### Fibre for Rural Nottinghamshire

# Point of Work Risk Assessment



- A point of work risk assessment must be carried out prior to any work by F4RN volunteers on the construction of the F4RN network<sup>1</sup>. In addition, members of the working party should be made aware of the scope / limits of the work involved and the hazards involved.
- All members of the working party must sign onto this risk assessment to confirm that they have been briefed and understand the risks and control measures that have been put in place.
- Any person under the age of 18 is the responsibility of their parent or guardian. The parent / guardian should be briefed on the contents of the Young Persons' Risk Assessment.

Wor	k Details									
Locat	tion of work:			Date:						
Work	ing party leader(s):									
Sum	mary of work to be carried	d out (doloto as appror	riato):							
insta	lling ducting - hand digging / m	iote plougning / mini-digger								
Insta	lling chambers - large / small			Refer t						
Blow	ing fibre / Splicing fibre			risk assessments / method statement						
Insta	lling customer CPE			metrio	d stat	cilici	103			
Othe	r:									
۵	Before you start				Yes	No	N/A			
Part 1: STOP	Are you at the correct site, item	of plant or location?								
: 5	Do you have the right documenta		?							
t 1	Do you have the right PPE for the									
Par	Are all tools, equipment and plan									
	Has everyone in the working part activity?	=	n the spec	ific						
	If you have answered 'No' to an If in doubt always ask!	y of the above, take the requ	uired actio	n.		I	I			
¥	Safety and Health Assessment (If the hazard is present, tick the box)									
皇	Falls from height	Falling objects	Poo	oor lighting						
Part 2: THINK	Poor housekeeping / site conditions	Entry into confined space	Ter	emperature (high / low)						
art	Chemicals or harmful substances	Dust / Fumes	Adv	erse weath	er					
P	Heat, fire or explosion	Noise	Und	certified equ	uipment					
	Asphyxiation or drowning	Vibration	Risl	isk to you from your work						
	Risk to plant	Cutting/Sawing/Drilling	Risl	sk to others from your work						
	Contact with stationary object	Electricity		red energy						
	Object overturning or collapsing	Underground services		raffic or moving vehicles						
	Slips, trips or falls on the same level	Manual handling	Oth	er (state)						
	Circle any hazards where there are 3 (on the next page) needs to be co	no (or inadequate) control meas mpleted and appropriate control	ures. If any I measures	y hazards a put in place	re circle before	ed, then work s	Part tarts.			
	What happens if something goes wrong?									
	Location of first aid kit:									
	Nearest telephone:									
	Safety contact person:		Phone:							

Electricity: 0800 6783 105 Water: 0800 783 4444 **Emergency: 999** Gas: 0800 111 999

<sup>&</sup>lt;sup>1</sup> Unless the work is carried out by a subcontractor, in which case they should conduct their own risk assessment and carry out work in accordance with their approved method statement.

5	Additional Safety Assessment							
Part 3: ACT	Hazard	Control measures or precautions			Remaining risk			
T 3	(From Part 2)				High	Medium		Low
Pa								
<b>&gt;</b>	End of Job Review							
EVE	Are there any lessons to learn for next time? Yes				No			
t; R	Has the work created any new hazards? Yes				No			
Are there any lessons to learn for next time?  Has the work created any new hazards?  If you have answered 'Yes' to either of these questions, make a brief note below and inform the F safety coordinator immediately.					the F4	1RN	central	
Work Complete: Site left in safe condition								
Sign	ed (Working party leader):							
Date	Date/Time:							
\\/or	king Party Dotails:	_	_		•		•	•

## Working Party Details:

#### Adults

I confirm that I have completed the F4RN induction, have been briefed on the scope of work to be carried out and I am aware of the risks and safety precautions.

Name	Signature
Working Party Leader	

#### Young Persons (Under the age of 18)

Responsible adult (Parent/Guardian): I confirm that I have completed the F4RN induction, have been briefed on the scope of work to be carried out and I am aware of the risks and safety precautions.

I am also aware of the contents of the Young Person's Risk Assessment and F4RN Policy on Protecting Young People.

Name		Parent / Guardian	Signature