

Part 1 : Site Details

Location: The Campus, Welwyn Garden City

Date Start: 23/05/22

Date Finish: 23/05/22

Part 2 : Work Description (brief description of work activity, insert below)

Traffic Signal Detailed Design

Part 3 : Designated Individual / Supervisor on Site Assessment (select if applicable)

| | | | |
|--|--------------------------|---|--------------------------|
| Specified traffic and pedestrian management is, or can be put, in place for the expected works? | <input type="checkbox"/> | Safety Zones, vehicle parking and works access arrangements are suitable? | <input type="checkbox"/> |
| Is the work area clear of hazards from slopes, ditches, unprotected edges etc.? | <input type="checkbox"/> | Area weather conditions safe for this work (rain, spray, fog etc)? | <input type="checkbox"/> |
| First Aider, First Aid Kit and Fire Extinguishers available? | <input type="checkbox"/> | Is lighting sufficient for safe execution of the works? | <input type="checkbox"/> |
| Welfare facilities available & suitable for the type & duration of work? (Temporary / Depot / Vehicle / 3 rd Party) delete as appropriate | <input type="checkbox"/> | Are sufficient materials, time, and resources available for the work site to be left safe? | <input type="checkbox"/> |
| Have risks from overhead/ underground services been identified where present? Utility plans available / Permit to Excavate to be used? | <input type="checkbox"/> | Have you got enough suitable PPE for the work, including any specialist or specific items required? | <input type="checkbox"/> |
| Small plant, power tools and hand tools have been checked and are in safe working order? | <input type="checkbox"/> | Where lifting equipment is to be used, is it suitable for the work and has it been inspected? | <input type="checkbox"/> |

Part 4 : Site Hazards / Considerations (select if applicable)

| | | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|
| Slips or trips | <input type="checkbox"/> | Vehicle/ Plant movements | <input type="checkbox"/> | Noise | <input type="checkbox"/> |
| Falling from height | <input type="checkbox"/> | Excavations | <input type="checkbox"/> | Vibration | <input type="checkbox"/> |
| Unstable structures | <input type="checkbox"/> | Working over water | <input type="checkbox"/> | Fire or explosion | <input type="checkbox"/> |
| Manual handling | <input type="checkbox"/> | Fumes/ dust | <input type="checkbox"/> | Risk to members of public | <input type="checkbox"/> |
| Confined/ Restricted spaces | <input type="checkbox"/> | Poor Lighting | <input type="checkbox"/> | Working near overhead cables | <input type="checkbox"/> |
| Chemicals/ harmful substances | <input type="checkbox"/> | Extreme temperatures | <input type="checkbox"/> | Public dangerously entering road closure | <input type="checkbox"/> |
| Danger from others working nearby | <input type="checkbox"/> | Overgrown Vegetation | <input type="checkbox"/> | Sharp objects/ hypodermic needles | <input type="checkbox"/> |
| Weekend Working | <input type="checkbox"/> | Night Working | <input type="checkbox"/> | Underground services | <input type="checkbox"/> |

Are these covered by the standard risk assessment? YES NO **If 'NO' complete section 9 Additional Controls**

Part 5 : Carriageway Type? (select if applicable)

Speed of Road (specify):

| | | | | | | | | | | | |
|--------------------|-------------------------------------|--------------------|--------------------------|------------|-------------------------------------|----------|--------------------------|------------|--------------------------|----------|-------------------------------------|
| Single Carriageway | <input checked="" type="checkbox"/> | Smart Motorway | <input type="checkbox"/> | Dual C/way | <input type="checkbox"/> | Motorway | <input type="checkbox"/> | Roundabout | <input type="checkbox"/> | Bridge | <input type="checkbox"/> |
| Single Lane Dual | <input checked="" type="checkbox"/> | 3 Lane Carriageway | <input type="checkbox"/> | Verge Work | <input checked="" type="checkbox"/> | Layby | <input type="checkbox"/> | Slip Road | <input type="checkbox"/> | Footpath | <input checked="" type="checkbox"/> |
| Side Road Junction | <input checked="" type="checkbox"/> | Culvert: | OTHER (specify): | | | | | | | | |

Part 6 : Adjacent land considerations (select if applicable)

| | | | | | | | |
|------------------|-------------------------------------|-------------------|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| Residential Area | <input checked="" type="checkbox"/> | Bus Routes/ Stop | <input checked="" type="checkbox"/> | Bend / Black Spots | <input type="checkbox"/> | Nr hospital / emergency services | <input checked="" type="checkbox"/> |
| Industrial Area | <input type="checkbox"/> | Cycle Route | <input type="checkbox"/> | One Way System | <input checked="" type="checkbox"/> | Near to railway crossing | <input type="checkbox"/> |
| City Centre | <input checked="" type="checkbox"/> | Restricted Access | <input type="checkbox"/> | Nr Pedestrian Crossing | <input checked="" type="checkbox"/> | Near School / College | <input checked="" type="checkbox"/> |
| Rural Area | <input type="checkbox"/> | Road Junction | <input checked="" type="checkbox"/> | Other Significant Risk (specify): | | | |

Part 7 : Risk to Environment (select if applicable)

| | | | | | | | |
|--------------------|-------------------------------------|-------------------------|-------------------------------------|------------------------|--------------------------|--------------------------|--------------------------|
| Noise Restrictions | <input checked="" type="checkbox"/> | Trees /Roots, Canopy | <input checked="" type="checkbox"/> | Animals/ invertebrates | <input type="checkbox"/> | SSSI | <input type="checkbox"/> |
| Watercourse | <input type="checkbox"/> | Protected Plants/Verges | <input type="checkbox"/> | Geological | <input type="checkbox"/> | Hazardous Waste e.g. Tar | <input type="checkbox"/> |

Part 8 : Traffic Management Arrangements (select if applicable)
(In conjunction with Company procedures)

| | | | | | | | | | | | |
|---|--------------------------|-------------------|--------------------------|-------------------|--------------------------|--------------|-------------------------------------|-----------------------------|-------------------------------------|----------------------|-------------------------------------|
| Give and Take | <input type="checkbox"/> | Stop and Go | <input type="checkbox"/> | Mobile works | <input type="checkbox"/> | Road Closure | <input checked="" type="checkbox"/> | Slip Rd Closure | <input type="checkbox"/> | Traffic Signal 2 way | <input checked="" type="checkbox"/> |
| Priority | <input type="checkbox"/> | Escort | <input type="checkbox"/> | Footway Closure | <input type="checkbox"/> | Closure | <input type="checkbox"/> | Pedestrian walkway Required | <input checked="" type="checkbox"/> | Traffic Signal 3 Way | <input type="checkbox"/> |
| Traffic Signal 4 Way | <input type="checkbox"/> | Temporary Footway | <input type="checkbox"/> | Alternative Route | | | <input checked="" type="checkbox"/> | | | | |
| Carriageway Lane Closure (specify number of lanes): | | | | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |

Other TM requirements (Specify):

Part 9 : Additional Controls Agreed:
(All major changes/ departures to work methods to be agreed with your Supervisor (Insert below))

Part 10 : Work is safe to proceed (circle Yes/ No)?

YES NO If answer is 'NO' then do not proceed with the task and contact your supervisor

Part 11 : Designated Individual/ Supervisor authorisation for Works to Commence

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

Part 12 : Risk Assessment Briefing Register - The following people have been informed of the contents of this risk assessment

| Name | Signature | Company | Date |
|------|-----------|---------|------|
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