involved	<input type="checkbox"/>	<input type="checkbox"/>	▶	Proceed with caution and refer to manual handling training	<input type="checkbox"/>
Is access / egress obstructed or unsafe	<input type="checkbox"/>	<input type="checkbox"/>	▶	Make safe	<input type="checkbox"/>
Is it be necessary to work at such a height should a person fall injury may result	<input type="checkbox"/>	<input type="checkbox"/>	▶	10,11,12,13,14	<input type="checkbox"/>
Are there any posture constraints due to access	<input type="checkbox"/>	<input type="checkbox"/>	▶	Proceed with caution and seek advice if required	<input type="checkbox"/>
Do you have any doubts about the equipment operation and controls	<input type="checkbox"/>	<input type="checkbox"/>	▶	Seek assistance	<input type="checkbox"/>
Are there others in the area at risk from this work	<input type="checkbox"/>	<input type="checkbox"/>	▶	Communication, 2	<input type="checkbox"/>
Are you at risk from others in this area	<input type="checkbox"/>	<input type="checkbox"/>	▶	1,2,15	<input type="checkbox"/>
Are there vehicle operations in the area	<input type="checkbox"/>	<input type="checkbox"/>	▶	Create a safe working area, 2	<input type="checkbox"/>
Is the lighting inadequate	<input type="checkbox"/>	<input type="checkbox"/>	▶	16,17	<input type="checkbox"/>
Is there any roof work involved	<input type="checkbox"/>	<input type="checkbox"/>	▶	Permit required	<input type="checkbox"/>
Are there any confined space work involved	<input type="checkbox"/>	<input type="checkbox"/>	▶	Permit required	<input type="checkbox"/>
Are you at risk from lone working	<input type="checkbox"/>	<input type="checkbox"/>	▶	18,19	<input type="checkbox"/>
Are there any hazards from the use of Work Equipment present	<input type="checkbox"/>	<input type="checkbox"/>	▶	4,5,20,21	<input type="checkbox"/>
Other hazards	<input type="checkbox"/>	<input type="checkbox"/>	▶		<input type="checkbox"/>

SAFEGUARDS

Temporary Barrier	8	Create Safe Area	15	Notices
Distance	9	Additionally Support Weight	16	Torch
Protection	10	Ladders	17	Temporary Lighting
Personal Protective Equipment	11	Scaffold	18	Lone Worker Alarm
Protection	12	Cherry Picker	19	Accompaniment
Support Weight	13	Fork Truck Cage	20	Inspect Equipment
	14	Safety Harnesses	21	Hot Work Permit