



Ministry
of Defence

Secretariat
Defence Infrastructure Organisation
Kingston Road
Sutton Coldfield
B75 7RL

E-mail: diosec-parli@mod.uk
www.gov.uk/DIO

21 March 2017

Email:

Ref. FOI2017/02503

Dear

Thank you for your email of 21 February 2017 requesting the following information:

"We refer to the above and would be grateful if you would provide us with the following information in relation to Leuchars Station, Leuchars, St Andrews KY16 0JX:

- 1. Details of your maintenance responsibilities for the doors at the aircraft shelter designated HAS30. If you are not responsible for the maintenance of the shelter doors please provide details of the party responsible.*
- 2. Maintenance and repair records for the annexe entrance door at the aircraft shelter designated HAS30 for the period 01/01/2014 to 01/01/2016*
- 3. Details of the maintenance and inspection policies for the aircraft shelter designated HAS30*
- 4. Details of all recorded accidents that have occurred at the aircraft shelter designated HAS30 covering the period 01/01/2014 to 01/6/2015*
- 5. Details of all complaints relating to the annexe entrance door at the aircraft shelter designated HAS30 covering the period 01/01/2014 to 01/6/2015*
- 6. Risk assessments completed in relation to the aircraft shelter designated HAS30."*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence (MOD) and I can confirm that some information in scope of your request is held.

The information you have requested for item 1 can be found enclosed at annex A.

The information you have requested for item 2 can be found enclosed at annexes B and C, but some of the information falls entirely within the scope of the absolute exemptions provided for at Section 40 (Personal Data) of the FOIA and has been redacted.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 1998. Section 40 is an absolute exemption and there is

therefore no requirement to consider the public interest in making a decision to withhold the information.

The information you have requested for item 3 is not held.

The information you have requested for item 4 is enclosed at annex D, but some of the information has been redacted under the absolute exemptions provided for at Section 40(2) of the FOIA as detailed above.

The information you have requested for item 5 is not held.

The information you have requested for item 6 is enclosed in annexes E and F, but some of the information has been redacted under the absolute exemptions provided for at Section 40(2) of the FOIA.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 2nd Floor, Zone N, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.org.uk>.

Yours sincerely,

DIO Secretariat

HARD FM STANDARDS & TASKS ENGINEERING

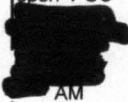
Annex A.

STATUTORY - REGULATORY AUTHORITY
 MANDATORY - ADDITIONAL TO STATUTORY
 REGULATORY AUTHORITY (M-ASRA)

SERIAL	CLASSIFICATION	EQUIPMENT / FUNCTIONAL ELEMENT	LEAD REFERENCES	FREQUENCY	TYPICAL TASKS	GUIDANCE		
						ADDITIONAL GUIDANCE	INDICATIVE FREQUENCY	FUNCTIONAL CATEGORY
221		INDUSTRIAL AND HANGAR DOORS	HASAWA 1974: Provision and Use of Work Equipment Regulations 1998 (PUWER); Lifting Operations and Lifting Equipment Regulations 1998 (LOLER); HSWN 02/08; TS 99/30.	6 Monthly	Inspect, Clean, Service, Adjust & Overhaul as necessary all components of the door system	T1.113 Safe use of lifting equipment; Lifting Operations and Lifting Equipment Regulations 1998; Approved Code of Practice and Guidance; L22 PUWER Approved Code of Practice and Guidance.	6 Monthly	Structures

Gilgen Door Systems UK Ltd	9545-1016	LEUC00000 530 HANGAR HAS30	6M FOLDING SLIDING DOOR INSPECTIO N	HFM	21/07/2015	HFMLFTI- 221-6M	Essential	Planned Miantenance Task
----------------------------------	-----------	-------------------------------------	--	-----	------------	--------------------	-----------	--------------------------------

Annex B.

Subcontractor	Order No	Location	Problem	Job Type	Perm Fix Actual	SOR Code Used	Operational Need	Comments
Gilgen Door Systems UK Ltd	3322-1033	LEUC00000 530 HANGAR HAS30	6M DOORS INDUSTRIAL & HANGAR DOORS SERVICE	HFM	13/11/2015	HFMLFTI-221-6M	Essential	Planned Maintenance Task. See attached Maintenance Record MC 3322-1033 Dated 13/11/15
Gilgen Door Systems UK Ltd	3928-1023	LEUC00000 530 HANGAR HAS30	Additional visit for order 4734-1021 Heavy HAS Door is 'Sticking / Jamming' Investigate cause of stiff/sticking Door and e	RES	09/10/2015	SURVEY STD	Essential	Response Maintenance Task. Job cancelled reasons Unknown.
Gilgen Door Systems UK Ltd	4734-1021	LEUC00000 530 HANGAR HAS30	has annex door - difficult to open POC -  AM 11/6/15 This Property has a Liability Pe	RES	13/07/2015	UT0001	Essential	Response Maintenance Task. See attached Engineer site work sheet RPC No, 4734-1021 dated 13/7/15
Gilgen Door Systems UK Ltd	5689-1021	LEUC00000 530 HANGAR HAS30	6M DOORS INDUSTRIAL & HANGAR DOORS SERVICE	HFM	29/10/2015	HFMLFTI-221-6M	Essential	Planned Maintenance Task. Job cancelled as not required. Completed 13/7/15
Gilgen Door Systems UK Ltd	9436-1016	LEUC00000 530 HANGAR HAS30	6M DOORS INDUSTRIAL & HANGAR DOORS SERVICE	HFM	21/07/2015	HFMLFTI-221-6M	Essential	Planned Maintenance Task. See attached Level 3 Maintenance Record MC 9545-1016/9436 Dated 21/7/15

Annex (ii)

Member of the Nabtesco Group

R.P.C no 4734-1021



26/2007/136

Engineer Site Work Sheet

Job No.

Customer	CARILLIQU AMOY
Site Name	R.A.F LUCHARS
Address	Le
Town	LUCHARS
County	
Post Code	KY 16 0SY

Site Contact	[REDACTED]
Day / Date	MON 13/7/15
Sequence	
Time of Arrival	14 00
Total Site Time	
Time of Departure	15 00
Call Out	<input type="checkbox"/>
Out of Hours	<input type="checkbox"/>
Quoted Work	<input type="checkbox"/>
Remedial	<input type="checkbox"/>

Gilgen No	Door Location (as the Customer calls it)	Type of Door	Door Make (if known)	Door Serial No
	BLD HAZ 30 (ANNEX)	STEEL BURST DOOR	BOOTH	---

Location / Environment

- Authorisation given to commence works Y/N
- Floor area is suitable to work on and is clean & tidy Y/N
- Safe working area created to prevent unauthorised entry Y/N
- Any overhead electrical equipment located and observed Y/N
- Site Health & Safety requirements are being observed Y/N
- Inspected working area for potential asbestos issues Y/N
- PPE, Ladders, Tools, Manual Handling**
- Correct PPE being worn (including Hi-Vi's vest) Y/N
- Tools visually inspected and fit for use / purpose Y/N
- Ladders can be safely "tied off / secured" to work on Y/N
- Can handle materials without causing injury to oneself Y/N

Door Condition for safe working

- Have you isolated electrical supply / locked off door? Y/N
- Have you placed Warning Signs on both sides of opening? Y/N
- Can work commence without Access Equipment? Y/N
- Is work OK to commence without additional resources? Y/N
- High Level Access Equipmt (provided by client or GILGEN)**
- Are you competent to use the equipment? Y/N
- Is the equipment suitable to carry out the works? Y/N
- Have you inspected the equipment for safe use? Y/N
- Hot Works (Grinding / Cutting / Welding)**
- Hot Works req'd? Combustible materials / screening? Y/N
- Method Statement required? Y/N Already completed

Description of Works Carried Out during this visit
 INSPECTED DOOR TO FIND WHY DOOR DIFFICULT TO OPEN THIS DUE TO GREASE NIPPLER BARE RUBBER AND DOOR REQUIRES WASH DOWN WITH GREASE REMOVER & LUBRICATED ALSO GREASE NIPPLER TO BE REPLACED

Qty	Stock Code	Description of Materials fitted to the door during this visit
		N/A

Door condition after visit Is ok Use with Care DO NOT USE - Unsafe: Safety Tag Applied Priority **H / M / L**

Description of Additional Works Required
 DOORS TO HAVE ALL GREASE NIPPLERS ON HINGES CHANGED ALL HINGES OILGREASED AND REOILGREASED, FIT NEW DOORS TO SU CLIENTS WITH OILGREASER

An "On Site Quote" Form has been completed on site and issued to customer for the additional works Y/N **SQ**

An "On Site Service Contract" Form has been completed on site and issued to the customer Y/N **MQ**

Engineer's Name(s) on this visit
 [REDACTED]

Additional Information for office, if required

Worksheet has been faxed to the office YES NO

Important Note: Your signature confirms acceptance of the comments on this worksheet and that any activation sensors or open & close timers installed have been adjusted to your satisfaction. Any return visits to adjust sensors or timers will be chargeable.

