


## WORK EQUIPMENT CHANGE SAFETY ASSESSMENT

Section 1		CHANGE SAFETY ASSESSMENT		
Work Equipment Title	Peugeot Partner petrol mail van	<b>Work Equipment Photograph</b>		
Work Equipment Group	Vehicles			
Work Equipment Intended Use	Mail collection/delivery			
Explanation of change	New vehicle supply			
Deployment Date	Proposed March 2019			
Project Manager (contact details)	<a href="mailto:dave.platt@royalmail.com">dave.platt@royalmail.com</a>			
	<b>NATIONAL</b>	<b>REGION (name)</b>	<b>UNIT (name)</b>	
Work equipment area of use	X			

Section 2		PROHIBITED CHANGE ACTIVITY		
Will the change impact on any of the following:	Yes/No		(Yes)	(No)
Work Equipment Guarding (Primarily machinery guarding)	No	If 'Yes' <b>STOP</b> do not progress. Only complete the modification with the authorisation of the Subject Matter Expert (SME) or Asset Group Owner. Advice on identifying them is available in the guidance document to this process.	If 'No' Progress to Step 3	
Computers or VDU's, including all software & hardware	No			
Electrical Systems and any power supplies	No			
Machinery Controls	No			
Address Interpretation Systems	No			
Safety Systems such as interlocks, emergency stops, signs	No			
Machines under warranty	No			
Introducing substances to machinery hazardous to health	No			
Lifts and lifting equipment inc mechanical handling equipment	No			
Road vehicles	Yes			

Section 3		CHANGE - JUSTIFICATION			
Description of change activity and improvement opportunity	New vehicle manufacturer supply				
Monitoring Period used to justify the need for Change?		From:	January 2019	To:	N/A
	Yes/No	Target Benefit?			Achieved Y/N?
Benefits from the Work Equipment Change Activity	Safety?	Yes	Improved use of safety technology		Yes - handbrake & autonomous braking
	Legal?	No			
	Financial?	No			
	Quality?	No			
	Performance?	No			
	Equipment Availability?	No			
	Other? (Describe)	Yes	New vehicle supply		
During a trial the benefits of any change must be monitored for 90 days. This will prove the effectiveness of the change so it can be horizontally expanded outside the initiating unit or show if the change needs to be reversed.					
Is the change reversible? (It must be possible to return the work equipment to its original state)	No	Explain: New vehicle model replacing current model version			

Section 4		CHANGE - ACTIVITY		
What change activity is involved?	Yes/No		(Yes)	(No)

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New Work Equipment, whether purchased, hired, or leased, even on a temporary basis	Yes	If any option is 'Yes' progress with the Work Equipment Change Safety Assessment	If all options are 'No' there is no need to progress with the Work Equipment Change Safety Assessment
Modification to Work Equipment even on a temporary basis (As defined in the guidance document)			
Replacement of a component where the replacement isn't like-for-like			
Change of use for the Work Equipment			
Significant change of workplace layout due to relocation of fixed Work Equipment or mechanised equipment			
Change of environmental in which the equipment is designed to operate			

Section 5		CHANGE - SIGNIFICANCE	
Indicate all that apply and complete all relevant assessments		Yes?	If Yes
Powered Work Equipment	Which is new or the change impacts on the safety systems, controls, powered elements or it's sufficiently close to the powered elements/moving parts to constitute a significant risk.	Yes	Step 6 (1) Applies
	Which is not new and the change does not impact on the safety systems, controls, powered elements or it isn't sufficiently close to the powered elements/moving parts to constitute a significant risk.		Step 6 (3) Applies
Non-Powered Work Equipment with moving parts <b>Exclusion, (see note below**)</b>	Which is new or the change impacts on the safety systems, controls, moving parts or it's sufficiently close to the moving parts to constitute a significant risk.		Step 6 (2) Applies
	Which is not new and the change does not impact on the safety systems, controls, moving parts or it isn't sufficiently close to the moving parts to constitute a significant risk.		Step 6 (4) Applies
Non-Powered Work Equipment with no moving parts <b>Inclusion (see note below**)</b>			Step 6 (5) Applies
Lifts & Lifting Work Equipment (LOLER assessments are likely for some of the above) <b>Prohibited Change contact SME or Asset Group Owner</b>			Step 6 (6) Applies
Ergonomic Task Activities (Ergonomic task activities are likely to apply in most cases)			Step 6 (7) Applies
<b>Note** Work equipment, where the only moving parts are wheels used to move that work equipment from one static location to another and where those wheels are then locked in place.</b>			

