

Persons undertaking this work must comply with all relevant Health & Safety Law and Company's Health & Safety Rules and have provided copies of current Public and Employees' Liability Insurance, and a Method Statement on request. Only the work specified is to be carried out and your work area must be left in a safe and tidy condition at all times.

<b>JOB DETAILS</b>	<b>LIST TOOLS / EQUIPMENT TO BE USED</b> Faulty tools and equipment must not be brought onto site.  <b>LIST Personal Protective Equipment REQUIRED?</b>
<b>STATE LOCATION OF WORK</b> Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:	<b>WHO COULD BE AFFECTED BY THE WORK?</b> Assess & reduce risk and confirm notification

This RISK ASSESSMENT is to be carried out immediately prior to the start of work as reasonably practicable  
**ALL QUESTIONS MUST BE ANSWERED BY DELETING THE ANSWER THAT DOES NOT APPLY**

1	Are you qualified /trained to undertake this work?	YES	NO
2	Are all tools and equipment safe and suitable for the job?	YES	NO

**IF 'YES' PROCEED TO Q3 IF 'NO' WORK CANNOT PROCEED**

3	Are all warning signs and barriers in place?	YES	NO	
4	Are all service isolation valves / switches clearly identified?	YES	NO	
5	Are Regular checks in place for lone workers?	N/A	YES	NO
6	Is a means of mobile communication available and in place?	YES	NO	
7	Are emergency plans in place?	YES	NO	
8	Are you aware of the underground services in the vicinity?	YES	NO	
9	Have all underground services been disconnected and proved safe?	N/A	YES	NO
10	Is suitable shoring or trench supports required? (essential for depths below 1.5mtrs)	N/A	YES	NO
11	Do you have suitable equipment to free lumps of stone etc.?	N/A	YES	NO
12	Do you have fine material available for back-filling?	N/A	YES	NO

**PROVIDING QUESTIONS 3 - 12 ABOVE HAVE BEEN ANSWERED 'YES' YOU MUST ENSURE THAT THIS IS PROPERLY CARRIED OUT /MADE SAFE BEFORE COMMENCING WORK**  
**IF 'NO' WORK MAY NOT PROCEED**

**SECURITY CHECKS AT HALF HOUR INTERVALS ON LONE WORKERS**

TIME		INITIALS		TIME		TIME	
TIME		INITIALS		TIME		TIME	
TIME		INITIALS		TIME		TIME	

Number in Team: IS IT SAFE TO WORK ALONE ON THIS JOB? YES / NO? (delete as appropriate)

**IF IT IS NOT DECLARED SAFE TO WORK ALONE, YOU MUST NOT DO SO AT ANY TIME**

**PERSON IN CHARGE:** "I confirm that I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner. All risks and precautionary measures have been explained to all workers involved. I accept responsibility for carrying out this work."

Print Name: Position: Signature:

Company: Company Tel No:

**PERSON AUTHORISING WORK:** "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to and that any risk or hazard shall be maintained at a level as low as reasonably practicable."

Print Name: Position: Signature:

**VALIDITY PERIOD**

Time	Date	Time	Date
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**PERMIT VALID FROM:**

**PERMIT VALID TO:**

**PERSON IN CHARGE:** "I confirm that the work is **COMPLETED /INCOMPLETE** "(delete as appropriate)  
 "I have checked the work and confirm the work area is left in a safe and tidy condition."

Print Name: Position: Signature:

**PERSON AUTHORISING WORK:** "I have inspected the work. I confirm that it is **COMPLETED /INCOMPLETE** "(delete as appropriate)  
 "The work area is left in a safe and tidy condition."

Permit Cancelled At: (Time) ON: (Date) BY:

Print Name: Position: Signature:

**HANDBACK AND CANCELLATION OF PERMIT, CONFIRM ALL SERVICES HAVE BEEN RESTORED?** ☐