Any defects to be notified to scotland@gilgenDS.com within 10 working days otherwise liability cannot be accepted

Authorised Name	Authorised Signature	Position in Company	Date
[REDACTED]	[REDACTED]	QUANTITY SURVEYOR	13/7/15

Level 3 Maintenance Record - Industrial Products

MC 9545-1016/4436

Customer	Day / Date	Seq.
Address	Time Arrived	Time Departed
Town		
County		
Site Contact		
Tel No.		
Email		

Door Location									
Sticker No. or Door No. if the site has been Site Scheduled									
General Observations	Check nameplate & wall wallet fitted (if not fit one) Check general operation / condition Check balance / movement throughout travel Check effectiveness of seals & brushes (if fitted) Check welds & or bolt fixings secure								
Specific to Slideover Doors	Check clearance between panels & tracks Check centre coupling, shafts, bearings / plates Check cable drums, cables & bottom fixtures Check vertical / horizontal tracks alignment & grease Check pusher springs & adjust as necessary Check panel furniture & adjust as necessary Check handchain hoist & adjust as necessary								
Specific to Roller Shutter Doors	Check curtain rolls up square & adjust if required Check endlocks / windlocks are secure Check endplates and barrel are secure Check gearing / drive chain alignment & lubricate Check guide stops / bell mouths & adjust as required Check vertical guides for damage & grease if required Check bottom rail and locks (if fitted)								
Specific to Sliding Folding Doors	Check leaf to ground clearance (min. 6mm) Check for damage to top & bottom tracks & grease Check leading edge is secure Check for damage to leaves Check lattice bars and fixings & adjust as required Check pickets for damage								
Specific to Kwikroll Doors	Check curtain for wear & tear Check cable/straps & adjust if required Check shaft bearings & lubricate Check vertical guides & open out if required								
Specific to Dock Levellers	Check dock leveller is flush and level with dock Check hydraulic hoses for damage Check safety chocks are operable Check pit is clear of debris Check hinged lip / telescopic tongue is operable Check rubber buffers for damage								
Specific to Dock Shelters	Check front face covers for damage Check top and side covers for damage Check spring tension on side covers								
Specific to Electrical Items	Check motor limits are set & adjust if possible Check emergency stop button is operable (if fitted) Check manual override on motor is operable Check all safety features are operable (if fitted) Check batteries (KOAX)								
SAFETY TAG APPLIED		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

To Re-order Badge Print 01952 720511 Ref: ASD0834 (07 11)

✓ = No damage ✕ = Damage requiring attention H = Health & Safety damage requiring urgent attention

An "Additional Works Required" Form has been raised denoting details of any "X" or "H" Y / N **AW**

An "On Site Quote" Form has been raised for the additional works required Y / N **SQ**

Your signature confirms all products have been maintained in accordance with Level 3 as detailed in our Contract Agreement
 Any unlisted defects to be notified to scotland@gilgenDS.com within 10 working days otherwise liability cannot be accepted

Authorized Signature	Authorized Signature	Name of Engineer(s)	Date

Level 3 Maintenance Record - Industrial Products

MC 3388 1073

Customer <i>Carlisle Agency</i>	Day / Date <i>13 11 11</i>	Seq. <i>1</i>
Address <i>RAF FOUNDRY</i>	Time Arrived <i>10 15</i>	Time Departed <i>11 45</i>
Town <i>Leicester</i>		
County		
Site Contact		
Tel No.		
Email		

Door Location	H - Duty								
Sticker No. or Door No. if the site has been Site Scheduled									
General Observations	Check nameplate & wall wallet fitted (if not fit one)								
	Check general operation / condition								
	Check balance / movement throughout travel								
	Check effectiveness of seals & brushes (if fitted)								
	Check welds & or bolt fixings secure								
Specific to Slideover Doors	Check clearance between panels & tracks								
	Check centre coupling, shafts, bearings / plates								
	Check cable drums, cables & bottom fixtures								
	Check vertical / horizontal tracks alignment & grease								
	Check pusher springs & adjust as necessary								
	Check panel furniture & adjust as necessary								
	Check handchain hoist & adjust as necessary								
Specific to Roller Shutter Doors	Check curtain rolls up square & adjust if required								
	Check endlocks / windlocks are secure								
	Check endplates and barrel are secure								
	Check gearing / drive chain alignment & lubricate								
	Check guide stops / bell mouths & adjust as required								
	Check vertical guides for damage & grease if required								
	Check bottom rail and locks (if fitted)								
Specific to Sliding Folding Doors	Check leaf to ground clearance (min. 6mm)								
	Check for damage to top & bottom tracks & grease								
	Check leading edge is secure								
	Check for damage to leaves								
	Check lattice bars and fixings & adjust as required								
	Check pickets for damage								
Specific to Kwikroll Doors	Check curtain for wear & tear								
	Check cable/straps & adjust if required								
	Check shaft bearings & lubricate								
	Check vertical guides & open out if required								
Specific to Dock Levellers	Check dock leveller is flush and level with dock								
	Check hydraulic hoses for damage								
	Check safety chocks are operable								
	Check pit is clear of debris								
	Check hinged lip / telescopic tongue is operable								
	Check rubber buffers for damage								
Specific to Dock Shelters	Check front face covers for damage								
	Check top and side covers for damage								
	Check spring tension on side covers								
Specific to Electrical Items	Check motor limits are set & adjust if possible								
	Check emergency stop button is operable (if fitted)								
	Check manual override on motor is operable								
	Check all safety features are operable (if fitted)								
	Check batteries (KOAX)								
SAFETY TAG APPLIED		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

✓ = No damage ✖ = Damage requiring attention H = Health & Safety damage requiring urgent attention

An "Additional Works Required" Form has been raised denoting details of any "X" or "H" Y / N **AW**

An "On Site Quote" Form has been raised for the additional works required Y / N **SQ**

Your signature confirms all products have been maintained in accordance with Level 3 as detailed in our Contract Agreement
Any unlisted defects to be notified to scotland@gilgenDS.com within 10 working days otherwise liability cannot be accepted

Authorised Name	Authorised Signature	Name of Engineer(s)	Date
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Date]</i>

6	SkP (LV Elec) to identify circuit to be worked on, isolate, prove dead, lock-off and fix caution sign as per JSP 375 Vol 3 Ch 3 Table LV 3
7	SkP to open covers if required and confirm dead at point of work before proceeding
8	Carry out maintenance / repair task as per the work order. Secure all covers on completion.
9	SkP to re-energise circuit and check for satisfactory operation
10	Repeat steps 6 - 9 as required
11	Upon completion, remove all tools, equipment and waste from work area and inform building custodian that work is complete.

* Delete and add rows as required

Sketch / Schematic Diagram of Works

N/A

Method Statement Compiler

Name	Signature	Date	Contact Tel.
[REDACTED]	[REDACTED]	26/02/15	[REDACTED]

Acceptance By Person/s Carrying Out The Work

Name	Signature	Date	Contact Tel.

