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|  | | | | | | **Estates & Campus Services (ECS)** | | | | | | | | | | | | PP-052-HEML | | |
| ECS Procedures - Hazard Elimination & Management List | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| This H&S Risk Assessment Register has been developed to assist the design team in the identification of project risks, then actions that can be taken to remove, reduce or control hazards to a tolerable level. Each risk should be ranked into one of the categories identified below. | | | | | | | | | | | | | | | | | | | | |
| **Project Details** | | | | | | | | | | | | | | | | | | | | |
| Project title | |  | | | | | | | | | | Project No. | | |  | | | | | |
| Design Scope | |  | | | | | | | | | | | | | | | | | | |
| Location/Building | |  | | | | | | | | | | | | | | | | | | |
| Project Manager | |  | | | | | | Contact No. | |  | | | | | | | | | | |
|  | |  | | | | | |  | |  | | | | | | | | | | |
| **Appointments** | | | | | | | | | | | | | | | | | | | | |
| Principal Designer Company (PD) | | | | | | |  | | | | | | | | | | | | | |
| PD Contact Name | | | | | | |  | | | | | | Contact No. | | |  | | | | |
| Designer (s) | | | | | | |  | | | | | | Contact No. | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Risk Category | | | Low | | Tolerable Risk, unless improvements can be made at minimal cost | | | | | | Medium | | | Moderate risk, and efforts must be made to remove or reduce the risk | | | High | | Substantial unacceptable risk that must be removed or reduced | |
| Ref No. | Describe the hazard and associated risk | | | Element | | | | | Initial risk category | Risk Owner | | Proposed Designer Intervention to Remove, Reduce or Control Risk | | | | | | | | Revised Risk Category |
| 1 | *Working in a live operational building* | | | *Construction* | | | | | *Medium* | *Principal Contractor* | | *Adequate protection to be provided to working areas to segregate staff and public from the construction works, plant and materials deliveries to the working areas are to be planned and coordinated to have minimal interface with other occupiers. Designated transit routes to be segregated in back of house and sales floor areas.* | | | | | | | | *Low* |
| 2 |  | | |  | | | | |  |  | |  | | | | | | | |  |
| 3 |  | | |  | | | | |  |  | |  | | | | | | | |  |
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**Please place a copy of this form in the Health and Safety File once complete.**