

# NON- LICENSED ASBESTOS WORK



## Description:

### REMOVAL OF Asbestos Cement (AC) SHEETS, GUTTERS, ETC AND SMALL AC STRUCTURES

## Applicable to:

All operatives undertaking asbestos removal works

## Mandatory Safety Equipment and Personal Protective Equipment:

Safety Boots, Hi-Viz, Helmet, PPE work wear, Safety glasses, Half Face masks, Type 5/6 Coveralls with hood, Nitrile Gloves

- If laced boots are used, operatives will use a piece of adhesive tape to cover the laces of which will be disposed into an asbestos bag when removed
- Operatives must be clean shaven when removing asbestos materials and have a valid face fit certificate

## EQUIPMENT REQUIRED:

- |                                               |                                                |                            |
|-----------------------------------------------|------------------------------------------------|----------------------------|
| • 1000 Gauge polythene sheeting and duct tape | • Warning tape and notices                     | • Bolt Cropper             |
| • Webbing straps and rope                     | • Garden type sprayer containing wetting agent | • Bucket of water and rags |
| • Asbestos waste container                    | • Asbestos Bags                                |                            |

## PROCEDURE:

1. Protect nearby surfaces from contamination where required to prevent contamination. Cover with 1000 gauge polythene sheeting and fix with duct tape to non asbestos surfaces

## REMOVAL:

1. If open skips (tipper lorries) are to be used these will be lined with 1000-gauge plastic and allow overhang for wrapping on completion of works.
2. Avoid or minimise breaking of AC sheets
3. AC sheets to be wrapped with 1000-gauge polythene and sealed with duct tape. Packages to be parcelled into manageable sections.
4. Smaller sections and AC cement will be placed into asbestos bags.
5. Continue to clear as you work and keep work area clean place small all waste materials straight into the asbestos waste container for disposal.

## CLEANING:

1. Put debris, used rags, polythene sheeting and other waste in the waste container
2. Self-cleaning procedure to be in place and segregated.

## DISPOSAL:

1. When the asbestos bin is full or all the AC materials have been removed then the bin will be transported off site and disposed of at a licensed landfill.

# DECONTAMINATION



## Description:

***Removing and decontaminating personal protective equipment (PPE & RPE)***

## Mandatory Safety Equipment and Personal Protective Equipment:

Safety Boots Hi-Viz, Helmet, PPE work wear, Safety glasses, Half Face masks, Type 5/6 Coveralls with hood, Nitrile Gloves

**Personal decontamination is easier when you wear the correct personal protective equipment (PPE). You need to decontaminate yourself properly otherwise you may take asbestos fibres home on your clothing and expose your family and friends.**

### EQUIPMENT REQUIRED:

- Bucket of water and rags
- Warning tape and notices
- Asbestos Bags
- Separate clean/Dirty area
- Wipes for mask



### PROCEDURE: **Remove RPE last**

1. Clean your boots with damp rags & remove tape if used.
2. Use damp rags by a 'patting' action. Rubbing can disturb fibres.
3. Soak the rag in water. Fold in half or quarters. Wring it out.
4. Wipe all of the contaminated surfaces.
5. Re-fold the rag to give a clean surface.
6. Repeat until you have used all the clean surfaces of the rag.
7. Put the used rag in a bag. Get a clean rag, and repeat cleaning until all surfaces are clean.
8. Where there are two workers, they can help to clean each other.
9. Peel off disposable overalls rolling inside out with any contamination captured. Put them in a suitable asbestos waste container.
10. Tape the bag closed in swan neck fashion and place into the secondary bag and seal as before, dispose into correct waste bin
11. Finally, cleaning a half mask as follows.
  - Wipe mask with wipes issued with mask.
  - Remove pre-filter and dispose of into asbestos bag prior to removing mask and wipe again.
  - Once mask is removed then clean the internal part of the mask with a new wipe.
  - Ensure mask is dry and replace in box.

### ***Personal decontamination***

12. Can you use site washing facilities? If so, they must be for your use only.
13. Keep other people out during personal decontamination, and until you have cleaned the facilities.  
Wash every time you leave the work area.
15. Use damp rags to clean the washing facilities at the end of the job.
16. Clean the facilities daily if the job lasts more than one day.
17. Inspect the facilities visually once the job is finished.
18. Clearance air sampling is not normally needed for washing facilities.

| RISK ASSESSMENT REGISTER                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                        |               | Contract: North End Road, Yapton |    |            |  |  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
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| Assessor's Name                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        | Matt Burke             |               | Date of Assessment               |    | 29/07/2020 |  | Review Date                                                                      |        | 29/08/2021                                  |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| Hazard Risk Level                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                        |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| <table><tr><th colspan="2">Probability</th><th colspan="2">Impact</th></tr><tr><td>1</td><td>Remote</td><td>1</td><td>Insignificant</td></tr><tr><td>2</td><td>Unlikely</td><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Possible</td><td>3</td><td>Serious</td></tr><tr><td>4</td><td>Probable</td><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Likely</td><td>5</td><td>Catastrophic</td></tr></table> |                                                        |                        |               | Probability                      |    | Impact     |  | 1                                                                                | Remote | 1                                           | Insignificant | 2 | Unlikely | 2 | Moderate | 3 | Possible | 3 | Serious | 4 | Probable | 4 | Severe | 5 | Very Likely | 5 | Catastrophic | <table><tr><th colspan="10">Risk Rating - Probability x Impact</th></tr><tr><td rowspan="5">Impact</td><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td colspan="6">Probability</td></tr></table> |  |  |  | Risk Rating - Probability x Impact |  |  |  |  |  |  |  |  |  | Impact | 5 | 5 | 10 | 15 | 20 | 25 | 4 | 4 | 8 | 12 | 16 | 20 | 3 | 3 | 6 | 9 | 12 | 15 | 2 | 2 | 4 | 6 | 8 | 10 | 1 | 1 | 2 | 3 | 4 | 5 | Probability |  |  |  |  |  | <table><tr><th>Result</th><th>Rating</th><th>Action</th></tr><tr><td>1-6</td><td>Low</td><td>Acceptable Low Risk</td></tr><tr><td>7-12</td><td>Medium</td><td>Tolerable Level</td></tr><tr><td>13-25</td><td>High</td><td>Unacceptable High Risk</td></tr></table> |  |  |  | Result | Rating | Action | 1-6 | Low | Acceptable Low Risk | 7-12 | Medium | Tolerable Level | 13-25 | High | Unacceptable High Risk |
| Probability                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        | Impact                 |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                     | Remote                                                 | 1                      | Insignificant |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                     | Unlikely                                               | 2                      | Moderate      |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                     | Possible                                               | 3                      | Serious       |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                     | Probable                                               | 4                      | Severe        |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                     | Very Likely                                            | 5                      | Catastrophic  |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| Risk Rating - Probability x Impact                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |                        |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| Impact                                                                                                                                                                                                                                                                                                                                                                                                                | 5                                                      | 5                      | 10            | 15                               | 20 | 25         |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                                                      | 4                      | 8             | 12                               | 16 | 20         |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                                      | 3                      | 6             | 9                                | 12 | 15         |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                      | 2                      | 4             | 6                                | 8  | 10         |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                      | 1                      | 2             | 3                                | 4  | 5          |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| Probability                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                        |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| Result                                                                                                                                                                                                                                                                                                                                                                                                                | Rating                                                 | Action                 |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 1-6                                                                                                                                                                                                                                                                                                                                                                                                                   | Low                                                    | Acceptable Low Risk    |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 7-12                                                                                                                                                                                                                                                                                                                                                                                                                  | Medium                                                 | Tolerable Level        |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 13-25                                                                                                                                                                                                                                                                                                                                                                                                                 | High                                                   | Unacceptable High Risk |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| HAZARD RISK REGISTER                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                        |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                        |               |                                  |    |            |  |                                                                                  |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                     | INTERNAL STRIP OUT OF BUILDINGS                        | Y/N                    |               |                                  |    |            |  | Y / N                                                                            |        |                                             |               |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                     | MANUAL HANDLING                                        | N                      | 18            |                                  |    |            |  | N                                                                                | 35     | OCCUPATIONAL DISEASES                       | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                     | LONE WORKING                                           | N                      | 19            |                                  |    |            |  | N                                                                                | 36     | DISPOSAL OF OILS & OTHER LIQUIDS            | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                     | DOWNLOADING DEBRIS - LIFT SHAFTS / CHUTES / DROP ZONES | N                      | 20            |                                  |    |            |  | N                                                                                | 37     | DISCOVERY OF SUSPECTED HAZARDOUS SUBSTANCES | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                     | USE OF PORTABLE ELECTRICAL EQUIPMENT                   | N                      | 21            |                                  |    |            |  | N                                                                                | 38     | HYPODERMIC NEEDLES                          | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                     | GLASS AND GLAZED ITEMS - REMOVAL                       | N                      | 22            |                                  |    |            |  | N                                                                                | 39     | WORK WITH LEAD / GALVANISED MATERIALS       | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                     | HAND ARM VIBRATION SYNDROME (HAVS)                     | N                      | 23            |                                  |    |            |  | N                                                                                | 40     | CONTAMINATED SPOIL                          | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                     | ABRASIVE WHEELS                                        | N                      | 24            |                                  |    |            |  | N                                                                                | 41     | SITE SECURITY - FENCING / INTRUDERS         | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                     | DEMOLITION OF STRUCTURES - MECHANICAL                  | N                      | 25            |                                  |    |            |  | N                                                                                | 42     | LOADING AND UNLOADING OF PLANT EQUIPMENT    | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                    | SELF PROPELLED PLANT OPERATION                         | N                      | 26            |                                  |    |            |  | N                                                                                | 43     | DRIVING COMPANY VEHICLES                    | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                    | SELF PROPELLED PLANT - SET UP AND MAINTENANCE          | N                      | 27            |                                  |    |            |  | N                                                                                | 44     | DRIVING AND OPERATION OF HI-AB              | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                    | USE OF QUICK HITCHES                                   | N                      | 28            |                                  |    |            |  | N                                                                                | 45     | LIFTING OPERATIONS & LIFTING EQUIPMENT      | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                    | DISMANTLING OF STRUCTURES - HAND                       | N                      | 29            |                                  |    |            |  | N                                                                                | 46     | SUBCONTACTORS WORKING ON SITE               | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                    | DISPOSAL OF WASTE MATERIALS                            | N                      | 30            |                                  |    |            |  | N                                                                                | 47     | NIGHT WORKING                               | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                    | CHANGING ATTACHMENTS ON PLANT                          | N                      | 31            |                                  |    |            |  | N                                                                                | 48     | AIRSIDE ACTIVITIES                          | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                    | NOISY MACHINERY AND PROCESSES                          | N                      | 32            |                                  |    |            |  | Y                                                                                | 49     | WORKING NEAR DEEP WATER                     | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                    | DEMOLIITON OF POST TENSIONED CONCRETE BEAMS            | N                      | 33            |                                  |    |            |  | N                                                                                | 50     | WORK ADJACENT TO RAILWAYS                   | N             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                        | 34            |                                  |    |            |  | N                                                                                | 51     | COVID-19                                    | Y             |   |          |   |          |   |          |   |         |   |          |   |        |   |             |   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |  |  |  |  |  |  |  |  |  |        |   |   |    |    |    |    |   |   |   |    |    |    |   |   |   |   |    |    |   |   |   |   |   |    |   |   |   |   |   |   |             |  |  |  |  |  |                                                                                                                                                                                                                                                                    |  |  |  |        |        |        |     |     |                     |      |        |                 |       |      |                        |

