


|  <p>LAWTON TUBES <i>The nations copper specialist</i></p> | | Risk assessment ref number RA 80 | | Likelihood: 1=Remote, 2 = Unlikely, 3= Likely 4= Very Likely 5= Extremely Likely Severity 1= Insignificant 2= Minor 3= Moderate, 4= Major, 5= Fatality/Severe Risk Rating = Likelihood x Severity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|--|------------|---|----|----|--|--|--|--|--|----------|--|--|--|--|---|---|---|---|---|------------|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|----|----|---|---|---|----|----|----|---|---|----|----|----|----|
| Risk Assessment Conducted by | G Lawton | Date | 30/04/2020 | Hierarchy of control 1. Eliminate Hazard 2. Reduce Hazard 3. Prevent contact with Hazard 4. Form a Safe System of Work 5. Use Personal Protective Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dynamic Risk Assessment conducted by | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task/Area being assessed | | Office Working Corvid19 for the Mill Warehouse and Dorset site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method Statement number | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COSHH Number | N/A | | | <table border="1"> <thead> <tr> <th colspan="2" rowspan="2"></th> <th colspan="5">Severity</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood</th> <th>1</th> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <th>2</th> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <th>3</th> <td>3</td> <td>6</td> <td>9</td> <td>12</td> <td>15</td> </tr> <tr> <th>4</th> <td>4</td> <td>8</td> <td>12</td> <td>16</td> <td>20</td> </tr> <tr> <th>5</th> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> </tbody> </table> | | | | | | | | Severity | | | | | 1 | 2 | 3 | 4 | 5 | Likelihood | 1 | 1 | 2 | 3 | 4 | 5 | 2 | 2 | 4 | 6 | 8 | 10 | 3 | 3 | 6 | 9 | 12 | 15 | 4 | 4 | 8 | 12 | 16 | 20 | 5 | 5 | 10 | 15 | 20 | 25 |
| | | Severity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Likelihood | 1 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 2 | 4 | 6 | 8 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 3 | 6 | 9 | 12 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | 4 | 8 | 12 | 16 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | 5 | 10 | 15 | 20 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manual Handling 'TILE' Assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|------------------------|---|--|--|---|---|--|
| Who is at risk? | Employees <input checked="" type="checkbox"/> | Young Persons <input type="checkbox"/> | Site Personnel <input checked="" type="checkbox"/> | Inexperienced Person <input type="checkbox"/> | Contractors <input checked="" type="checkbox"/> | Public <input checked="" type="checkbox"/> |
|------------------------|---|--|--|---|---|--|

| | | | | | |
|--------------------------|-----------------------------------|---|---|------------------------------------|--------------------------------|
| What is the risk: | Property <input type="checkbox"/> | Environmental <input checked="" type="checkbox"/> | Personnel Injury <input type="checkbox"/> | Equipment <input type="checkbox"/> | Brand <input type="checkbox"/> |
|--------------------------|-----------------------------------|---|---|------------------------------------|--------------------------------|

| | |
|--|---|
| <u>Describe the operation being performed: and environmental aspect and impacts</u> | <u>Personal Protective Equipment Required</u> |
| Employees returning to work in the offices. Employees have either been furloughed or have been working from home. No environmental concerns. | Hand Sanitiser supplied on every desk Sneeze screens installed on desks. |
| <u>Emergency Procedures Required</u> | <u>Hierarchy of Control</u> |
| Any member of staff that have symptoms of COVID 19 must report this to their line manager and self-isolate for a minimum of Seven days | <ul style="list-style-type: none"> • Eliminate • Substitute • Administrative Controls • PPE |

Mechanical Hazards

| | | | |
|------------------------|--------------------------|-----------------|--------------------------|
| 1 Entanglement | <input type="checkbox"/> | 6 Impact | <input type="checkbox"/> |
| 2 Friction / Abrasion | <input type="checkbox"/> | 7 Cutting | <input type="checkbox"/> |
| 3 Stabbing / Puncture | <input type="checkbox"/> | 8 Shear | <input type="checkbox"/> |
| 4 Drawing in / Trap | <input type="checkbox"/> | 9 High Pressure | <input type="checkbox"/> |
| 5 Ejection of Material | <input type="checkbox"/> | 10 Other | <input type="checkbox"/> |

Other Hazards

| | | | | | |
|----------------|--------------------------|---------------------------|--------------------------|----------------------|-------------------------------------|
| 11 Electricity | <input type="checkbox"/> | 16 Fire | <input type="checkbox"/> | 21 Guarding | <input type="checkbox"/> |
| 12 Noise | <input type="checkbox"/> | 17 Lighting | <input type="checkbox"/> | 22 Ergonomic | <input type="checkbox"/> |
| 13 Slip / Trip | <input type="checkbox"/> | 18 Stability of Equipment | <input type="checkbox"/> | 23 Human Error | <input type="checkbox"/> |
| 14 Vibration | <input type="checkbox"/> | 19 Temperature | <input type="checkbox"/> | 24 Falls from Height | <input type="checkbox"/> |
| 15 Radiation | <input type="checkbox"/> | 20 Controls | <input type="checkbox"/> | 25 Other | <input checked="" type="checkbox"/> |


