Management of Contractors

Risk Assessment and Method Statement Approval Checklist

|  |  |
| --- | --- |
| 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: