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|--|---|-----------------------|--|----------|--------|----------|----------------|
| Site/Contract: | Any | | Contract No.: | Any | | | |
| Activity: | Urinal Servicing including the replacement of Urinal Maintenance Device (UMD) Cartridges | | | | | | |
| Are these risks and the type of work within the scope of your knowledge and experience? YES | | | Contact your company HS&E Advisor or the Head Office HS&E Department .on (0113 270 5066) if the Gentworks Handbook does not contain appropriate control measures or the work is outside the scope of your knowledge or experience. | | | | |
| Assessment made by: David White | Assessment date: 7 April 2010 | Assessment No. n/a | Review Frequency: month(s) Annually | Copy to: | Client | Employee | Gentworks File |

1. Persons Exposed

| | | | | | | | | | | | |
|---------------------|-------------------|-----|------------------|---------------|---------------|---|---------------|---|-------------------|---|--------------------|
| Gentworks Personnel | | | | Other Persons | | | | | | | |
| ✓ | General Employees | n/a | Pregnant Workers | n/a | Young Workers | ✓ | Other Workers | ✓ | Members of Public | ✓ | Client's Employees |

2. Risk Evaluation (Before)

Refer to Section 6 for hazard checklist & Section 7 for risk rating table

| Hazards Identified | Likelihood of injury | Severity of injury | Risk Rating |
|--|---|---|---|
| Using the hazards from the attached checklist on page 3 or others that have been identified. Use the table below to help you decide what action should be taken. | 1. Unlikely (probably will not occur) 2. Low (may occur) 3. Medium (could occur) 4. High (near certain to occur) 5. Certain (will occur) *BEFORE | 1. Acc/Inc (where no injury occurs) 2. Minor Injury – (first aid only) 3. Moderate (over 3 day injury) 4. Serious (immediately reportable injury) 5. Fatality or multiple fatalities *BEFORE | Scores Multiplied Likelihood x Severity *BEFORE |
| Bodily Fluid Spillage | 3 | 2 | 6Y |
| Cuts | 3 | 3 | 9 |
| Lone Working | 3 | 3 | 9 |
| Portable Equipment (hand tools) | 3 | 3 | 9 |
| Asbestos | 2 | 5 | 10R |
| Wet Surfaces | 4 | 3 | 12 |

- *BEFORE/AFTER ratings must be completed to demonstrate that control measures have reduced the risk of injury whilst carrying out the task.
- Remember to consider all aspects of the task and the surrounding environment when carrying out the risk evaluation. Also remember to consider that conditions may change between when the assessment is initially carried out and the work taking place; therefore remember to address what actually happens.

3. Hazards (Identified) Workplace Precautions to be applied (In order of priority – see notes box below)

| | | |
|---|---|----------|
| Use the risk ratings – deal with the highest scores first | Precautions | By Who: |
| Bodily Fluid Spillage | <ul style="list-style-type: none"> May occur if there is a need to remove urinal trap. Wear suitable PPE to avoid contact with skin, eyes and clothing. | Employee |
| Cuts | <ul style="list-style-type: none"> May occur if there is a need to remove urinal trap. Wear suitable PPE. | Employee |
| Lone working | <ul style="list-style-type: none"> Do not take any risks while working alone in a building. Where necessary make sure that all doors are securely locked to prevent access from unauthorised people. If the clients uses a tracker system or other dial in monitoring arrangements ensure that you log in and out as instructed. Make sure that you log in and out of the clients monitoring arrangements as instructed. This will enable someone to raise the alarm with your Line Manager if you are not home by a pre designated time. Take your mobile phone with you and ensure that it is turned on so that contact with you can be attempted if necessary. | Employee |
| Wet Surfaces | <ul style="list-style-type: none"> Dry area as best as possible using absorbent materials such as paper towels or microfibre cloths. | Employee |
| Portable Equipment (hand tools) | <ul style="list-style-type: none"> Ensure tools are in good condition and that you understand how each tool is to be used. When not in use return tools to tool bags / boxes etc to avoid leaving them loose on the floor. | |

| | | |
|----------|---|----------|
| Asbestos | <ul style="list-style-type: none"> Be aware that asbestos may be present in buildings built before 1999. Refer to separate Risk Assessment form for Asbestos Awareness. | Employee |
|----------|---|----------|

4. Additional Workplace/Task Precautions (where applicable)

| | |
|--|--|
| Method Statements, Permits to Work & Other Relevant Safety Documents | Safe systems of work are detailed in the Method Statements. |
| Information, Instruction & Training | Where required by the client site induction must be undertaken. |
| P.P.E Requirements | Suitable gloves, coveralls and footwear. |
| Site/Job Specific Emergency Arrangements | Clients specific arrangements will apply, check location of the emergency exits in the area you are working prior to starting. |
| Specialist Plant & Equipment Required | N/A |
| First Aid Arrangements | Client arrangements apply, make sure that you know how to raise the alarm if you were to discover a fire. |