Section 6		CHANGE - ASSESSMENT TYPE		
	Change Significance	Assessment Required	By Whom	Complete Appendix
1	Powered Work Equipment which is new or the change impacts on the safety systems, controls, powered elements/moving parts or it's sufficiently close to the powered elements to constitute a significant risk.	<b>Yes</b>  <b>PUWER Assessment.</b>	Project Manager or Operational Line Manager resources a Technical Assessor (list available from the Engineering and Assets Safety, Health & Environment (SHE)	<b>2a</b>  <b>2b</b>
2	Non-Powered Work Equipment with moving parts which is new			

	or the change impacts on the safety systems, controls, moving parts or it's sufficiently close to the moving parts to constitute a significant risk. <b>Exclusion, see note above**</b>		Manager).	
<b>NOTE: PУWER Assessment:</b> Before making this modification is the machine/work equipment of standard configuration &/or up to current specification		Yes / No	If 'No' STOP until such time as the machine or work equipment has been brought up to current specification	If 'Yes' Progress
3	Powered Work Equipment which is not new and the change does not impact on the safety systems, controls, powered elements/moving parts or it isn't sufficiently close to the powered elements to constitute a significant risk.	<b>Screening Assessment</b>  To determine if a PУWER assessment and/or Ergonomic assessment is required	Project Lead/Manager or Operational Line Manager  If in doubt how to proceed seek advice from the local Safety, Health & Environment Team	1
4	Non-Powered Work Equipment with moving parts which is not new and the change does not impact on the safety systems, controls, moving parts or it isn't sufficiently close to the moving parts to constitute a significant risk. <b>Exclusion, see note above**</b>			
5	Non-Powered Work Equipment with no moving parts (New or existing) <b>Inclusion, see note above**</b>			

<b>Section 6 cont.</b>	<b>CHANGE - ASSESSMENT TYPE</b>
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6	Lifts and Lifting Work Equipment	<b>Lift Operations &amp; Lifting Equipment Assessment</b>	Project Manager or Operational Line Manager resources a Technical Assessor (list available from the Engineering and Assets SHE Manager).	3
7	Work Equipment used to manually lift, carry, transport or hold loads or that needs to be manually handle	<b>Ergonomic Screening Assessment</b>	Project Lead/Manager, Operational Line Manager or Technical Assessor or SHE Advisor	4

<b>Section 7</b>	<b>CHANGE - IMPACT</b>
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The intention is that each item of work equipment will have a Work Equipment Change Safety Assessment to assess if it is intrinsically safe to use within Operations & Modernisation and a SAC1 (or equivalent) to determine the level of risk that exists from hazards encountered while using the work equipment in task activities in operations.

What impact does the change have on the SAC1?	Yes/No	(Yes)	(No)
Is the Work Equipment new and will operator task activities be affected by the introduction of the work equipment?	Yes	Produce a SAC1 to assess task activities	There is no need to produce a SAC1

If the Change is to existing Work Equipment is there the potential for the Change to impact on any task activities associated with the use of the work equipment?		Amend the existing SAC1 or create one if none exists	There is no need to review the SAC1
List the SAC1 impacted on by the change: 1) SAC1 covering operational use of Work Equipment (where equipment is introduced as a stand alone item) 2) Project SAC1 (when work equipment is introduced as part of a wider project related to a new procedure)			

