Management of Contractors

Risk Assessment and Method Statement Approval Checklist

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor: | | | | | | | | | | | | | | | Job Reference: | | | | | | |
| Risk Assessment Approval Checks | | | | | | | | | | | | | | | | | | | | | |
| Item | | | | | | | | | | | Yes | | No | | Remarks | | | | | | |
| Is the risk assessment valid, signed and dated and specific to the task and site where the work is to be carried out? | | | | | | | | | | |  | |  | |  | | | | | | |
| Have the significant hazards associated with the task been identified? | | | | | | | | | | |  | |  | |  | | | | | | |
| Does the risk assessment consider who might be harmed and how? e.g. (Operatives) serious injuries from falling from height. (Clients) injury from falling objects | | | | | | | | | | |  | |  | |  | | | | | | |
| Method Statement Approval Checks | | | | | | | | | | | | | | | | | | | | | |
| Does the method statement specify the sequential steps to be taken to effectively control the risks? | | | | | | | | | | |  | |  | |  | | | | | | |
| Does the method statement include the required Permits, and Isolations, Temporary Amended Systems *e.g. fire systems, traffic rerouting?* | | | | | | | | | | |  | |  | |  | | | | | | |
| Does the method statement specify Emergency arrangements *e.g. Fire, First aid, Lone working, rescue?* | | | | | | | | | | |  | |  | |  | | | | | | |
| General Checks | | | | | | | | | | | | | | | | | | | | | |
| Is there evidence that those carrying out the task have signed onto the Risk Assessment and Method Statement | | | | | | | | | | |  | |  | |  | | | | | | |
| Is there a full description of works to be carried out | | | | | | | | | | |  | |  | |  | | | | | | |
| Have competencies been checked and evidenced | | | | | | | | | | |  | |  | |  | | | | | | |
| Are relevant tools and equipment certified | | | | | | | | | | |  | |  | |  | | | | | | |
| Who is responsible for the Contractor(s) Induction? *(Enter name)* | | | | | | | | | | | | | | | |  | | | | | |
| Who will monitor the contractor whilst on site? (*Enter name)* | | | | | | | | | | | | | | | |  | | | | | |
| High Risk Activity Permits | | | | | | | | | | | | | | | | | | | | | |
| Is a High Risk Permit to Work required? | | | | | | | Yes |  | | (If Yes, please indicate below) | | | | | | | No |  |  | | |
| HV | LV | WaH | CS | Hot | GP | Mech | | | FSI | | | Med | | Other | | | | | | | |
|  |  |  |  |  |  |  | | |  | | |  | |  | | | | | | | |
| Risk Assessment and Method Statement Approval | | | | | | | | | | | | | | | | | | | | Yes | No |
| Have the risks associated with the significant hazards been adequately controlled? | | | | | | | | | | | | | | | | | | | |  |  |
| Is the Method statement adequate | | | | | | | | | | | | | | | | | | | |  |  |
| Have all the above checks been carried out | | | | | | | | | | | | | | | | | | | |  |  |
| Satisfactory for implementation | | | | | | | | | | | | | | | | | | | |  |  |
| Not satisfactory - revised detailed submission required | | | | | | | | | | | | | | | | | | | |  |  |

Signature of Assessor: Date: