

Isle of Man Government

Dynamic Risk Assessment

Location:	Date and Time:
Description of Work:	Task specific RA number:
Weather conditions:	Light Conditions:
Assessor (Please print)	Assessor Signature:

Existing safety measures:

Spot Check	Yes	No	Action Required
Does your supervisor or other members of staff know where you are working if alone?			
Are you authorised and competent to undertake this work?			
Have you done this job before, if not do you know what you are required to do?			
Do you know where to get help, who to call or where to go in an emergency?			
Do you have a Risk Assessment (RA)-Method Statement and have you read and understood them?			
Have you evaluated any other Risks not identified in the Risk Assessment and eliminated and/or reduced those risks by introducing additional control measures and recorded below in Part 2 ?			
Do you have an appropriate Permit To Work (PTW) for this job i.e. Hot Works, Confined Space or other permits as required; have you read and understood their requirements?			
Do you have the right Personal Protective Equipment (PPE) and/or Respiratory protective equipment as required for this job?			
Are all your Tools and/or Test equipment within calibration dates and/or safety tested?			
Are you competent in the use of all tools required to complete this work?			
Are Scaffolds, other working platforms, Steps or other Ladders inspected and safe to use?			
Has any lifting or moving equipment been inspected?			
Has any other equipment to be use been inspected and safe for use?			
Has any contractors working with you been inducted?			

If you answered "No" to any of the above, take required actions or report to your supervisor. If in Doubt ASK

Part 2 - Hazards Identification					
Rate risk by entering appropriate letter for High (H), Medium (M) or Low (L) in boxes below					
Falls from height		Asphyxiation or Drowning		Compressed Air or gases	
Falling objects		Asbestos		Lifting operations	
Fall of person on same level (Slip, trip, fall)		Fumes		Biological agents	
Fragile Surface		Risk from Temperatures – high or Low		Radiation	
Contact with stationary objects		Adverse weather		Storage, stacking or shelving	
Objects overturning or collapsing		Confined Space		Housekeeping	
Traffic or moving vehicles		Manual Handling		Lone working	
Use of machinery/tools		Poor Lighting		Violence/Aggression	
Risk to you from the work of others		Noise		Chemical or harmful substances	
Risk to others from your work		Vibration		Electricity	
Heat, Fire or Explosion		Stored energy or unsecured load			
Any significant Hazards in this section for which there are NO or Inadequate controls in place, should be identified under the Risk Assessment for the task in hand.					
If you have identified any additional Hazards not covered in the Risk Assessment, then you must put additional control measure in place before work commences.					
Proposed Action				Completion Date:	
Team Members/Contractors		Date		Signed	