<b>Section 8</b>		<b>STAKEHOLDERS</b>	
<b>LIST ANY INPUT RECEIVED AND FROM WHO (the list below is not exhaustive &amp; not all will apply)</b>	<b>Names and contact details (Where applicable)</b>	<b>Date input received</b>	
Unit Manager (Unit Level Work Equipment Change)	Various		
Safety Lead (if one appointed)	Richard Wiggins	Nov 2018	
Regional. Commercial, Logistics Safety, Health & Environment team	Matt Humphreys		
Group Head of Facilities Safety & Compliance			
National Assets Team (introduction of or change to assets)			
Engineering & Assets SHE Manager			
Subject Matter Expert (SME)	Darren King	Jan 19	
PUWER Assessor	Darren King (via Engineering 1 <sup>st</sup> off process)	20/02/19	
LOLER Assessor			
Ergonomic Assessor	David Platt	20/02/19	
Other (specify)			
Other (specify)			
<b>LIST STAKEHOLDERS SUPPLYING INPUT &amp;/or BEING CONSULTED (For National, Regional &amp; Unit Level Work Equipment Change)</b>	<b>Names and contact details (Where applicable)</b>	<b>Date consulted &amp;/or input received</b>	
UNITE/CMA (National)			
UNITE /CMA (Local or Regional)			
CWU (National)	Dave Joyce	Jan 2019	
CWU (Local or Regional) (Ops &/or Engineering)			
Other (specify)			

<b>Section 9</b>		<b>WORK EQUIPMENT CHANGE SAFETY ASSESSMENT</b>		
I can confirm that I have the appropriate level of competency, in terms of knowledge and experience of completing other assessments, to allow me to sign off this Work Equipment Change Safety Assessment. I can confirm that on completion of the assessment and associated specialist assessments that provided all outstanding actions are completed and no significant risks are identified and still outstanding that this work equipment is fit for purpose and the intended use to which it will be put within the Business, and that the user of the work equipment or persons who may be affected by its use have been safeguarded from any risks				
	<b>Name</b>	<b>Date</b>	<b>Signature</b>	
<b>Project Lead/Manager or Operational Line</b>	David Platt	14/01/19	<i>D. Platt</i>	

<b>Manager</b> <i>(Not valid unless signed)</i>			
Project Managers should: <ul style="list-style-type: none"> <li>• Sign the Work Equipment Change Safety Assessment in all case and retain a copy of it and all appendices</li> <li>• Forward copies as appropriate:                         <ul style="list-style-type: none"> <li>Local Projects - The Unit Manager</li> <li>Regional/Logistics/Commercial Projects - relevant Head of Safety, Health &amp; Environment</li> <li>National Projects - Engineering &amp; Assets SHE Manager (Powered &amp; Non- Powered Equipment)                                 <ul style="list-style-type: none"> <li>- SME &amp;/or Asset Group Owner (For change specific to areas of Prohibited Change)</li> <li>- SHE Policy Manager</li> </ul> </li> </ul> </li> </ul>			

**PROCESS CONCURRENCE**

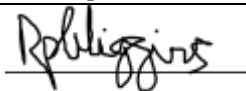
**NATIONAL DEPLOYMENTS & CHANGE involving POWER & LOLER**

	Name	Date	Signature
<b>RMG Engineering &amp; Assets SHE Manager (Powered &amp; Non Powered)</b>			

**REGIONAL, LOGISTICS, COMMERCIAL or UNIT DEPLOYMENTS & CHANGE involving POWER & LOLER**

<b>(Powered &amp; Non Powered)</b>	Name	Date	Signature
Head of SHE (Region/Commercial /Logistics)	Matt Humphreys		

**PROHIBITED CHANGE ACTIVITY or SME DEPLOYMENTS & CHANGE involving POWER & LOLER**



<b>&amp; / OR</b>	Name	Date	Signature
Subject Matter Expert (SME)	Richard Wiggins	18 <sup>th</sup> Feb 2019	

**POWERED WORK EQUIPMENT & LIFT WORK EQUIPMENT DEPLOYMENTS & CHANGE**

	Name	Date	Signature
<b>Assets Supply Chain Manager</b>			

*(Where it is applicable the Process Concurrence is not valid unless signed by at least one of the above)*

**WORK EQUIPMENT CHANGE SAFETY ASSESSMENT APPENDICES**

1. Work Equipment Screening Assessment	 Work Equipment Screening Assessment		
2a. POWER Assessment (Powered Equipment)	For <b>Powered Equipment</b> a Technical Assessment is required. A list of Technical Assessors is available from the Engineering and Assets SHE Manager.	2b. POWER Assessment (Non-Powered Equipment)	For <b>Non Powered Equipment</b> Technical Assessors or SHE Advisor should use this POWER Assessment   1st off inspection 18 054 DP.pdf
3. LOLER Assessment	Not Required		

<p>4. Ergonomic Screening Assessment</p>	<p> Ergonomics + Wellbeing Screening /</p>
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