References If applicable

External Docs & Websites - MHSWR 1999 <http://www.hse.gov.uk/risk/index.htm>

Risk Assessment

Working overhead	Drops from height	2	3	6	Inform building custodian of potential risks. Safety person to wear head protection and control access to work area. Carry the minimum tools and materials required, and collect waste in a suitable receptacle.	2	1	2	
Electrical works	Electrocution, burns, fire	3	3	9	SkP to isolate circuit under JSP 375 Vol 3 Ch 3 Table LV 3 prior to commencing work, and to retain control of the isolation for the duration of the work. SkP to confirm dead at the point of work before proceeding. All work to be carried out in accordance with BS7671	3	1	3	
Severity → Likelihood ↓	Slightly Harmful (Minor - 1)	Harmful (Serious - 2)			Extremely Harmful (Major - 3)	Prepared By: [REDACTED]	Date: 26/02/14		
Highly Unlikely (Low - 1)	Minor Risk (1)	Tolerable Risk (2)			Moderate Risk (3)	Signature: [REDACTED]			
Unlikely (Medium - 2)		Moderate Risk (4)			Substantial Risk (5)	Reviewed By: [REDACTED]	Date: [REDACTED]		
Likely (High - 3)	Moderate Risk (3)	Substantial Risk (5)			Extreme Risk (6)	Signature: [REDACTED]			
Was this assessment reviewed as a result of an incident? If YES, please provide details.									
External Docs & Websites -						Yes (✓)	No (✓)	√	
References if applicable MHSWR 1999 http://www.hse.gov.uk/risk/index.htm									

Site Location: RAF Leuchars		Activity: Minor Electrical Works		RA No: RA-LEU -ELEC			
Persons at Risk: 1 - 2 RI operatives Other camp users		Main Activity: Completion of planned & reactive electrical maintenance		Date: 26/02/15			
Applicable Legislation / Guidance: HSWA 1974, MHSWR 1999, JSP 375 Vol 3 Ch 3 & 7, WaHR 2005, BS7671							
Activity Stage	Potential Hazard	Initial Risk Rating			Residual Risk Rating		
		S	L	R	S	L	R
Pre-work set up		N/A	N/A	N/A	N/A	N/A	N/A
	Slips, trips & falls	2	3	6	2	1	2
Access to point of work	Falls from height	3	2	6	3	1	3
		Brief the building Custodian on the work to be carried out and the duration of works. Health & Safety awareness training. Manual handling awareness training. Asbestos awareness training. Emergency First Aid trained. Skilled person (LV Electrical). Adequate PPE (Safety Boots, Gloves, Overalls, Safety Glasses, Hi-Vis, Hard Hat if required). If portable scaffolding is to be used, erector must have current PASMA training.					
		Survey site before commencing work. Remove obstructions if practicable. Maintain good housekeeping: Keep all tools, equipment and materials in a tidy manner, and not where they could become a trip hazard. Collect all waste in a suitable receptacle and remove from the work area promptly.					
		Always use the correct access equipment for the task, and always in accordance with the manufacturer's instructions. All access equipment should be inspected for serviceability prior to use, and should be tagged. Ladders should be securely footed and used for access only, not as a work platform. Stepladders should be of adequate height, and suitably positioned to avoid over-reaching. Portable scaffolding should only be erected by a PASMA trained operative.					



Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	4 of 4
Revision	2

Please refer to the Risk Assessment Matrix HSE-019 to determine the severity, likelihood and residual risk

Low Risk

If all risk is low, proceed with work.

Medium Risk

Where possible the task should be refined to take account of the hazards involved or the risks should be reduced further prior to task commencement, if necessary appropriate consultation with specialist personnel and HSE team can be sought.

High Risk

Task must not proceed. Further control measures must be put in place to reduce risk. The controls should be reassessed for adequacy prior to work commencement.

Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	3 of 4
Revision	2

HAZARD	POTENTIAL	EXISTING			CONTROL MEASURES	REVISED		
		Likelihood	Severity	Risk Rating (H, M, L)		Likelihood	Severity	Risk Rating (H, M, L)
Team Lifting	<ul style="list-style-type: none"> Restricted space can affect manoeuvrability leading to poor access to the load, resulting in strains and sprains to the body Failure to provide suitable handholds for the load may lead to it slipping when lifted causing physical injuries Failure to select team members with similar lifting capabilities may make the lifting operation unstable resulting in physical injuries Failure to nominate one person to take charge of the lifting process may lead to poor communication between team members and cause the load to fall resulting in physical injuries 	3	3	M	<ul style="list-style-type: none"> All work areas to be suitable for a team lift with adequate space being provided for the handlers to gain good access to the load. All loads requiring a team lift to be fitted with adequate handholds to allow team members to grasp the load securely. Where handholds cannot be provided, then suitable slings etc. are to be used. A lifting plan to be prepared and communicated to all lifting team members. Lifting team members to be selected so that they are of a similar build and physical capability. A team leader to be nominated to control all aspects of the manual handling operation. Team leaders to communicate lifting and moving instructions to other team members. All staff who will be involved in manual handling operations to be trained to carry out such work. 			

Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	2 of 4
Revision	2

HAZARD	POTENTIAL	EXISTING			CONTROL MEASURES	REVISED		
		Likelihood	Severity	Risk Rating (H, M, L)		Likelihood	Severity	Risk Rating (H, M, L)
Overreaching, pushing, pulling	<ul style="list-style-type: none"> • Strains • Pulled muscles 	5	3		<p>items</p> <ul style="list-style-type: none"> • Avoid lifting where possible, consider the use of mechanised lifting equipment • Operatives to receive training in manual handling techniques and to be adequately supervised. • Use of suitable mechanical aids to assist with lifting and moving. • The use of more than one person to move the load to be considered. • Loads should be stable and secured where necessary to mechanical aids. • Suitable personal protective equipment to be worn, e.g. safety boots/shoes, gloves, etc. • Working practices to be reviewed to reduce repetitive handling of loads. • Allowance made for adequate rest breaks or changes in tasks. • Mechanisation of the task to be considered. • Working practices for women who may be pregnant to be reviewed. • Working practices for operatives who may have physical weaknesses or disabilities to be reviewed. • All mechanical aids to be checked and maintained on a regular basis. • Stipulated safe working loads to be adhered to. 	1	3	L
Moving Loads	<ul style="list-style-type: none"> • Incorrect manual handling techniques (lifting, pushing, pulling etc.) • Falling loads leading to bodily injuries • Moving loads repetitively leading to muscular injuries • Some operatives may have health conditions that affect their capacity to move or lift loads, leading to injuries, ill-health etc. • Mechanical aids in poor condition may lead to them failing and causing injuries 	5	3		<ul style="list-style-type: none"> • Working practices to be reviewed to reduce repetitive handling of loads. • Allowance made for adequate rest breaks or changes in tasks. • Mechanisation of the task to be considered. • Working practices for women who may be pregnant to be reviewed. • Working practices for operatives who may have physical weaknesses or disabilities to be reviewed. • All mechanical aids to be checked and maintained on a regular basis. • Stipulated safe working loads to be adhered to. 	1	3	L



Risk Assessment

RICHARD IRVIN <small>ENERGY SOLUTIONS</small>	Document No: HSE-SF-001 Date: 09.06.15 Pages: 1 of 4 Revision: 2
---	---

Description of Work Activity	Manual Handling	Location	Various Locations
Persons at Risk	Staff, visitors, public in vicinity or work area	Assessor(s)	HSEQ Department
Department and Trade		Approved by (name & signature)	
Risk Assessment Reference No.	GRA-089	Revision No.	1
	Date	Issue Date	
	31.10.15		

NOTE: All previous signed versions of this Risk Assessments must be retained in archive file for a period of 3 years from the issue date. Risk Assessments are to be reviewed annually or where circumstances warrant a change.

HAZARD	POTENTIAL	EXISTING			CONTROL MEASURES	REVISED		
		Likelihood	Severity	Risk Rating (H, M, L)		Likelihood	Severity	Risk Rating (H, M, L)
Heavy, large, uneven distribution of load	<ul style="list-style-type: none"> • Strains • Pulled muscles 	5	3		<ul style="list-style-type: none"> • Avoid lifting where possible, consider the use of mechanised lifting equipment • Operatives to be trained in manual handling techniques • Plan the lift, have materials delivered as near to destination as possible • Ideally, bags, sacks, containers etc. should be of manageable weight • Selection of suitable fit individuals dependant on the task • Back supports may be required for some individuals • Reduce weight of load where possible by breaking it down. 	1	3	L
Uneven floors	<ul style="list-style-type: none"> • Trips 	3	3	M	<ul style="list-style-type: none"> • Plan the lift and ensure a clear path before starting 	1	3	L
Poor lighting	<ul style="list-style-type: none"> • Trips • Slips 	3	3	M	<ul style="list-style-type: none"> • Ensure adequate lighting is provided, portable lighting may be required 	1	3	L
Restricted access / egress	<ul style="list-style-type: none"> • Carrying loads incorrectly 	4	3	M	<ul style="list-style-type: none"> • Plan the lift, ensure the path is clear before starting • Break load down into smaller, lighter 	1	3	L



Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	4 of 4
Revision	2

Please refer to the Risk Assessment Matrix HSE-019 to determine the severity, likelihood and residual risk

Low Risk	If all risk is low, proceed with work.
Medium Risk	Where possible the task should be refined to take account of the hazards involved or the risks should be reduced further prior to task commencement, if necessary appropriate consultation with specialist personnel and HSE team can be sought.
High Risk	Task must not proceed. Further control measures must be put in place to reduce risk. The controls should be reassessed for adequacy prior to work commencement.

Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	3 of 4
Revision	2

HAZARD	POTENTIAL	EXISTING			CONTROL MEASURES	REVISED		
		Likelihood	Severity	Risk Rating (H, M, L)		Likelihood	Severity	Risk Rating (H, M, L)
Team Lifting	<ul style="list-style-type: none"> Restricted space can affect manoeuvrability leading to poor access to the load, resulting in strains and sprains to the body Failure to provide suitable handholds for the load may lead to it slipping when lifted causing physical injuries Failure to select team members with similar lifting capabilities may make the lifting operation unstable resulting in physical injuries Failure to nominate one person to take charge of the lifting process may lead to poor communication between team members and cause the load to fall resulting in physical injuries 	3	3	M	<ul style="list-style-type: none"> All work areas to be suitable for a team lift with adequate space being provided for the handlers to gain good access to the load. All loads requiring a team lift to be fitted with adequate handholds to allow team members to grasp the load securely. Where handholds cannot be provided, then suitable slings etc. are to be used. A lifting plan to be prepared and communicated to all lifting team members. Lifting team members to be selected so that they are of a similar build and physical capability. A team leader to be nominated to control all aspects of the manual handling operation. Team leaders to communicate lifting and moving instructions to other team members. All staff who will be involved in manual handling operations to be trained to carry out such work. 			

Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	2 of 4
Revision	2

HAZARD	POTENTIAL	EXISTING			CONTROL MEASURES	REVISED		
		Likelihood	Severity	Risk Rating (H, M, L)		Likelihood	Severity	Risk Rating (H, M, L)
Overreaching, pushing, pulling	<ul style="list-style-type: none"> • Strains • Pulled muscles 	5	3		<p>items</p> <ul style="list-style-type: none"> • Avoid lifting where possible, consider the use of mechanised lifting equipment • Operatives to receive training in manual handling techniques and to be adequately supervised. • Use of suitable mechanical aids to assist with lifting and moving. • The use of more than one person to move the load to be considered. • Loads should be stable and secured where necessary to mechanical aids. • Suitable personal protective equipment to be worn, e.g. safety boots/shoes, gloves, etc. • Working practices to be reviewed to reduce repetitive handling of loads. • Allowance made for adequate rest breaks or changes in tasks. • Mechanisation of the task to be considered. • Working practices for women who may be pregnant to be reviewed. • Working practices for operatives who may have physical weaknesses or disabilities to be reviewed. • All mechanical aids to be checked and maintained on a regular basis. • Stipulated safe working loads to be adhered to. 	1	3	L
Moving Loads	<ul style="list-style-type: none"> • Incorrect manual handling techniques (lifting, pushing, pulling etc.) • Falling loads leading to bodily injuries • Moving loads repetitively leading to muscular injuries • Some operatives may have health conditions that affect their capacity to move or lift loads, leading to injuries, ill-health etc. • Mechanical aids in poor condition may lead to them failing and causing injuries 	5	3			1	3	L



Risk Assessment

Document No:	HSE-SF-001
Date:	09.06.15
Pages:	1 of 4
Revision	2

Description of Work Activity	Manual Handling		Location	Various Locations	
Persons at Risk	Staff, visitors, public in vicinity or work area		Assessor(s)	HSEQ Department	
Department and Trade			Approved by (name & signature)		
Risk Assessment Reference No.	GRA-089	Date	31.10.15	Revision No.	1
NOTE: All previous signed versions of this Risk Assessments must be retained in archive file for a period of 3 years from the issue date.					

HAZARD	POTENTIAL	EXISTING			CONTROL MEASURES	REVISED		
		Likelihood	Severity	Risk Rating (H, M, L)		Likelihood	Severity	Risk Rating (H, M, L)
Heavy, large, uneven distribution of load	<ul style="list-style-type: none"> • Strains • Pulled muscles 	5	3		<ul style="list-style-type: none"> • Avoid lifting where possible, consider the use of mechanised lifting equipment • Operatives to be trained in manual handling techniques • Plan the lift, have materials delivered as near to destination as possible • Ideally, bags, sacks, containers etc. should be of manageable weight • Selection of suitable fit individuals dependant on the task • Back supports may be required for some individuals • Reduce weight of load where possible by breaking it down. 	1	3	L
Uneven floors	<ul style="list-style-type: none"> • Trips 	3	3	M	<ul style="list-style-type: none"> • Plan the lift and ensure a clear path before starting 	1	3	L
Poor lighting	<ul style="list-style-type: none"> • Trips • Slips 	3	3	M	<ul style="list-style-type: none"> • Ensure adequate lighting is provided, portable lighting may be required 	1	3	L
Restricted access / egress	<ul style="list-style-type: none"> • Carrying loads incorrectly 	4	3	M	<ul style="list-style-type: none"> • Plan the lift, ensure the path is clear before starting • Break load down into smaller, lighter 	1	3	L

Job Pack - Completion Details

RPC Order **4734-1021**

Asset Details: Please note any changes to the asset in the space provided and inform the asset site controller

Asset Type	Model	Manufacturer	C-E Asset No.	Known As	Serial No.	Within Warranty
		Internal Appearance				N/A

Date	Name	Start Time	End Time	Hours Worked

Perm Fix Actual	13/07/2015 15:00	Temp Fix Actual	13/07/2015 15:13	Reason for Temp Fix Failure	access
Commencement Actual	DD.MM.YYYY HH:MM			Ongoing problem	Y/N

Repair Reason:	Wifful Estate Damage	Barrack Damage	User error	Component Failure	System Reset	Reason Not Repaired:	Work No Longer Required	Unable To Gain Access

Perm Fix Failure Reason:	Awaiting Parts	Job Pack Rec'd Late	Lack of Labour	Unable to locate user	Weather	SHEF Risk (H & S)	Access / Security Problems	Access Security Problems

Any other reason for failing Perm Fix	
Any other reason for Non Repair	
First time fix (Y/N):	Y/N

Materials Used:

Work Done:

Has there been any alteration, modification or replacement to building footprints, floor layouts or any external to building services? Y/N

QTY	Task ID	S/M/O	Task Description	Value	Actual	Dispute (Y/N)
1.00	UT0001		Untasked item	0.00	0.00	
45.00	DISS001		disputed/DFE Specialist cost element	1.00	45.00	

DSP Name :		Date :		Signature :	
------------	--	--------	--	-------------	--

Order Details:

CarillionAmey

rev001

Job Type	RES	Priority	2	DSP No.		RPC Order	4734-1021		
DSP Company	Gilgen Door Systems UK Ltd			Trade	HL - Handyman/Labourer	TSO	[REDACTED]		
Establishment & Building	RAF Leuchars - LEUC00000530 HANGAR HAS30				Sub Location				
Order Received	11/06/2015 14:28	Allocation Date	13/07/2015 00:01	Commence By		Temp Fix By	18/06/2015 14:28	Perm Fix By	09/07/2015 14:28

Task Details / Order Notes:

has annex door - difficult to open POC - Cpl david williams - 01334 857 327 AM 11/6/15 This Property has a Liability Period Warranty Task code to be added by DSP Return visit required to fit new grease nipples and re-grease door.

The following procedures apply to the task

JSP375 CH3 Electricity	JSP375 CH4 Mechanical Systems	JSP375 CH5 Petroleum	JSP375 CH6 Confined Spaces	JSP375 CH7 Restricted High Places	JSP554 Airfield Ground Lighting	COSHH Data Sheets Required
---------------------------	-------------------------------------	-------------------------	----------------------------------	---	---------------------------------------	----------------------------------

Is a Permit to Work, Sanction to Test or Authority to Access required? Yes No

The appropriate Authorised Person (AP) must be contacted if a Permit, Sanction or Authority to Access is required

Other Permits to Work

Are any Permits to Work required that are not covered in the JSP (i.e. Hot Works, excavation)? Yes No

Does a Statement of Known Services need to be provided? Yes No

Asbestos

Asbestos is presumed to be present at the place of work, unless it can be proved otherwise

Asbestos information: Spec024 Code: LEUC00000530 Risk Score: 6 - Low Risk

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Operative name: Signature Date

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Are works liable to disturb asbestos (if yes, refer job to TSO)

Must be completed by the operative completing the work Yes No

Sustainability / Environmental Section

	Yes	No		Yes	No
Will fuels/chemicals require storage ?	<input type="checkbox"/>	<input type="checkbox"/>	Will watercourses/drains be affected ?	<input type="checkbox"/>	<input type="checkbox"/>
Spillage response plan required ?	<input type="checkbox"/>	<input type="checkbox"/>	Will site wildlife be affected ?	<input type="checkbox"/>	<input type="checkbox"/>
Is the task on Contaminated Land ?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety Monitoring

Work activities which involve Medium/High Risk must have the risk assessment / method statement viewed by the TSO, before work commences. Medium/High Risk work includes, but is not limited to: SRP tasks, Working at Height (not including short duration, low risk jobs), Scaffolding, Use of Mobile Plant, Hot Works, Manual Handling, etc.

