

SITE SPECIFIC RISK ASSESSMENT
AERIAL WORK PLATFORM (AWP)

Company:	Date of assessment:			
Site / Location of work / Type of work to be undertaken:				
Control Hierarchy Assessment	Yes	No	N/A	Comment
Does the AWP operator hold an IPAF card and has he / she received familiarisation training on the specific AWP to be used?				
Has the AWP been thoroughly examined to comply with LOLER?				
Are service / maintenance records available for the AWP?				
Has a pre-hire inspection of the AWP been undertaken?				
Does the specification of the AWP meet the requirements for the task to be undertaken?				
Do all operatives in the work cage have a full body harness with a fixed length lanyard?				
Has the body harness / lanyard been thoroughly examined to comply with LOLER?				
Is the ground firm / level enough to take the load of the AWP?				
Are there any existing pits, manholes, culverts, voids or underground services that may affect the use of the AWP?				
Are there any overhead electric lines / other services within the area the AWP will be used?				
Is there need for an exclusion zone e.g. barriers, cones etc to keep person(s), vehicles etc out of the AWP operating area?				

Is it likely the wind speed will exceed? If so work with the AWP must be suspended.				
Are rescue procedures in place and are they understood by all relevant persons involved?				
Are there any site features, work being undertaken on site etc which may affect use of the AWP?				

PPE required on site:		
Assessment of risk with existing control measures High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>		
Are additional control measures required: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Additional control measures identified	Date Completed	Signed
Assessment of risk with additional measures in place High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>		
Print:	Position:	
Signed:	Date:	