| REFERENCE<br>32                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                             | SITE SPECIFIC RISK ASSESSMENT<br>Management of Health and Safety at Work Regulations 1999 |                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |  |        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------|--------|--|
| Activity                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                             | ASBESTOS EXPOSURE - MANUAL REMOVAL                                                        |                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                                                                                   |        |  |
| Hazards                                                                                                                                                                 | Associated Risks                                                                                                                                                                                                                                                                                                                                                                                            | Persons at Risk                                                                           | Initial Risk Rating<br>(Pre-Control measures) |        | Control Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Residual Risk Rating<br>(Post-Control measures) |                                                                                   |        |  |
|                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | Probability                                   | Impact |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Probability                                     | Impact                                                                            | Rating |  |
| > Working at height<br>(See also RA20)<br><br>> Dust (See also RA19)<br><br>> Air-bourne asbestos fibres<br><br>> Collapse of roof structure<br><br>> Inclement weather | > Injury or death from falling whilst working at height<br><br>> Inhalation of asbestos fibres leading to long-term illness<br><br>> Inhalation of cement dust and other debris dust possibly leading to long-term illness<br><br>> Injury or death from being struck by roof collapse<br><br>> Wind catching and blowing A/C sheets causing serious or fatal injury and/or damage to plant and/or property | 0                                                                                         | 4                                             | 5      | <ul style="list-style-type: none"><li>• Damping down of ACM may be carried out, to reduce fibre release to the lowest possible level. The damping down procedure, if required, will be clearly stated in Method Statement.</li><li>• Operatives will wear nitrile gloves Type 5/6 disposable overalls and P3 half face masks during all removal &amp; handling operations. This PPE must not be worn or taken into the welfare facility.</li><li>• Operatives must not wear Hi Viz or other garments over their Type 5/6 disposable overalls to avoid contamination.</li><li>• Operatives will remove their Type 5/6 disposable overalls and gloves before they remove their P3 half face masks and put back on reverse order, ie. Mask then gloves then overalls.</li><li>• Weather conditions, particularly high winds, will be considered before the start of any sheet removal &amp; consideration will be given to how structure will be left unattended during breaks and shutdown periods.</li><li>• Follow Personal Decontamination procedure and refer to Asbestos Essentials EM8 attached and dispose of all waste as contaminated waste also reference NFDC asbestos guidance notes.</li></ul> | 2                                               | 5                                                                                 | 10     |  |

