



Managing safely v3.1 – project

Introduction

As part of the *Managing safely* course, you have to complete a project and have it assessed. You will be expected to carry out a risk assessment based on your own work environment. You need to record the results on the attached sheets and submit them for marking. Do not submit any additional material in support of your project work as only the six parts of the A4 project will be assessed. The project can be word processed or hand written.

When you have completed your work you should return it to

There is a two week time limit for the return of the project. Your project must be completed and returned by

Instructions

Please read all of the instructions before starting work on your project.

The project is broken down into a number of parts. Please complete each section as detailed below.

Part 1 – description of the work tasks that are your responsibility

Record a brief description of all the work tasks within your work environment including:

- description/labelled sketch of the location(s)
- people who work in or visit the area on a regular basis or from time to time. (Think about the different groups of people who may be in the area and how often they may be there.)
- permanent and temporary items of equipment and substances
- activities carried out within your work environment

Part 2 – a hazard checklist of the location(s)

Record a brief description of **three** location hazards that may arise in your work environment. For example, car park, stairs, uneven floor. For each of these hazards please include:

- a description of the location
- a description of the hazard – in relation to the location
- the number and occupation of people who could be affected by the hazard – in relation to the location
- whether a risk assessment is recommended

Part 3 – a hazard checklist of permanent and/or temporary items of equipment and substances used in your work environment

Record a brief description of **three** hazards that may arise from equipment or substances used. For each of these hazards please include:

- a description of permanent and/or temporary items of equipment and substances used
- a description of the hazard – in relation to the equipment/substance
- the number and occupation of people who could be affected by the hazard - in relation to the equipment/substance
- whether a risk assessment is recommended

Part 4 – a hazard checklist of the activities carried out within your work environment

Record a brief description of **three** hazards that may arise from within your work environment. For each of these hazards please include:

- a description of the work activity
- a description of the hazard – in relation to the work activity
- the number and occupation of people who could be affected by the hazard – in relation to the work activity

Note: for the purpose of this exercise all three activity hazards that you are assessing on part 4 must require a risk assessment.

Part 5 – carrying out a risk assessment

Please carry out a risk assessment on all **three** of the activity hazards you have listed on part 4. Please make sure you include:

- a description of the work activity
- a description of the hazard, hazardous event and expected consequence – in relation to the work activity
- the number and occupation of people affected – in relation to the work activity
- an assessment of risk (please use the 5 x 5 matrix) – in relation to the work activity

Note: for the purpose of this exercise all three activity hazards that you are assessing on part 5 must require risk controls.

Part 6 – risk control recommendations

Please complete the risk control form for all **three** activity hazards you have listed on part 5. Please make sure you include:

- a description of the work activity and risk level from the risk assessment
- existing risk controls
- any further risk controls required - in relation to the work activity
- the residual risk (please use the 5 x 5 matrix) - in relation to the work activity
- a description of the type of monitoring required and how often - in relation to the residual risk

Note: where you have large numbers of hazards in your work environment you will not have space to record them all. In these circumstances, select a representative sample of hazards for the purposes of this project and record only these. Remember that only **three** hazards are required for parts 2, 3, and 4.

Each part has a maximum number of marks which can be awarded and details are given in the table below.

Part	Maximum marks
1	18
2	16
3	16
4	13
5	30
6	30
Total	123
Minimum mark	62

Finally, before returning your project check that your name, the end of course date, the name of your company, the site name and the name of your training provider are recorded on the first sheet.

Please also ensure that you sign each sheet to confirm that the work you submit is your own.

Please note: the small square boxes in the bottom right hand corner of each section on parts 2 to 6 are for the markers use only.



Part 1 – description of the work tasks that are your responsibility (continued on the next page)

Marks allocated

Delegate name..... End of course date.....

Company..... Site name.....

Training provider.....

A description/labelled sketch of the location(s)	

A description of the people who work in or visit the area on a regular basis or from time to time and how often they're there	

Please sign to confirm that this is your own work: _____



Part 1 – description of the work tasks that are your responsibility

Marks allocated

A description of permanent and temporary pieces of equipment and substances used in your work environment

A description of the activities carried out within your work environment

Please sign to confirm that this is your own work: _____



Hazard Checklist: locations(s)

The location(s) you manage

Part 2

Company:

Department:

Site name:

Description of the location	Description of the hazard (in relation to the location)	Number and occupation of people affected (in relation to the location)	Risk assessment recommended? (If no, please explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Please sign to confirm that this is your own work: _____



Hazard Checklist: equipment and substances

Part 3

Permanent and temporary pieces of equipment and substances used in the work environment

Company:

Department:

Site name:

Description of the equipment/substances	Description of the hazard (in relation to the equipment/substance)	Number and occupation of people affected (in relation to the equipment/substance)	Risk assessment recommended? (If no, please explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Please sign to confirm that this is your own work: _____



Hazard Checklist: activities

Part 4

Activities carried out within your work environment

Company:	Department:	Site name:
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Note: For the purpose of this exercise, all three activity hazards must require a risk assessment.

Description of the Work activity	Description of the hazard (in relation to the work activity)	Number and occupation of people affected (in relation to the work activity)	Risk assessment recommended?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Please sign to confirm that this is your own work: _____



Risk assessment form

Part 5

Company:	Department:	Site name:
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Note: For the purpose of this exercise, all three activity hazards must require risk controls.

Work activity	Hazard, hazardous event and expected consequence <small>(in relation to the work activity)</small>	People affected <small>(in relation to the work activity)</small>	Assessment of risk <small>(in relation to the work activity)</small> Likelihood level X Consequence level = Risk level			Are risk controls required?
<input type="checkbox"/>	<input type="checkbox"/>	Occupation: Number: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Occupation: Number: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Occupation: Number: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Date:	Time:	Review period:	Date of next review:
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Assessor's name:	Position:	Signature:
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Please sign to confirm that this is your own work: _____



Risk control form

Part 6

Company:	Department:	Site name:
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Work activity and risk level <small>(from risk assessment form)</small>	Existing risk controls <small>(in relation to the work activity)</small>	Further risk controls required <small>(in relation to the work activity)</small>	Residual risk <small>(in relation to the work activity)</small> Probable Likelihood \times Potential Consequence = New risk level			Description of monitoring required <small>(in relation to the residual risk)</small>
Risk level: <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	Frequency: <input style="width: 20px; height: 20px;" type="checkbox"/>
Risk level: <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	Frequency: <input style="width: 20px; height: 20px;" type="checkbox"/>
Risk level: <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	Frequency: <input style="width: 20px; height: 20px;" type="checkbox"/>

Date:	Review period:	Date of next review:
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Assessor's name:	Position:	Signature:
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Please sign to confirm that this is your own work: _____