| Ref. (See above) | Type of Hazard | Possible Injury / Harm | Pre-controls | | | Controls | Post-controls | | |
|---------------------|---|------------------------------------|--------------|---|----|--|---------------|---|----|
| | | | S | L | RR | | S | L | RR |
| 1. | Employees showing symptoms of Covid19 | Cross infection of other employees | 5 | 5 | 25 | <ul style="list-style-type: none"> Any employee showing symptoms of Covid19, persistent cough and high temperature, should not attend the workplace. They should self-isolate for a minimum of 7 days. If any person in your household show symptoms of Covid19, or is required to self-isolate, then you should not attend work. If you become aware that you have recently (last 7 days) been in contact with someone subsequently diagnosed (or suspected) as having Covid19 you should not attend work but self-isolate. | 1 | 1 | 1 |
| 2. | Employees coughing or sneezing | Cross infection of other employees | 3 | 3 | 9 | <ul style="list-style-type: none"> Employees who cough or sneeze should use a tissue, if none is available then they should cough or sneeze into their sleeve. Perspex 'sneeze screens' to be installed on all of the occupied desks, forming a barrier between employees. | 1 | 2 | 3 |
| 3 | Transfer of virus from touching objects | Cross infection of other employees | 2 | 4 | 8 | <ul style="list-style-type: none"> Regular washing of hands, for at least 20 seconds, following Government guidelines. Soap and warm water available to carry out this procedure. Hand Sanitiser also available in various locations throughout the offices, also provided on employee desks. | 1 | 2 | 3 |
| 4 | Transfer of virus from desk and door surfaces | Cross infection of other employees | 2 | 2 | 4 | <ul style="list-style-type: none"> Surfaces should be wiped down on a regular basis, with the provided anti-viral wipes Regular cleaning of office doors and internal partitions carried out by cleaning company. Doors to be kept open when possible | 1 | 2 | 3 |
| 5 | Transfer of virus through social interaction | Cross infection of other employees | 2 | 3 | 6 | <ul style="list-style-type: none"> A phased return to work for employees will be introduced, staggered start times may also be used to reduce the social contact time. Employees should follow the Government guideline of maintaining 2 metre or 3 steps spacing between each other as far as is reasonably practicable. If this cannot be achieved, then face to face contact should be avoided, stand side by side or facing away from each. Interaction of more than 15 minutes should be avoided, even if 2 metres apart. Distance markers have been installed on the office floors to indicate 2 metre spacing. | 1 | 2 | 2 |

| | | | | | | | | | |
|---|---|------------------------------------|---|---|--|--|---|---|---|
| | | | | | <ul style="list-style-type: none"> • Offices have been sectioned off to make more use of the corridor to toilets and kitchen • Only two employees at a time is allowed into the kitchen area. • Employees are encouraged to bring their own food into the offices and not go out for lunch. • Employees should make their own drinks. • Government advice is to drive, walk or cycle to work and to avoid public transport wherever possible, employees who do not live together should not travel to work in the same car. • Walks at lunch time are still permitted but must be kept in line with Government guidelines on social distancing and daily exercise. | | | | |
| 6 | Transfer of virus through other mediums | Cross infection of other employees | 2 | 2 | 4 | <ul style="list-style-type: none"> • Wherever possible, documents should be sent electronically. • Pens and other items of stationary, i.e. staplers should not be shared amongst employees. • Employees must not change desks or work on other employee's laptops or PC's | 1 | 1 | 1 |
| 7 | Transfer of virus through contact with visitors | Infection of employees | 3 | 3 | 9 | <ul style="list-style-type: none"> • Do not allow visitors on site unless it is necessary to do so. • If possible, use the facility to conduct on-line meetings. • If face to face contact cannot be avoided, schedule the meeting for a minimum period. • Observe social distancing recommendations when conducting the meeting. • Smoking Shelter will be closed, all smoking will need to be outside the company premises. | 2 | 2 | 4 |

| | | | |
|--------------------|------------------------|----------------------------|---------------------------|
| <i>RISK RATING</i> | LOW RISK 1-5 | MEDIUM RISK 6-12 | HIGH RISK 13-25 |
|--------------------|------------------------|----------------------------|---------------------------|

The area below can be used to expand/ indicate additional control measures according to specific risks presented according to location or task.

| DYNAMIC ACTION PLAN TO REDUCE RISK | | Action Approval | | | |
|------------------------------------|--|-----------------|-----------------|-------------|---------------------|
| Ref. | Extra Controls Required | Responsible | Completion Date | Review Date | Management Approval |
| 5 | Staggered Start times for Office employees | Directors | End of May | | |
| 2 | Installation of Perspex Screen around desks | Directors | 15/05/2020 | | |
| 3 | Hand Sanitiser and Anti-virus wipes | GFL | 15/05/2020 | | |
| 4 | Floor Markings in Office to indicate social distancing guidelines | GFL/J Brealey | 15/05/2020 | | |
| | | | | | |

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|---|--------------|--|--|
| There are NO dynamic hazards to be considered and it is SAFE to proceed | | I have added extra risk controls and the dynamic hazards are controlled and it is SAFE to proceed (As above) | |
| Tick one of the above boxes to confirm all controls are in place prior to the task being conducted | | | |
| Responsible managers acceptance – I read and agree to enforce all controls detailed above | | | |
| Name | Giles Lawton | Signature |  |
| Date | | 13 th May 2020 | |

Review Timetable

| Review No. 1 | | Review No. 2 | | Review No. 3 | | Review No. 4 | | Review No. 5 | |
|--------------|--|--------------|--|--------------|--|--------------|--|--------------|--|
| Name | | Name | | Name | | Name | | Name | |
| Signature | | Signature | | Signature | | Signature | | Signature | |
| Due Date: | | Due Date: | | Due Date: | | Due Date: | | Due Date: | |
| Actual Date: | | Actual Date | | Actual Date | | Actual Date | | Actual Date | |

Confirmation of agreement and understanding

| I confirm that I have read, understood, and agree to work by the risk controls contained within this risk assessment. | | |
|--|-----------|------|
| I confirm that I have been given the opportunity to ask questions regarding the risk controls and have had them satisfactorily answered. | | |
| Name | Signature | Date |
| | | |
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