| REFERENCE                                                                                                  |                                                                                                                                                                                                    | SITE SPECIFIC RISK ASSESSMENT                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |        |  |        |        |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|----------------------------------------------------------------------------------|--------|--------|
| 51                                                                                                         |                                                                                                                                                                                                    | Management of Health and Safety at Work Regulations 1999 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |        |                                                                                  |        |        |
| Activity                                                                                                   |                                                                                                                                                                                                    | COVID-19 (CORONOVIRUS)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |        |                                                                                  |        |        |
| Hazards                                                                                                    | Associated Risks                                                                                                                                                                                   | Persons at Risk                                          | Initial Risk Rating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |        | Residual Risk Rating                                                             |        |        |
|                                                                                                            |                                                                                                                                                                                                    |                                                          | Probability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Impact | Rating | Probability                                                                      | Impact | Rating |
| > Covid-19 is a new illness that can affect lungs and airways. It is caused by a virus called Cornonavirus | > Infected persons (even if not showing symptoms) can transmit/spread the virus.<br><br>>Infected person must isolate for a period of 14 days.<br><br>>Virus can cause ill health and can be fatal | O / V / P                                                | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4      | 16     | 2                                                                                | 4      | 8      |
|                                                                                                            |                                                                                                                                                                                                    |                                                          | <p>• Leaflets will be distributed to operatives on how to spot signs of an infected person, and also how to reduce the risk of spreading the virus.</p> <p>• All new starters to be questioned on their travel within the last 14 days and will denied entry if the area travelled requires the person to be in self isolation.</p> <p>• All site operatives to be given a toolbox talk on how to wash hands thoroughly. i.e with soap and hot water for at least 10 seconds. Additional signage will be placed in welfare areas to remind operatives to wash hands effectively and more frequently.</p> <p>• No shaking hands with any personnel.</p> <p>• Where possible, maintain 2 metres social distancing.</p> <p>• In the event that an operative shows symptoms of Covid-19, however mild, they should stay at home and self-isolate. This action will help stop the spread of the virus, protecting colleagues, visitors and the public.</p> <p>• In the event that a plant operator shows signs /tests positive for Covid-19 the plant and equipment they were using will be disinfected. The person disinfecting will us full RPE/PPE with nitrile gloves. A killer spray bottle filled with disinfectant will be used to spray the inside of the cab, wipe sufaces/control equipment. The cab filter will also be changed.</p> <p>• An internal plan will be put in place to replace site and project management, plant operatives if they are put into self-isolation . Where possible meetings will be carried out over Skype/Facetime</p> <p>• Breaks to be staggered to reduce close contact with other individuals.</p> <p>• Any confirmed cases will be reported to the client</p> <p>• More frequent cleaning of welfare areas</p> <p>• HSL will follow all guidance from the Construction Leadership Council and NFDC as required</p> |        |        |                                                                                  |        |        |