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| Risk Assessment Form for Emergency Situation | | | | | | |
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| This form should be completed by the Emergency Coordinator and/ or the Building Recovery Manager before beginning the salvage operation. It may be conducted verbally and then written up immediately afterwards, as salvage begins. Salvage should not begin until adequate safeguards against hazards have been put in place. This form should be reviewed by [date] and retained. | | | | | | |
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| Work area and/or activity | | |  | | | |
| Date | | |  | | | |
| Person(s) responsible for this assessment | | |  | | | |
| Reason for this risk assessment | | | Salvage after Fire  Salvage after water-damage  Salvage after explosion  Other (specify) | | | |
| Recommended review date | | |  | | | |
|  | | | | | | |
| **1. Hazard Category** | | | | | | |
| Select the most appropriate category for the activity you have identified. | | | | | | |
|  | | | | | | |
| Manual handling |  | Falling debris | |  | Poor lighting |  |
| Fall from height |  | Hazardous substance | |  | Contaminated water |  |
| Slip/ fall |  | Mould spores | |  | Airborne particulates |  |
| Water on floor |  | Broken glass, sharp edges | |  | Live electricity |  |
| Others (*please specify*) | | | | | | |
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| Inventory of Salvaged Objects/ Damage Record Form | | | | | | | | | | |
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| All objects salvaged from the museum should be recorded on the form below. Where a number of objects are salvaged and placed in a crate, it may be easier to record all the contents of the crate on one form to save time. The form can be adapted as necessary. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Object type** | **Ref. no.** | **Object description** | **Priority Object** | **Floor/ room recovered from** | | **Type of damage** | **Treatment needed** | **Crate/ Wrap**  **Ref. no.** | **Moved to**  **(location)** | |
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| Incident Assessment Form | | | | | | | | | |
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| This form should be completed by the Emergency Coordinator and/ or the Building Recovery Manager as soon as possible after the incident has occurred. | | | | | | | | | |
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| What is the nature of the damage? (Fire/ smoke, water, sewage, vandalism, other) | | | | |  | | | | |
| When did the incident happen? | | | | |  | | | | |
| Which areas are affected?  Check entire building | | | | |  | | | | |
| What types of object are affected?  Are priority items involved? | | | | |  | | | | |
| What are the environmental conditions? | | | | |  | | | | |
| What possible health and safety issues are present? | | | | |  | | | | |
| How much material is affected?  Number of boxes/ metres of shelving etc. | | | | |  | | | | |
| How extensively has water penetrated into cabinets/ boxes? | | | | |  | | | | |
| Is there power/ water/ heat? | | | | |  | | | | |
| Is our emergency kit accessible? | | | | |  | | | | |
| Are any areas of the building in a condition to open? | | | | |  | | | | |