 **Contractor Task Assessment Form V3.1**

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| **Section A** |
| * **The following form must be completed by the Contractor who is going to be carrying out the work and signed off prior to work commencing. This form does not substitute any Permit to Work which may be required following an assessment of the task being done.**
* **Please complete this form by fully answering each question using the shaded box areas.**
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| * **Part 1 – Contractor Details**
 |
| **Your Company Name** |  | **Your Full Name** |  |
| **Your Company Address** |  | **Your Contact Number** |  |
|  |  | **Your Occupation** |  |
| **Telephone / Fax**  |  | **e-mail Address** |  |
| **Names of Other Persons** |  |  |  |
| **Involved In This Work** |  |  |  |

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| * **Part 2 – Client / Customer Details**
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| **Client Company Name** *(e.g. SSP, Boots etc.)* |  |
| **Client Company Dept.** *(e.g. Retail, Eng. etc.)* |  |
| **Client Contact Name** *(e.g. John Smith)* |  |
| **Client Contact Phone Number** |  |

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| * **Part 3 - Describe The Work You Are Planning To Do?**
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| **Start Date** |  | **Start Time** |  | **Completion Date** |  |
| **Time To Complete Task** *(e.g. 2 days, 5 hours, etc.)* |  |

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| * **Part 4 – In Which Areas Will You Be Working?**
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| **Admin. Buildings** |  | **Airbridge Jetties** |  | **Airfield Grass Areas** |  |
| **Airside Cargo Areas** |  | **Airside Node Rooms** |  | **Airside Plantrooms** |  |
| **Airside Retail Units** |  | **Airside Roof Areas** |  | **Airside Switchrooms** |  |
| **Aprons or Stands** |  | **ATC / NATS Building** |  | **Check–in Areas** |  |
| **Fire Station / MT** |  | **Flight Arrivals** |  | **Landside Cargo Areas** |  |
| **Landside Node Rooms** |  | **Landside Plantrooms** |  | **Landside Roadways** |  |
| **Landside Switchrooms** |  | **NCP / Staff Car Parks** |  | **Runways / Taxiways** |  |
| **Terminal Airside** |  | **Terminal Forecourt** |  | **Terminal Landside** |  |
| **Terminal Retail Units** |  | **Terminal Roof Areas** |  | **Other Areas** |  |

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| * **Part 5 – Please Describe The Work Area In Detail**
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| **Section B** |
|  | **Question** | **Guidance** | **Please Answer ALL Questions** |
|  **1** | **How will you get to the job?** | *Do you need to take a van to site or will you park in NCP?* |  |
|  **2** | **Will you be working at height during the job?** | *Will you be using ladders, steps or scaffolding etc.?* |  |
|  **3** | **What training or competency have you?** | *Gas Safe, CITB, JIB, Plumbing & Electrical Schemes, SCORE, CTA, PASMA, CSCS etc.*  |  |
|  **4** | **What PPE is required for you to use during the task?** | *Hard hats, Hi-Viz jackets, gloves, ear defenders, safety goggles, harnesses etc.* ***Note: Safety footwear must always be worn.*** |  |
|  **5** | **How will you safeguard your work?** | *Work areas must be safeguarded from other staff / members of the public by use of barriers, signage, hoarding etc.*  |  |
|  **6** | **What equipment will you use?** | *Plant, machinery such as cranes, lifting devices, tools, generators, concrete borers etc.* |  |
|  **7** | **What power supplies will you require?** | *Compressed air, petrol /diesel generators etc****. Note: Devices must be reduced to 110v.*** |  |
|  **8** | **What materials or substances will you use?** | *Flammable, toxic, corrosive, explosive, chemical liquids or gases etc. require COSHH assessments and data sheets.* |  |
|  **9** | **What materials or waste will be disposed of and where?** | ***Do not*** *use Glasgow Airport’s waste facilities. Instead dispose of all your waste responsibly and in line with legislation.* |  |
| **10** | **What hazards do you identify in doing this type of work?** | *Please tick the appropriate boxes.****If you tick any of the RED hazards please refer to the Permit Application Form & Guidelines available from the Contractors Registration Office.*** | Vehicles |  | Public / Staff |  | Cuts |  |
|  | Slips / Trips |  | Electrocution |  | Plant |  |
|  | **Excavation** |  | **Cranes**  |  | **HV**  |  |
|  | **Hydrant /****Sprinkler** |  | **Confined Space** |  | **Dust / Smoke** |  |
|  | **Pressure Systems** |  | **Airside Working** |  | **Hot Works** |  |
|  |  |  | Demolition |  | Refrigeration / Air Con |  | Fuel / Gas |  |
|  |  |  | Noise |  | Portable Hand Tools |  | Lone Working |  |
|  |  |  | Work atHeight |  | Manual Handling |  | Traffic Control |  |
| **11** | **Describe how you are going to control the risks identified above.** ***You may need to submit a full Method Statement & Risk Assessment if this form is unsuitable.*** |  |
| **12**  | **What are your emergency procedures?** | *Fire Evacuation, fire fighting, first aid certificates, contingency plan and safety briefings.* |  |  |  |
| **13** | **Overall, how do you assess this task?** | **HIGH RISK** |  | **MEDIUM RISK** |  | **LOW RISK** |  |
| **14**  | **Who is your Glasgow Airport contact for this task?** | *The person who you should contact if the task changes or when the task is complete.* ***Note: Report any H&S issues / Near Misses to your contact.*** |  |
| **Your Name** |  | **Signature** |  | **Date** |  |

 **On completion please e-mail to: derek.haldane@glasgowairport.com and scott.steel@glasgowairport.com or Fax 0141 848 4946** V3.1