

Project Evaluation Form – OHS

PROJECT: _____

CTIA, RFQ CTIA _____

Risk Rating: (please tick the relevant risk rating below)

Duration of project:

Number of employees involved in the project:

HIGH	
MED	
LOW	

NB: Temporary work: means any false work, formwork, support work, scaffold, shoring or other temporary structure designed to provide support or mean of access **during construction work.**)

No.	Activity	Please state if <i>Applicable</i> or <i>Not Applicable</i> by putting X or ✓
1	Fall Protection Plan- <i>provide the maximum height also the employees will be working on</i>	Safety gear & training work at 18m (boom list)
2	Rope Access	
3	Structures	
4	Temporary work	
5	Excavation work	
6	Demolition work	
7	Scaffolding	
8	Suspended platforms	
9	Explosive actuated devices	
10	Cranes	
11	Lifting equipment, Tackle, Material Hoist	
12	Construction vehicles and Mobile	
13	Electrical Installations and Machinery on Construction site	
14	Use of Temporary Storage of Flammable Liquids on Construction sites	
15	House-keeping and General Safeguarding on Construction sites.	
16	Stacking and Storage on Construction sites	
17	Construction employees' Facilities	
18	Ladders	
19	Pressure Equipment	
20	Night work	
21	Hot work	
22	Hired Plant and Machinery	
23	Road Construction	
24	Edge Protection and Penetration Batch plants	
25	Confined Space Entry	


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Client	ACSA
Project Brief	
Project	
Location.	

Scope and Description of Project

Project Description:	
Boundaries	
Existing Services	
Roads and Traffic Systems	
Existing Structures	

List of Subcontractors

No	Name of subcontractor	Scope of works

List of Employees

No	Name and surname of employee	