



**Part 1 Design Stage**

**1.1 Operations**  
 Instruction No.(s):   
 Route No. and Location:   
 Description of activities to be undertaken:

**1.2 Road Type:** Motorway  Dual Carriageway  Single Carriageway  Rural  Urban  (please tick)

**1.3 Was site visited before design commenced?** **IF NO**, please explain why:  
 Yes  No

**1.4 Utilities:** Are service details adequate and clear on the service drawings provided, e.g. in relation to their position and depth; the voltage of electricity cables, pressure of gas mains or diameter of water pipes? **IF NO**, what action has been taken?  
 Yes  No

**1.5 Site Details:**  
 Available Road/ Lane Width (m)  Junction(s) Nearby Yes  No  Bend(s) in Road Nearby Yes  No   
 Speed Limit (mph)  One-way System Yes  No  Near Pedestrian Facility Yes  No   
 Other(s) (Please provide details):

**1.6 Hazards:** Please tick boxes below to indicate presence of Hazards on site and those People likely to be affected by the activities to be undertaken:

Health & Safety Hazards		Location / Environment:		People likely to be affected by the activities	
<input type="checkbox"/> Electricity Overhead Cables	<input type="checkbox"/> Gas Underground Pipe(s)	<input type="checkbox"/> Live Traffic	<input type="checkbox"/> Railway Line	<input type="checkbox"/> School or College	<input type="checkbox"/> Pedestrians close to or crossing the site
<input type="checkbox"/> Elect. Underground Cables	<input type="checkbox"/> INEOS Pipeline (Ethylene)	<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Injurious Weeds	<input type="checkbox"/> Nursery or Care Home	<input type="checkbox"/> Drivers (Cars, vans, lorries, motorcycles, buses etc.)
<input type="checkbox"/> Overhead Telecom Cables	<input type="checkbox"/> Oil Pipeline	<input type="checkbox"/> Dust / Fines	<input type="checkbox"/> Waste Materials	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local residents
<input type="checkbox"/> Underground Telecom Cables	<input type="checkbox"/> Water Pipe(s)	<input type="checkbox"/> Overgrown Vegetation	<input type="checkbox"/> Poor Forward Visibility	<input type="checkbox"/> Shoppers	<input type="checkbox"/> Local businesses
<input type="checkbox"/> Other Underground Cable		<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Restricted space on site	<input type="checkbox"/> Cyclists	
		<input type="checkbox"/> Water / River etc Nearby	<input type="checkbox"/> Poor site access/ egress		

Please specify any other Hazards or people likely to be affected by the activities that are not covered above:

**1.7 Were discussions held with your line manager to clarify completion of activities in a safe manner?** Yes  No   
**IF YES**, please provide the name of the line manager and the outcome of your discussions:

**1.8 Declaration:** I am satisfied that the activities to be undertaken can be completed in a safe manner.  
 Signed:  Print Name:  Position:  Date:

**1.9 Was a briefing provided as a result of significant hazards on site?** **IF YES**, please provide a summary of the significant hazards and briefing given:  
 Yes  No

**Attendees (Print Name):**  **Signature:**  **Print Name:**  **Signature:**

**Briefing given by (Print Name):**  **Signature:**  **Position:**  **Date:**  **Time:**



## Part 2 Planning Stage

**2.1** Was the site visited by the Operations Supervisor, or someone acting on his behalf, before starting to complete Part 2? Yes  No   
**IF NO**, please explain why:

**2.2** Temporary traffic management standard layouts to be utilised to allow the activities to be completed safely: Yes  No

Traffic control layout No.(s):  +  +

Have site specific temporary traffic management drawings been prepared and attached to this IMS-F07 form? Yes  No

**IF YES**, provide Drawing Titles and Reference Numbers below:

Do the standard layouts adequately cover the activities to be undertaken? Yes  No

**IF NO**, then a site specific temporary traffic management layout drawing or drawings need to be prepared and attached to this IMS-F07 form.

**2.3** Details of Relevant Generic Risk Assessment for the activities to be undertaken.

Reference Numbers							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are all of the hazards and activities adequately covered by the Generic Risk Assessments? Yes  No

**IF NO**, complete the Risk Assessment Section 2.4 below in accordance with IMS-P14 Risk Assessments for those hazards and activities not adequately covered by the Generic Risk Assessments.

**IF YES**, do not complete the Risk Assessment Section 2.4 below and proceed to Section 2.5.

**2.4** Risk Assessment

Activity	Hazards	Initial Risk H/M/L	People Exposed	Controls	Residual Risk H/M/L

**2.5** Were discussions held with your line manager to clarify completion of activities in a safe manner? Yes  No   
**IF YES**, please provide the name of the line manager and the outcome of your discussions:

**2.6 Declaration:** I am satisfied that the activities to be undertaken can be completed in a safe manner.

Signed:  Print Name:  Position:  Date:

**2.7 Briefing.** Please provide a short summary of the briefing given to the Charge-hand:

Attendees (Print Name):	Signature:	Print Name:	Signature:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Briefing given by (Print Name):	Signature:	Position:	Date:	Time:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Part 3 Construction Stage** (This MUST be completed and signed BEFORE works start on site)