Any task, which the TSO, in his/her professional judgement, deems necessary.

Review required Yes No TSO signature [REDACTED] (signed electronically)

No Task can begin without a TSO signature (either electronically or by hand) above, regardless of Yes or No answer

Additional Health and Safety Notes (including any extra asbestos information)

This section can be used by either C-E or the Supply Chain Member

Job Pack - Completion Details

RPC Order **2210-1063**

Asset Details: Please note any changes to the asset in the space provided and inform the asset site controller

Asset Type	Model	Manufacturer	C-E Asset No.	Known As	Serial No.	Within Warranty
		Internal Appearance				NA

Date	Name	Start Time	End Time	Hours Worked

Perm Fix Actual	24/02/2016 15:00	Temp Fix Actual	DD.MM.YYYY HH:MM	Reason for Temp Fix Failure	
Commencement Actual	DD.MM.YYYY HH:MM			Ongoing problem	Y/N

Repair Reason:	Willful Estate Damage	Barrack Damage	User error	Component Failure	System Reset	Reason Not Repaired:	Work No Longer Required	Unable To Gain Access

Perm Fix Failure Reason:	Awaiting Parts	Job Pack Rec'd Late	Lack of Labour	Unable to locate user	Weather	SHEF Risk (H & S)	Access / Security Problems	Access Security Problems

Any other reason for failing Perm Fix	
Any other reason for Non Repair	
First time fix (Y/N):	Y/N

Materials Used:

Work Done:

Has there been any alteration, modification or replacement to building footprints, floor layouts or any external to building services? Y N

QTY	Task ID	S/M/O	Task Description	Value	Actual	Dispute (Y/N)
1.00	SP0001		specialist call out	0.00	0.00	
235.0	DISS001		disputed/DFE Specialist cost element	0.00	0.00	
1.00	REV0001		Correct failure of service	0.00	0.00	
235.0	OOS001		Fixed Price Out of Scope Response Maintenance	1.00	235.00	

DSP Name : _____ Date : _____ Signature : _____

Order Details:

CarillionAmey

rev001

Job Type	REW	Priority	3	DSP No.		RPC Order	2210-1063		
DSP Company	Gilgen Door Systems UK Ltd			Trade	SP - Specialist Contractor	TSO	[REDACTED]		
Establishment & Building	RAF Leuchars - LEJ00000530 HANGAR HAS30				Sub Location				
Order Received	11/02/2016 14:15	Allocation Date	24/02/2016 00:01	Commence By		Temp Fix By	10/03/2016 14:15	Perm Fix By	10/03/2016 14:15

Task Details/ Order Notes:

Additional visit for order 7476-1054 annex door has been attended twice in the past as it was stiff to operate. The door is still stiff and is a risk to the operator. Please rectify. (REWORK OF ORDER: 7476-1054)

The following procedures apply to the task

JSP375 CH3 Electricity	JSP375 CH4 Mechanical Systems	JSP375 CH5 Petroleum	JSP375 CH6 Confined Spaces	JSP375 CH7 Restricted High Places	JSP554 Airfield Ground Lighting	COSHH Data Sheets Required
------------------------	-------------------------------	----------------------	----------------------------	-----------------------------------	---------------------------------	----------------------------

Is a Permit to Work, Sanction to Test or Authority to Access required? Yes No

The appropriate Authorised Person (AP) must be contacted if a Permit, Sanction or Authority to Access is required

Other Permits to Work

Are any Permit's to Work required that are not covered in the JSP (i.e. Hot Works, excavation)? Yes No

Does a Statement of Known Services need to be provided? Yes No

Asbestos

Asbestos is presumed to be present at the place of work, unless it can be proved otherwise

Asbestos Information: Spec024 Code: LEJ00000530 Risk Score: 6 - Low Risk

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Operative name: Signature Date

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Are works liable to disturb asbestos (if yes, refer job to TSO)

Must be completed by the operative completing the work Yes No

Sustainability / Environmental Section

	Yes	No		Yes	No
Will fuels/chemicals require storage ?	<input type="checkbox"/>	<input type="checkbox"/>	Will watercourses/drains be affected ?	<input type="checkbox"/>	<input type="checkbox"/>
Spillage response plan required ?	<input type="checkbox"/>	<input type="checkbox"/>	Will site wildlife be affected ?	<input type="checkbox"/>	<input type="checkbox"/>
Is the task on Contaminated Land ?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety Monitoring

Work activities which involve Medium/High Risk must have the risk assessment / method statement viewed by the TSO, before work commences. Medium/High Risk work includes, but is not limited to: SRP tasks, Working at Height (not including short duration, low risk jobs), Scaffolding, Use of Mobile Plant, Hot Works, Manual Handling, etc.

Any task, which the TSO, in his/her professional judgement, deems necessary.

Review required Yes No TSO signature [REDACTED] (signed electronically)

No Task can begin without a TSO signature (either electronically or by hand) above, regardless of Yes or No answer

Additional Health and Safety Notes (including any extra asbestos information)

This section can be used by either C-E or the Supply Chain Member

Town LEWIS & CLARKE
 County _____
 Post Code _____

Sequence 211
 Time of Arrival 9.30
 Total Site Time 0.75
 Time of Departure 10.15

Gilgen No _____
 Door Location (as the Customer calls it) HAS 530
 Type of Door STEEL SHUTTER
 Door Make or In _____

Call Out Reason: N/A Vandalism Damage Impact User Wear & Tear False Attendance Fr _____

Additional detail to clarify call out reason: _____

Location / Environment		PPE, Ladders, Tools, Manual Handling		High Level Access	
Floor is suitable to work on	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Correct PPE, HiVis being worn	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Can works commence for access equipment	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA
Safe working area created	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Tools inspected and fit for use	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Complete if access	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA
Overhead cables observed	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Ladders can be safely 'tied off'	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Are you trained to use	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA
Site H&S requirements observed	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Suitable for stepladder access	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Equipment suitable for	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA
Area inspected for asbestos	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Materials can be handled safely	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Equipment inspected	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA
Equipment isolated/locked off	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Hot Works (Grinding / Cutting / Welding)	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Equipment is stored	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA
Warning signs applied to area	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Is hot works required?	<input checked="" type="checkbox"/> N / <input type="checkbox"/> NA		

Description of Works Carried Out during this visit

GRAB & SPRAY HANDED ON ANNEX DOOR
USED FREE SPRAY ON HANDED
AS BEST AS CAN BE

Qty	Stock Code	Description of Materials fitted to the door during this visit (Not Applicable)

Door condition after visit is ok Use with Care DO NOT USE - Unsafe: Safety Tag Applied

Description of Works Required (Not Applicable)

Engineer's Name(s) on this visit _____
 Additional Information for office (Not Applicable) _____

A Site Quote form has been completed for additional works required SQ A 'Service Contract Agreement' has been completed for this site MC

Important Notes Your signature confirms acceptance of the comments on this worksheet and that any activation sensors or open & close timers in satisfaction. Any return visits to adjust sensors or timers will be chargeable.

Any defects to be notified to repairs@gilgenDS.com within 10 working days otherwise liability cannot be accepted

Authorised Name _____ Authorised Signature _____ Position in Company SITE MANAGER

Scanned by CamScanner

2412116	[REDACTED]	0930	101
11	[REDACTED]	0930	101

Perm Fix Actual	DDMMYYYY HH:MM 24/12/16	Temp Fix Actual	DDMMYYYY HH:MM	Reason for Temp Fix Failure
Commencement Actual	DDMMYYYY HH:MM			

Repair Reason:	Willful Estate Damage	Barrack Damage	User error	Component Failure <input checked="" type="checkbox"/>	System Reset	Reason Not Repaired:	W L R
----------------	-----------------------	----------------	------------	---	--------------	----------------------	-------------

Perm Fix Failure Reason:	Awaiting Parts	Job Pack Rec'd Late	Lack of Labour	Unable to locate user	Weather	SHEF Risk (H & S)	Access / Security Problems
--------------------------	----------------	---------------------	----------------	-----------------------	---------	-------------------	----------------------------

Any other reason for failing Perm Fix	
Any other reason for Non Repair	
First time fix (Y/N):	Y/N

