

# CONSTRUCTION INDUSTRY RISK ASSESSMENT

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## Document Information

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Field	Details
Company Name	_____
Project Name/Site	_____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Division	_____
Review Date	_____
Document Reference No.	RA-CONST-_____

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## 1. Introduction

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This Risk Assessment document is designed to identify, evaluate, and control hazards associated with construction activities. The construction industry presents unique risks including working at heights, heavy machinery operation, structural hazards, and exposure to hazardous materials. This assessment aims to ensure the health and safety of all workers, contractors, visitors, and the public by systematically identifying potential hazards and implementing appropriate control measures in accordance with occupational health and safety regulations.

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## 2. Scope of Assessment

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This risk assessment covers the following construction activities and areas:

- ☐ Excavation and earthworks
- ☐ Structural steel erection
- ☐ Concrete works and formwork
- ☐ Roofing and working at heights
- ☐ Scaffolding operations
- ☐ Crane and heavy equipment operations
- ☐ Electrical installations
- ☐ Plumbing and mechanical works
- ☐ Demolition activities
- ☐ Material handling and storage
- ☐ Site traffic management
- ☐ Other: \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Project Duration:** From \_\_\_\_\_ To \_\_\_\_\_

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### 3. Risk Identification

Risk ID	Risk Description	Risk Category	Affected Area/Personnel
CONST-001			
CONST-002			
CONST-003			
CONST-004			
CONST-005			
CONST-006			
CONST-007			
CONST-008			
CONST-009			
CONST-010			

### 4. Risk Analysis Matrix

#### Risk Scoring Criteria

##### Likelihood Scale:

Score	Likelihood	Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur but not expected
3	Possible	Might occur at some time
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Expected to occur in most circumstances

**Impact Scale:**

Score	Impact	Description
1	Negligible	Minor injury, no lost time
2	Minor	First aid treatment required
3	Moderate	Medical treatment, short-term disability
4	Major	Serious injury, long-term disability
5	Catastrophic	Fatality or permanent disability

**Risk Analysis Table**

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
CONST-001				
CONST-002				
CONST-003				
CONST-004				
CONST-005				
CONST-006				
CONST-007				
CONST-008				
CONST-009				
CONST-010				

**Risk Level Classification:**

- **Low (1-4):** Acceptable risk, monitor and review
- **Medium (5-9):** Action required within reasonable timeframe
- **High (10-16):** Immediate action required

- **Critical (17-25):** Work must not proceed until risk is reduced

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## 5. Risk Control Measures

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Risk ID	Current Controls	Additional Controls Required	Responsible Person	Target Date	Status
CONST-001					<input type="checkbox"/>
CONST-002					<input type="checkbox"/>
CONST-003					<input type="checkbox"/>
CONST-004					<input type="checkbox"/>
CONST-005					<input type="checkbox"/>
CONST-006					<input type="checkbox"/>
CONST-007					<input type="checkbox"/>
CONST-008					<input type="checkbox"/>
CONST-009					<input type="checkbox"/>
CONST-010					<input type="checkbox"/>

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## 6. Construction Industry-Specific Hazards

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The following hazards are commonly encountered in construction operations:

## **6.1 Falls from Height**

- Working on scaffolds, ladders, roofs, and elevated platforms
- Unprotected edges and floor openings
- Fragile surfaces and skylights

## **6.2 Struck-by Hazards**

- Falling objects and materials
- Moving vehicles and equipment
- Swinging loads from cranes

## **6.3 Caught-in/Between Hazards**

- Trench collapses and cave-ins
- Unguarded machinery and equipment
- Rotating equipment parts

## **6.4 Electrical Hazards**

- Contact with overhead power lines
- Exposed wiring and incomplete electrical systems
- Improper use of electrical equipment

## **6.5 Heavy Equipment Hazards**

- Crane operations and rigging failures
- Forklift and loader operations
- Equipment rollovers

## **6.6 Structural Collapse**

- Inadequate temporary supports
- Premature removal of formwork

- Overloading of structures

## 6.7 Hazardous Materials

- Asbestos exposure during renovation/demolition
- Silica dust from cutting concrete
- Lead paint and other toxic substances

## 6.8 Manual Handling

- Lifting heavy materials
  - Repetitive movements
  - Awkward postures
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# 7. Emergency Response Procedures

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## 7.1 Emergency Contacts

Role	Name	Contact Number
Site Manager		
Safety Officer		
First Aid Officer		
Emergency Services		911 / 000 / 999
Poison Control		
Utility Emergency		

## 7.2 Emergency Procedures

### In Case of Injury:

1. Ensure scene safety before approaching

2. Call for first aid assistance
3. Do not move injured person unless in immediate danger
4. Contact emergency services if required
5. Complete incident report form

**In Case of Fire:**

1. Raise the alarm immediately
2. Evacuate to designated assembly point
3. Call emergency services
4. Do not re-enter the site until cleared

**In Case of Structural Collapse:**

1. Evacuate the immediate area
2. Account for all personnel
3. Call emergency services
4. Do not attempt rescue without proper equipment

**Assembly Point Location:** \_\_\_\_\_

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## 8. Personal Protective Equipment (PPE) Requirements

PPE Item	Required	Specification
Hard Hat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____
Safety Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
High-Visibility Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____
Safety Boots	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steel toe: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Hearing Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Fall Protection Harness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rating: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## 9. Sign-Off and Approval

### Assessor Declaration

I confirm that this risk assessment has been conducted in accordance with applicable health and safety regulations and represents an accurate evaluation of the identified hazards.

Assessor Name:	_____
Signature:	_____
Date:	_____

# Reviewer Declaration

I have reviewed this risk assessment and confirm that the control measures identified are appropriate and adequate.

Reviewer Name:	_____
Position:	_____
Signature:	_____
Date:	_____

# Management Approval

I approve this risk assessment and authorize the implementation of the identified control measures.

Manager Name:	_____
Position:	_____
Signature:	_____
Date:	_____

# 10. Review Schedule

Review Type	Frequency	Next Review Date
Routine Review	Monthly	
Comprehensive Review	Annually	
Post-Incident Review	As required	
Change-Triggered Review	As required	

Triggers for Immediate Review:

- Any workplace incident or near-miss
  - Changes to work methods or equipment
  - Introduction of new hazards
  - Changes in legislation or regulations
  - Feedback from workers or safety representatives
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## Document Control

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Version	Date	Author	Changes Made
1.0			Initial version

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*This document is a template and should be customized to meet specific project requirements and local regulatory requirements.*