

Form No: CRA008	Issue No: 3	 GENERAL RISK ASSESSMENT
Risk:	Date: 01/24	
Proof Load Testing		

Company	Catena Inspection & Engineering Services Ltd			Location	Brookhill Road, Brookhill Industrial Est. Pinxton Nottinghamshire NG16 6NS		
Type of Assessment	Tick	Initial Assessment Date	Review Period (Months)	Last Review Date	Assessed By		
Site Specific		31/01/24	12	Refer to Page 4	D M Peat CMIOSH		
Generic	✓	Name of Supervisor / Person Responsible			Assessment Reference		
Review		Kat Moss			CRA008		
Persons at Risk	Person(s) Undertaking Task			✓	Other Site Staff	✓	Public
Description of work activity being assessed		<i>Proof loading testing</i>					
Task / Hazard	1					Sev.	Lik.
						3	3
						Risk (No Controls)	
						High	
Ref.	Control Measures Required					<i>Are the following controls in place</i>	
a	Systematic approach to be followed in order to minimise errors of omission and equipment failure					✓	
b	When appropriate a pre-use check should be completed? And recorded?					✓	
c	Where applicable ensure the equipment being used has the necessary certification					✓	
d	Ensure the equipment is suitable for the purpose for which it is being used					✓	
e	Ensure there is a procedure for reporting faults, quarantining the equipment, and organising the repair					✓	
Residual Risk Assuming ALL controls in place						Low	
Task / Hazard	2					Sev.	Lik.
						3	3
						Risk (No Controls)	
						High	
Ref.	Control Measures Required					<i>Are the following controls in place</i>	
a	Ensure the equipment being tested is in the correct place and being used for the purpose for which it was intended					✓	
b	Consider who might be affected by the use of this equipment?					✓	
c	Are measures taken to inform/control as appropriate? What about by-standing members of the public?					✓	
Residual Risk Assuming ALL controls in place						Low	

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Task / Hazard	3		Sev.	Lik.	R.R.	
Struck by moving equipment or equipment failure			3	3	9	
			Risk (No Controls)			
			High			
Ref.	Control Measures Required		Are the following controls in place		Yes	No
a	Ensure adequate precautions are in place to protect against moving parts / moving equipment, which could result in contact with the equipment or a trapping injury?				✓	
			Residual Risk Assuming ALL controls in place		Low	
Task / Hazard	4		Sev.	Lik.	R.R.	
Testing of equipment requires operative to work from height			3	3	9	
			Risk (No Controls)			
			High			
Ref.	Control Measures Required		Are the following controls in place		Yes	No
a	Has the job been planned to consider the Hierarchy of Controls in relation to working at height? (Refer to working at height risk assessment(s))				✓	
			Residual Risk Assuming ALL controls in place		Low	
Task / Hazard	5		Sev.	Lik.	R.R.	
Injury through omission of safe practices in order meet time constraints. Mental health issues due to job pressures			3	3	9	
			Risk (No Controls)			
			High			
Ref.	Control Measures Required		Are the following controls in place		Yes	No
a	Ensure adequate time has the time been allocated, work must be carried out by a suitably experienced / competent person?				✓	
b	Has the testing been planned in consultation with the employee				✓	
			Residual Risk Assuming ALL controls in place		Low	
Task / Hazard	6		Sev.	Lik.	R.R.	
Muscular-skeletal injuries			3	3	9	
			Risk (No Controls)			
			High			
Ref.	Control Measures Required		Are the following controls in place		Yes	No
a	Ensure manual handling is considered and eliminated/reduced wherever possible				✓	
b	If manual handling is involved in this task a Manual Handling assessment should be carried out and the results recorded.				✓	
			Residual Risk Assuming ALL controls in place		Low	

Risk Selection Criteria			
Severity Range	3 = Major	2 = Serious	1 = Slight
Likelihood	3 = High	2 = Medium	1 = Low

Risk Ratings		
High	Medium	Low
9 - 7	6 - 4	3 - 1

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OVERALL RISK OF CARRYING OUT THIS TASK		
Highest Risk Before Controls in Place	Highest Residual Risk after controls	If the Residual risk after control measures are in place, is HIGH DO NOT UNDERTAKE THIS TASK
High	LOW	

Ref	Action(s) Required	Can task continue		Date Actioned	Initial
		Yes	No		

PPE Requirement (Please ✓)								
								
Hard Hat	Safety Glasses	RPE	Ear Defenders	Overalls	Hi Vis Vest	Gloves	Barrier creams	Foot Protection
If Required	If Required	If Required	If Required	✓	✓	✓	✓	✓
								
Safety Harness	Safety Goggles	Respirator	Hand Sanitizer	Hand Washing	Face Visor	Positive Fed Respirator		
If Required	If Required	N/A	If Required	If Required	N/A	N/A		

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SIGN OFF					
Author			Catena Inspection & Engineering Services Ltd.		
Print Name	Signature	Date	Print Name	Signature	Date
David Peat		31/01/24			

ASSESSMENT REVIEW					
Author			Catena Inspection & Engineering Services Ltd.		
Print Name	Signature	Date	Print Name	Signature	Date
David Peat		16/01/25			
Kat Moss	K. MOSS	16/01/26			

BRIEFING RECORD					
<i>I confirm that I have read / I have had the contents of this risk assessment explained to me. I confirm that I agree to work to the requirements of this assessment, and I will use all control measures identified in this assessment. I will also raise any concerns to my line Manager / Supervisor if this risk assessment requires amending to suit any unforeseen circumstances.</i>					
Date	Print Name	Signature	Date	Print Name	Signature

SEVERITY RATINGS	
Slight (Marginal)	The hazard may either be controlled, or would commonly result in less than minor, illness, injury or system damage.
Serious (Moderate)	The hazard may commonly cause severe injury or illness or major system damage, requiring immediate corrective action.
Major (Critical)	The hazard may commonly cause death or major system loss, requiring immediate cessation of the unsafe activity or operation.

LIKELIHOOD RATINGS	
Low (Improbable)	Unlikely but possible to occur during standard operations
Medium (Occasional)	Likely to occur sometime during standard operations
High (Probable)	Likely to occur often during standard operations

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