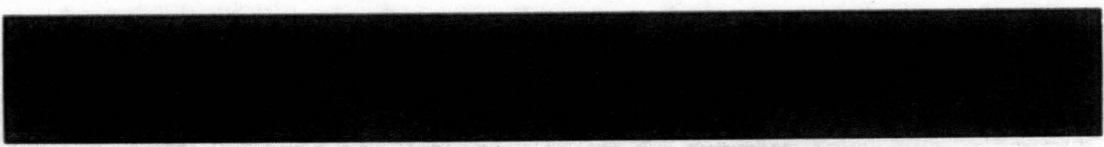
Materials Used:

Work Done:
see attached worksheet

Has there been any alteration, modification or replacement to building footprints, floor layouts or any external to building services? Y/N

QTY	Task ID	S/M/O	Task Description	Value
1.00	SP0001		specialist call out	0.00
225.00	DISS001		disputed/DFE Specialist cost element	0.00
1.00	REW0001		Correct failure of service	0.00

DSP Name : _____ Date : _____ Signature : _____



Task Details / Order Notes:

Additional visit for order 7476-1054 annex door has been attended twice in the past as it was stiff to operate. The door is still operator. Please rectify. (REWORK OF ORDER: 7476-1054)

The following procedures apply to the task

JSP375 CH3 Electricity	JSP375 CH4 Mechanical Systems	JSP375 CH5 Petroleum	JSP375 CH6 Confined Spaces	JSP375 CH7 Restricted High Places	JSP554 Airfield Ground Lighting
------------------------------	--	----------------------------	-------------------------------------	--	---------------------------------------

Is a Permit to Work, Sanction to Test or Authority to Access required? Yes
The appropriate Authorised Person (AP) must be contacted if a Permit, Sanction or Authority to Access is required

Other Permits to Work

Are any Permit's to Work required that are not covered in the JSP (i.e. Hot Works, excavation)? Yes
Does a Statement of Known Services need to be provided? Yes

Asbestos

Asbestos is presumed to be present at the place of work, unless it can be proved otherwise

Asbestos Information: Spec024 Code: LEUC00000530 Risk Score:

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Operative name: Signature De

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Are works liable to disturb asbestos (if yes, refer job to TSO)

Must be completed by the operative completing the work

Sustainability / Environmental Section

Yes No

Will fuels/chemicals require storage ?

Will watercourses/drains be affected ?

Spillage response plan required ?

Will site wildlife be affected ?

Is the task on Contaminated Land ?

Health & Safety Monitoring

Work activities which involve Medium/High Risk must have the risk assessment / method statement viewed by the TSO, before commences. Medium/High Risk work includes, but is not limited to: SRP tasks, Working at Height (not including short duration Scaffolding, Use of Mobile Plant, Hot Works, Manual Handling, etc.

Any task, which the TSO, in his/her professional judgement, deems necessary.

Yes No

Review required

TSO signature: [Redacted] (signed electronically)

No Task can begin without a TSO signature (either electronically or by hand) above, regardless of Y.

Additional Health and Safety Notes (including any extra asbestos information)

This section can be used by either C-E or the Supply Chain Member

Job Pack - Completion Details

RPC Order **7476-1054**

Asset Details: Please note any changes to the asset in the space provided and inform the asset site controller

Asset Type	Model	Manufacturer	C-E Asset No.	Known As	Serial No.	Within Warranty
		Internal Appearance				NA

Date	Name	Start Time	End Time	Hours Worked

Perm Fix Actual	06/01/2016 09:15	Temp Fix Actual	18/01/2016 08:37	Reason for Temp Fix Failure	
Commencement Actual	DD/MM/YYYY HH:MM			Ongoing problem	Y/N

Repair Reason:	Wilful Estate Damage	Barrack Damage	User error	Component Failure	System Reset	Reason Not Repaired:	Work No Longer Required	Unable To Gain Access

Perm Fix Failure Reason:	Awaiting Parts	Job Pack Rec'd Late	Lack of Labour	Unable to locate user	Weather	SHEF Risk (H & S)	Access / Security Problems	Access Security Problems

Any other reason for failing Perm Fix	
Any other reason for Non Repair	
First time fix (Y/N):	Y N

Materials Used:

Work Done:
 sprayed hinge with oil. require penetrating oil spray for these hinges & grease gun.

Has there been any alteration, modification or replacement to building footprints, floor layouts or any external to building services? Y/N

QTY	Task ID	S/M/O	Task Description	Value	Actual	Dispute (Y/N)
1.00	SP0001		specialist call out	0.00	0.00	
225.0	DISS001		disputed/DFE Specialist cost element	1.00	225.00	

DSP Name : _____ Date : _____ Signature : _____



Date:	29.09.15
Pages:	1 of 1
Revision:	1

What

Approximately a quarter of injuries that occur at work are caused by poor manual handling.

Why

Some injuries result in permanent disability. By using correct manual handling techniques the risks of lifting heavy loads can be reduced. It is important to be aware of your capabilities and to only tackle jobs you can handle.

Do

Considerations:

- ✓ Assess if the lift is necessary
- ✓ Assess the load before lifting it
- ✓ Use a mechanical aid instead of manual handling if possible
- ✓ Spilt the load where possible to decrease the weight
- ✓ Wear gloves to protect from cuts & boots to protect from falling loads
- ✓ Ask for help when needed

Good manual handling techniques:

- ✓ Ensure your route is clear before starting
- ✓ Stand close to the load with feet hip-width apart
- ✓ Flex knees and secure grip on the load
- ✓ A good lifting technique uses the strong muscles in your legs
- ✓ Keep load close to the body
- ✓ Keep your back straight when lifting
- ✓ Lift slowly and avoid jerky movements
- ✓ When lifting from a height to the floor, do it in 2 stages
- ✓ When 2+ people are to lift a load, one person is responsible for giving directions to co-ordinate the lift

Do Not

- × Lift a load that is too heavy
- × Twist your body when lifting
- × Attempt without adequate PPE

Points for Discussion

- What checks should you carry out before starting a lift?
- Describe how to lift a load safely.
- When 2 or more people are lifting a load, what should happen?

Order Details

CarillionAmev

rev001

Job Type	RES	Priority	3	DSP No.		RPC Order	7476-1054
DSP Company	Gigen Door Systems UK Ltd			Trade	SP - Specialist Contractor	TSO	[REDACTED]
Establishment & Building	RAF Leuchars - LEUC00000530 HANGAR HAS30				Sub Location		
Order Received	16/12/2015 12:34	Allocation Date	08/01/2016 00:01	Commence By		Temp Fix By	13/01/2016 12:34
						Perm Fix By	13/01/2016 12:34

Task Details/ Order Notes:

annex door stiff to open, requires attention pool [REDACTED] This Property has a Liability Period Warranty internal item

The following procedures apply to the task

JSP375 CH3 Electricity	JSP375 CH4 Mechanical Systems	JSP375 CH5 Petroleum	JSP375 CH6 Confined Spaces	JSP375 CH7 Restricted High Places	JSP554 Airfield Ground Lighting	COSHH Data Sheets Required
------------------------	-------------------------------	----------------------	----------------------------	-----------------------------------	---------------------------------	----------------------------

Is a Permit to Work, Sanction to Test or Authority to Access required? Yes No

The appropriate Authorised Person (AP) must be contacted if a Permit, Sanction or Authority to Access is required

Other Permits to Work

Are any Permit's to Work required that are not covered in the JSP (i.e. Hot Works, excavation)? Yes No

Does a Statement of Known Services need to be provided? Yes No

Asbestos

Asbestos is presumed to be present at the place of work, unless it can be proved otherwise

Asbestos Information: Spec024 Code: LEUC00000530 Risk Score: 6 - Low Risk

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Operative name: Signature Date

The asbestos register must be checked for the location of asbestos relevant to all areas of work

Are works liable to disturb asbestos (if yes, refer job to TSO)

Must be completed by the operative completing the work Yes No

Sustainability / Environmental Section

	Yes	No		Yes	No
Will fuels/chemicals require storage ?	<input type="checkbox"/>	<input type="checkbox"/>	Will watercourses/drains be affected ?	<input type="checkbox"/>	<input type="checkbox"/>
Spillage response plan required ?	<input type="checkbox"/>	<input type="checkbox"/>	Will site wildlife be affected ?	<input type="checkbox"/>	<input type="checkbox"/>
Is the task on Contaminated Land ?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety Monitoring

Work activities which involve Medium/High Risk must have the risk assessment / method statement viewed by the TSO, before work commences. Medium/High Risk work includes, but is not limited to: SRP tasks, Working at Height (not including short duration, low risk jobs), Scaffolding, Use of Mobile Plant, Hot Works, Manual Handling, etc.

Any task, which the TSO, in his/her professional judgement, deems necessary.