**3.1 Operations**

Instruction No.(s):

Route No. and Location:

Description of activities to be undertaken:

**3.2 Site Details.** Please tick the relevant boxes below:

Work Affecting: Carriageway  Footway  Verge  Structure  Other

Those Affected: Own Workforce  Other Workers  Visitors to site  Public  Other

Other (Please provide details):

**3.3 Site Specific Risk Assessment**

<b>Job Information</b>				
Is the job information provided with Parts 1 and 2 complete and satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Site Information</b>				
Is there safe access to and from site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the appropriate PPE available for all employees on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Traffic Management</b>				
Are the traffic management arrangements satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is there safe public access to be provided through and around the site if required?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are the safety zones adequate and will they be properly delineated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Safe Systems</b>				
Are all controls in place for excavation work/Underground Services?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all controls in place for working in the vicinity of overhead electricity cables?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all controls in place for working on electrical circuits including shared circuits?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all controls in place for working in confined spaces?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Environmental</b>				
Have all the environmental hazards been considered and suitable controls identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**IF NO** to any of the above questions or there are further hazards not covered above, state the hazards and control measures you have implemented to make the job safe in the box below.

**3.4 5 minute Site Briefing by Charge-hand to Site Team**

What is the sequence of tasks to be completed?  What are the critical safety controls that need to be put in place?

(Site Team to provide answers) (Site Team to provide answers)

Comments raised by Site Team regarding the day's tasks:

Briefing given by (Print Name):	Signature:	Position:	Date:	Time:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



### 3.5 Location of Services

Service Detection Equipment to be used on site	Serial Number(s)

3.6 After reviewing the information available to you for the job and completing the site specific risk assessment, do you consider it safe to continue with the required works? Yes  No

**If NO, contact your Operations Supervisor before work starts.**

Please provide the name of the Operations Supervisor, if contacted, and the outcome of your discussions:

### 3.7 This must be signed before works start.

**Declaration:** I consider it safe to continue with the works and I am satisfied that the activities to be undertaken can be completed in a safe manner.

Signed:	Print Name:	Position:	Date:

If conditions/hazards change, you MUST review this form and record relevant details in the box below.

### 3.8 I understand the critical safety controls and pledge to carry these out on the day's tasks. I also understand the safe systems of work for the tasks to be undertaken and have the required information and competency to carry out the work safely.

Print Name:	Signature:	Print Name:	Signature:

### 3.9 Briefing provided to visitors, suppliers and others coming to site. Please provide a short summary of the briefing given:

#### Details of those attending the briefing(s):

Attendees (Print Name):	Signature:	Print Name:	Signature:

Briefing given by (Print Name):	Signature:	Position:	Date:	Time:

<p><b>Risk Evaluation:</b> When applying the risk rating H M L – use the method opposite</p> <p><b>Risk = The severity x the probability = risk rating of the hazard causing harm</b></p> <p>Key to Risk Level: L = 1 – 4 M = 5 – 8 H = 9 – 16</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Minor cuts and bruises Over 7 days (Manual Handling)</td> <td style="width: 33%; text-align: center;">2 Possible Occasional</td> </tr> <tr> <td style="text-align: center;">3 Major (Fractures/breakages/amputation)</td> <td style="text-align: center;">3 Frequent</td> </tr> <tr> <td style="text-align: center;">4 Fatal</td> <td style="text-align: center;">4 Likely</td> </tr> </table>	1 Minor cuts and bruises Over 7 days (Manual Handling)	2 Possible Occasional	3 Major (Fractures/breakages/amputation)	3 Frequent	4 Fatal	4 Likely
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4 Fatal	4 Likely						

<b>Assessment No:</b> 038	<b>Assessment by:</b>		<b>Kenny Rowan</b>
<b>Activity:</b>	<b>Litter Picking</b>		
<b>Activity</b>	<b>Hazards</b>	<b>Who might be harmed</b>	<b>Risk Level (H, M, L)</b>
Access site	Traffic and other road users	Staff, operatives and general public	4 x 3 = 12 H
Set up traffic management	Traffic and other road users	Staff, operatives and general public	4 x 4 = 16 H
Scavenging/litter picking prior to grass cutting operations	Manual handling  Sharps injuries	Operatives  Operatives	3 x 4 = 12 H  4 x 2 = 8 M
	<b>Controls</b>	<b>Risk Level (H, M, L)</b>	<b>Comments</b>
	Use beacons on vehicles Correct PPE to be worn Protect operatives using vehicles	4 x 2 = 8 M	Refer to Vehicle Assessments Refer to Method Statement for Working on Verges and Hard Shoulders
	Traffic management to be erected to relevant Chapter 8 layout of contract requirements	4 x 2 = 8 M	Only to be carried out by Sector Scheme Approved TM operatives.
	All operatives to be trained in manual handling	3 x 1 = 3 L	Refer to Manual Handling Assessment
	Correct PPE to be worn	4 x 1 = 4 L	Take small yellow sharps bin and handle sharps with tongs only.





