Control of Contractors Guidance:

**Two minute risk assessments**

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| **Location of work** |
| **Task** |
| **Date and time** |
| **Company** |
| **Name and signature**   |  |  |  |  | | --- | --- | --- | --- | | **Before we start work:** | | **Yes** | **N/A** | | **1** | **Have we received clear instructions relating to the task and do we understand them?** |  |  | | **2** | **Have we assessed ALL of the risks associated with this task? Have we measures in place to address these?** |  |  | | **3** | **Can we get to and from the job safely? Is the work area housekeeping clear? Can we slip or trip?** |  |  | | **4** | **Are we carrying out any hot works? If so do we have a permit?** |  |  | | **5** | **Are we working on/near the electrical system? If so, have we tested and confirmed source is dead at EACH point of work using correct voltage tester and proprietary proving unit?** |  |  | | **6** | **If it’s possible that the task may be within the vicinity of asbestos, have we all seen the asbestos register?** |  |  | | **7** | **If working at height, have we got the appropriate equipment?** |  |  | | **8** | **Is our electrical equipment PAT tested and up to date? (exemption for items double insulated)** |  |  | | **9** | **If the task involves working in a confined space, have we considered all the risks involved and have measures in place to control them?** |  |  | | **10** | **Have we considered the effect of our activities on others?** |  |  | | **11** | **Have we got the correct PPE?** |  |  | | **The task SHOULD NOT START until you are able to tick a Yes box alongside each of the eleven questions.** | | | | |