5. Risk Evaluation (After)

Refer to Section 6 for hazard checklist & Section 7 for risk rating table

| Hazards Identified | Likelihood of injury | Severity of injury | Risk Rating |
|--|--|--|--|
| Using the hazards from the attached checklist on page 3 or others that have been identified. Use the table below to help you decide what action should be taken. | 1. Unlikely (probably will not occur) 2. Low (may occur) 3. Medium (could occur) 4. High (near certain to occur) 5. Certain (will occur) *AFTER | 1. Acc/Inc (where no injury occurs) 2. Minor Injury – (first aid only) 3. Moderate (over 3 day injury) 4. Serious (immediately reportable injury) 5. Fatality or multiple fatalities *AFTER | Scores Multiplied Likelihood x Severity *AFTER |
| Bodily Fluid Spillage | 1 | 2 | 2 |
| Cuts | 2 | 2 | 4 |
| Lone Working | 1 | 3 | 3 |
| Portable Equipment (hand tools) | 2 | 2 | 4 |
| Asbestos | 1 | 5 | 5Y |
| Wet Surfaces | 3 | 3 | 9 |

Notes

Statement

Reviewed by who & when (with no change)

| | | | | | | | | | | | | | | | | | |
|---|---|--|-------|------|------|-------|------|------|-------|------|------|-------|------|------|-------|------|------|
| 1. If possible avoid the risk altogether 2. Where possible combat risk at source 3. Give priority to measures which protect the whole workplace 4. Wherever possible, adapt the work to the individual 5. Take advantage of technological & technical progress Personal protective equipment (PPE) should only be used to minimise risk as a last resort. | Having reviewed the hazards and risks, the level of risk and the key risks, I believe that if the control measures identified are applied Gentworks Ltd will, so far as is reasonably practicable, have met the requirements of this assessment. Assessment made by: Print: Signature: | <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Print</td> <td style="width: 33%;">Sign</td> <td style="width: 33%;">Date</td> </tr> <tr> <td>Print</td> <td>Sign</td> <td>Date</td> </tr> <tr> <td>Print</td> <td>Sign</td> <td>Date</td> </tr> <tr> <td>Print</td> <td>Sign</td> <td>Date</td> </tr> <tr> <td>Print</td> <td>Sign</td> <td>Date</td> </tr> </table> | Print | Sign | Date | Print | Sign | Date | Print | Sign | Date | Print | Sign | Date | Print | Sign | Date |
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6. Hazard Checklist

| | | |
|----------------------------------|-------------------------------------|---|
| Adverse weather (e.g. wind/rain) | Faeces | Pressurised systems |
| Animals | Falls from heights | Railway rolling stock / Aircraft |
| Assault / violence | Fire* | Sharps (e.g. needles) |
| Bacteria / Virus | Flying debris | Slips, trips, falls down steep banks |
| Being hit by falling objects | Food Handling | Slips, trips, falls on level/down stairs |
| Body Fluid Spillages | Handling of loads | Temperature extremes |
| Burns & Scalds | Hazardous Substances | Transportation |
| Carrying loads up/down stairs | High levels sun / UV light | Ventilation |
| Confined spaces | Hot Oil | Vermin / Disease |
| Contact with mobile plant | Ionising radiation | Very hot or cold objects |
| Cross-contamination | Lone working | Vibration |
| Cuts | Moving materials (e.g. crane loads) | Water (immersion/long exposure) |
| Difficult access | Moving parts of machines | Wet surfaces |
| Driving (e.g. vehicles & plant) | Noise | Working outside |
| Dust / Fumes / Vapours | Overhead working | Other Hazards |
| Electricity | Poor lighting / darkness | If you identify a hazard not on this list please make sure you include it in the risk assessment – Do not just ignore it! |
| Excavations / pits | Portable equipment | |
| Explosion | | |

* Complete a fire risk assessment if the control measures contained within this risk assessment are not suitable and sufficient for the level of risk.

7. Risk Rating Table

| | | 1/100K | 1/10K | 1/1K | 1/100 | 1/10 |
|--------------------|---|----------------------|-------|------|-------|------|
| Severity of Injury | 5 | 5Y | 10R | 15 | 20 | 25 |
| | 4 | 4 | 8 | 12 | 16 | 20 |
| | 3 | 3 | 6G | 9 | 12 | 15 |
| | 2 | 2 | 4 | 6Y | 8 | 10Y |
| | 1 | 1 | 2 | 3 | 4 | 5G |
| | | 1 | 2 | 3 | 4 | 5 |
| | | Likelihood of Injury | | | | |

Green = Low Significance

Yellow = Medium Significance

Red = Major Significance

1/100K = Very unlikely

1/10K = Unlikely

1/1K = Possible

1/100 = Probable

1/10 = Near certainty