Review required Yes No TSO signature [REDACTED] (signed electronically)

No Task can begin without a TSO signature (either electronically or by hand) above, regardless of Yes or No answer

Additional Health and Safety Notes (including any extra asbestos information)


This section can be used by either C-E or the Supply Chain Member

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

 RICHARD IRVIN ENERGY SOLUTIONS	SECTION	HS-FM-015-01
	SUBSECTION	Safety Briefing / Toolbox Talk Form
	PAGE	1
	AMENDMENT	1
	DATE	Jan 2015

Activity / Task Description: ACCIDENT /INCIDENT REPORTING	
Location: Building 154	Date: 29-01-15
Person in Charge of Activity: Electrical Supervisor	
Person carrying out Briefing / Talk:	

Topics Discussed during Safety Briefing / Toolbox Talk	
1.	MANUAL HANDLING
2.	
3.	
4.	
5.	

Please use rear of sheet for any notes / comments along with your name and signature.

I confirm that I have attended this briefing / talk and was given the opportunity to Discuss / express my views relating to the topics noted above.			
Name	Signature	Name	Signature
1. [Redacted]	[Redacted]	6. [Redacted]	[Redacted]
2. [Redacted]	[Redacted]	7. [Redacted]	[Redacted]
3. [Redacted]	[Redacted]	8.	
4. [Redacted]	[Redacted]	9.	
5. [Redacted]	[Redacted]	10.	
11 [Redacted]	[Redacted]	12	
13 [Redacted]	[Redacted]	14	
15 [Redacted]	[Redacted]	16	
17 [Redacted]	[Redacted]	18	

Reference	Rev	Rev date	Author	Approved By	Page
HS-FM-015-00	01	24.07.15	A Ketting	Douglas Smith	1 of 2

11-06-15. → 1330

0615/A/84643.

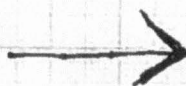
HSS 30 - 530 -

LICKOT * DOOR KICKAGE

PULLED DOOR - TWISTED RIGHT KNEE.

DUE TO STIFF DOOR.

~~REDACTED~~



12-06-15 - ~~REDACTED~~ KNEE
STILL SORE

Report to VAS SGT at BUILD 415.



Accident / Incident Report Form

Document No:	HSE-SF-10
Date:	29.12.14
Pages:	3 of 3
Revision:	1

11) Basic Causes			
C) Personal Factors	D) Job Factors	E) Type of Contact	F) Contact With
<input type="checkbox"/> 1. Inadequate Capacity <input type="checkbox"/> 2. Lack of Knowledge <input type="checkbox"/> 3. Lack of Skill <input type="checkbox"/> 4. Stress <input type="checkbox"/> 5. Improper Motivation <input type="checkbox"/> 6. Lapse of Concentration <input type="checkbox"/> 7. Other (specify):	<input type="checkbox"/> 1. Inadequate Supervision <input type="checkbox"/> 2. Inadequate Planning <input type="checkbox"/> 3. Inadequate Purchasing <input checked="" type="checkbox"/> 4. Inadequate Maintenance <input type="checkbox"/> 5. Inadequate Tools / equip. <input type="checkbox"/> 6. Inadequate Work Standards <input type="checkbox"/> 7. Wear and Tear <input type="checkbox"/> 8. Abuse or Misuse <input type="checkbox"/> 9. Time Pressure <input type="checkbox"/> 10. Other (specify):	<input type="checkbox"/> 1. Struck Against <input type="checkbox"/> 2. Struck By <input type="checkbox"/> 3. Caught In <input type="checkbox"/> 4. Caught On <input type="checkbox"/> 5. Caught Between <input type="checkbox"/> 6. Slip <input type="checkbox"/> 7. Trip / Fall <input type="checkbox"/> 8. Over Exertion 9. Other (specify):	<input type="checkbox"/> 1. Electricity <input type="checkbox"/> 2. Heat <input type="checkbox"/> 3. Cold <input type="checkbox"/> 4. Noise <input type="checkbox"/> 5. Toxic substance <input type="checkbox"/> 6. Plant / Equipment <input type="checkbox"/> 7. Foreign Object <input checked="" type="checkbox"/> 8. Other (specify):

12) Recommended Corrective / Remedial Actions to Prevent Reoccurrence			
Description of Activity / Task	Action Party	Planned Completion Date	Completion Date
OPERATIVE TRIED GAINING ENTRY INTO BUILDING THROUGH STIFF METAL DOOR TO SERVICE LIGHTS.	CARLLOWANKEY		

13) Endorsement of Report and Corrective Actions By			
Comments			
Name		Signature	
Position		Date	

14) Health, Safety and Environmental Department Use Only			
RIDDOR Classification		No. days Lost	
RIDDOR Ref No.		Estimated Cost of Loss	



Accident / Incident Report Form

Document No:	HSE-SF-10
Date:	29.12.14
Pages:	2 of 3
Revision:	1

8) Full Description of Incident (please include photo/sketch)

OPERATIVE. REQUIRED ACCESS INTO BUILDING TO CARRY OUT MAINTENANCE TASK TO REPAIR LIGHTS
 OPERATIVE TRIED TO OPEN WICKET DOOR (STAIR.) AT GAIN ENTRY DOOR STIFF, OPERATIVE TRIED PULLING WICKET BALANCE AND TWISTED RIGHT THUMB.
 OPERATIVE RETREATED AND REPORTED ACCIDENT TO SGT ON DUTY AT VAS BUILDING 415.
 THEN REPORTED TO RI OFFICER [REDACTED]
 [REDACTED] REPORTED ACCIDENT 15/06/15 TO CA. HMPDST
 CA REF No: 0615/A/84643

9) Name of Person Completing Part 1 - 8 of this Form

Name	[REDACTED]	Signature	[REDACTED]	Date	15-06-15
------	------------	-----------	------------	------	----------

10) Immediate Causes (tick all that apply)


- Report Immediate causes at first instance, ad if not listed.

People	Organisation	Environment	Technology
<input type="checkbox"/> Operating equipment without authority	<input type="checkbox"/> No Procedure in place	<input type="checkbox"/> Exposure to hazardous atmosphere	<input type="checkbox"/> Inadequate guards or barriers
<input type="checkbox"/> Failure to follow rules / procedures	<input type="checkbox"/> Poor job planning	<input type="checkbox"/> Exposure to extreme / unexpected weather	<input type="checkbox"/> Inadequate or improper PPE
<input type="checkbox"/> Improper / defective / worn PPE		<input type="checkbox"/> Slippery / uneven surface	<input type="checkbox"/> Defective tools / equipment / material
<input type="checkbox"/> Failure to observe / use safety devices		<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Congestion or restricted space
<input type="checkbox"/> Misuse of equipment / tools		<input type="checkbox"/> Inadequate illumination	<input type="checkbox"/> Inadequate warning / safety devices
<input checked="" type="checkbox"/> Improper manual handling		<input type="checkbox"/> Noise exposure	<input type="checkbox"/> Fire and / or explosion hazards
<input type="checkbox"/> Using defective equipment		<input type="checkbox"/> Radiator exposure	<input type="checkbox"/> Poor housekeeping - disorder
<input type="checkbox"/> Using equipment improperly		<input type="checkbox"/> Weather conditions	<input type="checkbox"/> Hazardous environmental conditions
<input type="checkbox"/> Operating at improper speed		<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Improper position for task			
<input type="checkbox"/> Horseplay			
<input type="checkbox"/> Under influence of alcohol / drugs			
<input checked="" type="checkbox"/> Maintaining / servicing equipment in operation			
<input type="checkbox"/> By 3 rd party			
<input type="checkbox"/> Other (specify):			

Annex D

4734-104

0615/A/84643

	Accident / Incident Report Form	Document No:	HSE-SF-10
		Date:	29.12.14
		Pages:	1 of 3
		Revision:	1

1) General Information	
Type of Report	<input type="checkbox"/> Preliminary <input type="checkbox"/> Final
Incident Category	<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Near Miss <input type="checkbox"/> Material Damage
Reporting Location	<input type="checkbox"/> Aberdeen <input type="checkbox"/> Dundee <input type="checkbox"/> Inverness/Elgin <input checked="" type="checkbox"/> Glasgow <input type="checkbox"/> Edinburgh

2) Facts			
Exact Location	LEICHS CAMP - BUILDING 530. HAS 30		
Date of Incident	11-06-15.	Time (HH-MM)	13.30
Authorities Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Who?	VAS ON DUTY SGT.


