

**J T BEVANN DRYLINING SPECIALISTS LTD**

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| <b>WORKPLACE RISK ASSESSMENT NUMBER: 012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | <b>DATE: 30.09.04.</b>                                                                |   |                |   |
| <b>LOCATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                       |   |                |   |
| <b>OPERATION/PROCESS</b><br>PLASTERBOARDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <b>MANUAL HANDLING ASSESSMENT</b><br>Will be required for each Operative as required. |   |                |   |
| <b>EQUIPMENT USED</b><br>Hand Tools & Power Tools                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  | <b>COSHH ASSESSMENT</b><br>As per manufacturer's data sheets                          |   |                |   |
| <b>SUBSTANCES USED</b><br>Plasterboards/Compounds/Metal Sections/Screws                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <b>NOISE ASSESSMENT</b>                                                               |   |                |   |
| <b>Hazards Identified</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | Before Controls                                                                       |   | After Controls |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | L                                                                                     | M | H              |   |
| Manual handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | X                                                                                     |   |                | X |
| Back strain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | X                                                                                     |   |                | X |
| Cuts and grazes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | X                                                                                     |   |                | X |
| Dust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  | X                                                                                     |   |                | X |
| <b>Exposed Persons:</b> Operatives and bystanders/colleagues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                       |   |                |   |
| <b>FREQUENCY OF EXPOSURE</b><br>Varied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | <b>DURATION OF EXPOSURE</b><br>Varied                                                 |   |                |   |
| <b>CONTROL MEASURES P.P.E. INSTRUCTION/INFORMATION/TRAINING</b><br>COSHH assessments made available to Operatives along with Manufacturer's data sheets.<br>Training and information is provided on how control measures should be applied.<br>Appropriate personal protective equipment is provided and worn.<br>Good ventilation in areas of work.<br>Dust masks to be worn when mixing materials.<br>Clean water to be used for mixing of materials.<br>Hop-ups and access equipment to be checked daily to ensure they are in good condition.<br>All labour will undertake Manual Handling and team work training and will be made aware of the weights and sizes of all relevant materials. |  |  |  |                                                                                       |   |                |   |
| <b>MONITORING RESULTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                                       |   |                |   |
| <b>ASSESSOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | <b>POSITION</b>                                                                       |   |                |   |