



Risk Assessment Prior To Order

RAPTO

If the company does not submit its own risk assessment, this document must be completed by the external company's site manager and submitted to the Prayon S.A. site manager.
The contractor visits the worksite with the Prayon site manager before work begins.
The contractor's workers who will be on site will be informed of the risks.

1. Description of the project/site - division in question:

.....
.....

2. Order reference:.....

Contractor name: **Health & Safety Officer:**

Mobile: / **Mobile:** /

Name of site manager: **Mobile:**.....

3. Date of works:

Start date of works: ... /... /..... **End date of works:** ... /... /.....

4. Total number of workers employed at the site:

Number of temporary staff:

Number of subcontractors at the site:

5. Name of the French-speaking contact person at the site:

6. Identification of specific hazards near the works (completed by Prayon):

| Specific hazards | Measures recommended by Prayon |
|------------------|--------------------------------|
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7. Organisational measures at the site:

| | | Measures taken by the contractor |
|--|---------------------------------------|----------------------------------|
| Attached works schedule (to be attached to the Health & Safety Plan) | YES - NO | |
| Access to the site: Demarcation – Signs | YES - NO | |
| Parts stored? Materials/plan? | YES - NO | |
| Do you have waste? Sorting? Recycling area? Type of waste | YES - NO YES - NO YES - NO - | |
| Is one of your workers a first-aid officer? | YES - NO | |
| What Personal Protective Equipment is provided? | Explain | |
| <i>Measures for maintaining order and cleanliness at the site?</i> | Explain | |
| Preventive measures taken in case of fire? | Explain | |

8. Risk assessment:

| | | Measures taken by the contractor |
|---|----------|----------------------------------|
| Work at height | YES - NO | |
| Any holes or openings in the ground or work traffic areas? | YES - NO | |
| Demolition/excavation/ earthworks? Isolation transformer to be brought | YES - NO | |
| Asbestos (e.g. roofs, gaskets)? | YES - NO | |
| New products introduced? | YES - NO | |
| Falling objects or material? | YES - NO | |
| Generation or emission of dust, gas, vapour or liquids? | YES - NO | |
| Gamma-ray inspection works? | YES - NO | |
| Welding station and/or use of a blowtorch? | YES - NO | |
| Ex area (explosive atmosphere)? | YES - NO | |
| Works inside a conductive enclosure? | YES - NO | |



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|--|----------|--|
| Temperature, noise, vibrations? | YES - NO | |
| Electrical risks? | YES - NO | |
| Works in reservoirs, pools or tanks? (drowning) | YES - NO | |
| Tool list: sharp objects, angle-grinders, etc. | YES - NO | |
| Lifting equipment (e.g. safety lanyards, harnesses, fall arresters)? | YES - NO | |
| Construction equipment on site (e.g. cherry pickers, forklift trucks)? | YES - NO | |
| Use of cranes? | YES - NO | |
| Manual handling of heavy loads? | YES - NO | |
| Some workers show side-effects (e.g. asthma, dizziness, allergies, claustrophobia) | YES - NO | |
| Ventilation arranged, smoke extraction (e.g. for works in a tank) | YES - NO | |
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9. All workers informed of the risks before work begins (including temporary staff and subcontractors)

Date: ----/-----/----

Signatures:

| "I have received and understood the safety information" | |
|---|-----------|
| NAME OF WORKER | SIGNATURE |
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Contractor Site Manager signature: -----