3) Harm to People - Personal Details			
Forenames	[REDACTED]	Division / Department	FM - CA.
Surname	[REDACTED]	Staff No.	D.O.B [REDACTED]
Address	[REDACTED]	Occupation	ELECTRICIAN
	[REDACTED]	Name of Supervisor	[REDACTED]
	[REDACTED]	NI No.	[REDACTED]
Contact Phone No.	[REDACTED]	Shift Start Time	08.00
		Date & Time of return to work	11-06-15 - 13.45.

4) Details of Injury			
Date & Time of Injury / Illness	13.30PM.	Was employee treated by:	<input type="checkbox"/> Doctor <input type="checkbox"/> First-Aider
Part of Body	RIGHT KNEE	Was employee:	<input type="checkbox"/> Hospitalised <input type="checkbox"/> Sent Home
Nature of Injury / Illness	TWISTED RIGHT KNEE, WHILE TRYING TO OPEN DOOR. TO GAIN ENTRY		


5) For Third Party Injury Only			
Name		Employer	
Age		Occupation	
Nature of Injury			

6) Activity Leading to Incident (tick one box only)	
<input type="checkbox"/> 1. Using portable tools / equipment	<input type="checkbox"/> 10. Welding / burning
<input checked="" type="checkbox"/> 2. Manual lifting / handling	<input type="checkbox"/> 11. Handling hazardous material
<input type="checkbox"/> 3. Operating plant / machinery	<input type="checkbox"/> 12. Cleaning
<input type="checkbox"/> 4. Working at height	<input type="checkbox"/> 13. Electrical work
<input type="checkbox"/> 5. Climbing / descending	<input type="checkbox"/> 14. Maintenance
<input type="checkbox"/> 6. Walking on same level	<input type="checkbox"/> 15. Painting
<input type="checkbox"/> 7. Inspection / examination	<input type="checkbox"/> 16. Recreational / meal break etc.
<input type="checkbox"/> 8. Driving / passenger in company vehicle	<input type="checkbox"/> 17. Other (specify):
<input type="checkbox"/> 9. Lifting / crane operations	

7) Witness to Incident			
Name	None	Employer	
Address			

	SECTION	RI-LEU-ELECT 007	
	SUBSECTION	RISK ASSESSMENT	
	PAGE	1	
	AMENDMENT	0	
		DATE	26 FEBRUARY 2015

RISK ASSESSMENT			
DESCRIPTION OF WORK ACTIVITY	MINOR ELECTRICAL WORKS	LOCATION	RAF LEUCHARS
TRADES AT RISK	1-2 RI OPERATIVE / OTHER CAMP USERS	MAIN ACTIVITY: COMPLETION OF PLANNED & REACTIVE ELECTRICAL MAINTENANCE	
ASSESSOR	[REDACTED]	26 FEBRUARY 2015	FREQUENCY: AS REQUIRED

	Hazard Severity					
	Very Unlikely	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
Very Likely	5	10	15	20	25	

Applicable Legislation / Guidance:
 HSWA 1974, MHSWR 1999, JSP 375 Vol 3 Ch 3 & 7, WaHR 2005, BS7671

Activity Stage	Potential Hazard	Initial Risk Rating			Control Measures	Residual Risk Rating		
		S	L	R		S	L	R
Pre-work set up		N/A	N/A	N/A	Brief the building Custodian on the work to be carried out and the duration of works. Health & Safety awareness training. Manual handling awareness training. Asbestos awareness training. Emergency First Aid trained. Skilled person (LV Electrical). Adequate PPE (Safety Boots, Gloves, Overalls, Safety Glasses, Hi-Vis, Hard Hat if required). If portable scaffolding is to be used, erector must have current PASMA training.	N/A	N/A	N/A
Access to point of work	Slips, trips & falls	2	3	6	Survey site before commencing work. Remove obstructions and check for sharp surfaces and serrated steel that may cause injury if practicable. Maintain good housekeeping: Keep all tools, equipment and materials in a tidy manner, and not where they could become a trip hazard. Collect all waste in a suitable receptacle and remove from the work area promptly	2	1	2
	Falls from height	3	2	6	Always use the correct access equipment for the task, and always in accordance with the manufacturer's instructions. All access equipment should be inspected for serviceability prior to use, and should be tagged. Ladders should be securely footed and used for access only, not as a work platform. Stepladders should be of adequate height, and suitably positioned to avoid over-reaching. Portable scaffolding should only be	3	1	3

RISK ASSESSMENT				RICHARD IRVIN						
DESCRIPTION OF WORK ACTIVITY	MINOR ELECTRICAL WORKS	LOCATION	RAF LEUCHARS	Likelihood	Hazard Severity					
TRADES INVOLVED	1-2 RI OPERATIVE / OTHER CAMP USERS	MAIN ACTIVITY: COMPLETION OF PLANNED & REACTIVE ELECTRICAL MAINTENANCE			Negligible	Slight	Moderate	High	Very High	
ASSESSOR	[REDACTED]	26 FEBRUARY 2015	FREQUENCY: AS REQUIRED		Very Unlikely	1	2	3	4	5
					Unlikely	2	4	6	8	10
				Possible	3	6	9	12	15	
				Likely	4	8	12	16	20	
				Very Likely	5	10	15	20	25	

erected by a PASMA trained operative.										
Working overhead	Drops from height	2	3	6	Inform building custodian of potential risks. Safety person to wear head protection and control access to work area. Carry the minimum tools and materials required, and collect waste in a suitable receptacle.	2	1	2		
Electrical works	Electrocution, burns, fire	3	3	9	SkP to isolate circuit under JSP 375 Vol 3 Ch 3 Table LV 3 prior to commencing work, and to retain control of the isolation for the duration of the work. SkP to confirm dead at the point of work before proceeding. All work to be carried out in accordance with BS7671	3	1	3		

Signature of assessor		Job Title	DIRECTOR
-----------------------	--	-----------	----------

Briefing Register

The persons below confirm that they have been briefed on the contents/expectations of this document as detailed above and understand, and agree to adhere to the requirements stated within it.

(If any person should join the work party after commencement of work they should be briefed by the job supervisor and sign below)

Name	Position	Signature	Date

Reference	Rev	Rev date	Author	Approved By	Page
RI-RA-007	01	19/01/2015	[REDACTED]		2 of 2

RISK ASSESSMENT

DESCRIPTION OF WORK ACTIVITY	MINOR ELECTRICAL WORKS	LOCATION	RAF LEUCHARS
TRADES INVOLVED	1-2 RI OPERATIVE / OTHER CAMP USERS	MAIN ACTIVITY: COMPLETION OF PLANNED & REACTIVE ELECTRICAL MAINTENANCE	
ASSESSOR	[REDACTED]	26 FEBRUARY 2015	FREQUENCY: AS REQUIRED

RICHARD IRVIN



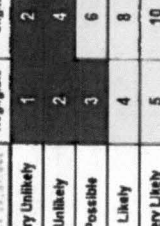
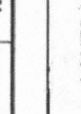
Hazard Severity

Likelihood	Very Unlikely	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Very Likely	5	10	15	20	25
		High Risk	Sign	Moderate	High	Very High

--	--	--	--

Reference	Rev	Rev date	Author	Approved By	Page
RI-RA-007	01	19/01/2016	[REDACTED]		3 of 2

Annex I

 <p>RICHARD IRVIN ENERGY SOLUTIONS</p>		SECTION		RI-FM-001-001- MANUAL HANDLING	
		SUBSECTION		RISK ASSESSMENT	
		PAGE		1	
		AMENDMENT		0	
DATE		1 NOVEMBER 2014			
RISK ASSESSMENT					
DESCRIPTION OF WORK ACTIVITY	MANUAL HANDLING	LOCATION	RAF LEUCHARS	 RICHARD IRVIN <small>ENERGY SOLUTIONS</small>	
TRADES INVOLVED	PLUMBERS, HEATING ENGINEERS, AIR CON ENGINEERS, ELECTRICIANS	NON-EMPLOYEES AT RISK	STAFF, MEMBERS OF PUBLIC		
ASSESSOR	[REDACTED]	DATE	1 NOVEMBER 2014		

HAZARD	POTENTIAL	EXISTING			REVISED		
		LIKELIHOOD	SEVERITY	RISK RATING	LIKELIHOOD	SEVERITY	RISK RATING
General manual handling of materials / equipment	Back strain injury, foot injury and muscular skeletal injuries	4	3	M	3	3	M

CONTROL MEASURES
 Operatives required to avoid manual handling whenever possible; individuals will not lift any items beyond their capacity which they believe may cause them injury. Make use of lifting equipment, aids hoist etc. where practicable. Seek assistance from colleagues (team lift)