



## Generic Risk Assessment / Rescue Plan

Date: \_\_\_\_\_ Training Center: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor/ Course / No. of Delegates: \_\_\_\_\_

Facilities	General	Fire Extinguishers	Fire Exits	First Aid Kit
Class Room				
Practical Area				

Harnesses Used Instructors / Delegates	Type	Within Inspection Date
		YES/NO

HAZARD	RISK	CONTROL MEASURES
Overhead Electric Cables	Electrocution	Principle Contractors Safety Policy
Water way	Drowning	Bulk Wooden Barrier, Stop blocks 6feet from edge life belts
Bad Ground Conditions	Overturning of Plant	Level area for use, cone off unused area
Movement of Machinery	Collisions	Barriers, Restriction of non authorised personnel from entering the training Area
Buried Services	Sinking of Machinery	Check with site management of any dangers from buried services
Steep Inclines	Overturning of machinery	Level area for use, cone off unused areas, check working gradient of MEWP
People working at height	Items falling from Height	Cone off area where items/people liable to fall
Hot works/Fire	Fire / Fumes / Burns	Cone Training/ Assessment Area off, Toolbox talk check location of Fire Extinguishers
Excavations	Overturning of Machinery	Barriers for plant and pedestrians
Hazardous Substances	Contamination	PPE required for all risks, check location of spillage kits
Fumes / Dust	Eye Injuries / Breathing	Correct PPE

Weather:	Wind Speed:	mph
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### Overall Risk Assessment

Having reviewed the site and plant for hazards and risks you are now required to produce an overall risk Assessment of the training area to determine whether or not it is safe to continue with the training.

If the Risk Assessment is ok then continue with the training, if you have any issues assess whether the control measures are adequate before continuing with the training. If you are still not happy then training must be stopped until the Risks can be removed.

Was the Training stopped or suspended at any time during the day **YES / NO**

If YES explain why: \_\_\_\_\_

Risk Assessment discussed with: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

### AWPS used for Training

	Supplier	Model	Fleet No.	Pre-Used Checks		Annual Date
3A						
3B						
Other						

### Rescue Plan

	Pre use checks carried out by instructor and delegates prior to use
	Fitters available on site in case of break down
	Other AWPS available for basket to basket evacuations as a last resort

<b>Any other comments</b>	

Instructors Signature: \_\_\_\_\_