**Health risk assessment for trackside working**

**PART 1 – information about the employee, line manager and risk assessment**

|  |  |
| --- | --- |
| Name of Network Rail employee: |  |
| Sentinel Number: |  |
| Work Location: |  |

|  |  |
| --- | --- |
| Line Manager: |  |
| Safety specialist: |  |
| Occupational Health (OH): |  |

|  |  |
| --- | --- |
| Date of risk assessment: |  |
| Date of acceptance and publication: |  |
| Planned review date: |  |

**Part 2: Advice from OH - completed by OH**

|  |  |  |
| --- | --- | --- |
| **Conditions:** | **Level of risk – Likelihood** | **Further advice from OH**  **Restrictions required to reduce risk** |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. | Occupational Health delete rows not required |

**Part 3: Assessment of Hazardous Activities - completed by the line manager**

| 1. **Do the duties being carried out include the following?** | 1. **Rarely (never)/**   **sometimes / frequently** | 1. **Control measures** | 1. **Level of risk:**   **Severity if controls are NOT implemented** |
| --- | --- | --- | --- |
| Manual handling | Choose an item. |  | Choose an item. |
| Physical exertion | Choose an item. |  | Choose an item. |
| Climbing to heights | Choose an item. |  | Choose an item. |
| Working Alone | Choose an item. |  | Choose an item. |
| Long working hours | Choose an item. |  | Choose an item. |
| Violence | Choose an item. |  | Choose an item. |
| Limited hygiene Facilities | Choose an item. |  | Choose an item. |
| Temperature (extremes of cold or heat) | Choose an item. |  | Choose an item. |
| Working at Heights | Choose an item. |  | Choose an item. |
| Work within 3 metres of track or open water | Choose an item. |  | Choose an item. |
| Work within 1.5 metres of track | Choose an item. |  | Choose an item. |
| Driving | Choose an item. |  | Choose an item. |
| Operation of hazardous equipment | Choose an item. |  | Choose an item. |
| Underfoot conditions  *e.g.* uneven and slippery ground, overgrown vegetation, wildlife, rubbish and scrap material. | Choose an item. |  | Choose an item. |
| Exposure to chemicals | Choose an item. |  | Choose an item. |
| AC/DC lines | Choose an item. |  | Choose an item. |

**Part 4: To be completed by the line manager**

|  |  |
| --- | --- |
| **For the line manager** |  |
| Are you aware of the safe systems of work required and have you discussed them with the employee? |  |
| Are you aware that that the risk assessment needs to be reviewed such as changes to health, changes to the working environment and the tasks required? |  |

**Part 5: Risk Ranking Matrix: Calculation of Risk - completed by the line manager**

**Likelihood – to be completed by OH – take the highest score from Part 2**

1= Very Unlikely

2 = Unlikely

3 = Likely

4 = Very likely

5 = Certain

**Severity – to be completed by the line manager – take the highest score from Part 3**

1= Minor health effects not affecting work performance or causing disability, treatment applied by First Aider onsite.

2 = Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

3 = Major health effects causing lost time injury 20+ days and/or redeployment.

4 = Irreversible damage causing serious disability and more than 6 months off work or fatalities.

5 = Catastrophic health effects causing multiple fatalities.

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Severity** | | | | | |
|  |  | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| **Likelihood** | **2** | **3** | **4** | **5** | **6** | **7** |
|  | **3** | **4** | **5** | **6** | **7** | **8** |
|  | **4** | **5** | **6** | **7** | **8** | **9** |
|  | **5** | **6** | **7** | **8** | **9** | **10** |

|  |  |  |
| --- | --- | --- |
| **Designation** | **Classification** | **Action** |
| **2-4** | **Low** | Safe system of work |
| **5-7** | **Medium** | Safe system of work and additional precautions |
| **8-10** | **High** | Not acceptable refer to OH – what would be suitable as alternative employment |

**Part 6: To be completed by the line manager and employee as part of the risk assessment exercise:**

|  |
| --- |
| **Summary / Recommendations** |
| Summary of control measures to be implemented: |

Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If assistance is needed to decide what controls to implement for this section, contact your Route Health and Safety Adviser.

Return completed assessment to Occupational Health for approval and updating of Sentinel to [NWRCaseClosures@ohassist.com](mailto:NWRCaseClosures@ohassist.com)