M&P GROUP

MISSION ZERO

M&P TIME OUT – STOP/THINK & REPORT

IMPROVEMENT DOC

Please Risk Assess your workplace. Ask the questions and use the document to record improvements.

NAME: .... **DATE:** ....

SIGNATURE: ....

PROJECT: ....

JOB ROLE: ....

LOCATION: ....

M&P QUEST To ensure you go home safely to your loved ones...!	YES	NO
YOU Are you healthy, happy, fresh, focused and free from any outside distractions?		
ACCESS Are you satisfied there is safe access around the workplace?		
ENVIRONMENT Do I understand my responsibilities and all risks are adequately controlled?		
TASK Do I have the correct resources to carry out the work?		
KNOWLEDGE Do I have the all the information I need on the task sheet or method statement?		
CHANGE Are the conditions as per expected and briefed in the task sheet or method statement?		
M&P ZERO ATTITUDE TO HEALTH & SAFETY You fully support & understand your commitment to M&P's quest to Mission Zero?		

If you answer no to any of the above, or can think of an improvement, please complete page 2

PART 1 – Details of improvement/action

What risks, if any, may need to be controlled?

☐ Access & Egress   ☐ Electrical   ☐ Lifting Operations   ☐ PPE
☐ Plant & Vehicles   ☐ Fire/Hot works   ☐ Machinery & Tools   ☐ Quality
☐ COSHH   ☐ Working at Height   ☐ Edge Protection
☐ House keeping   ☐ Environment   ☐ Slip or Trip
☐ Manual Handling   ☐ Moving/falling object   ☐ Mobile Towers

Do you wear the M&P clothing issued? ☐

What is the observation and potential for improvement?

What have you done to action improvement?

PART 2 – MANAGEMENT CLOSEOUT

Action to closeout

CLOSED?

Supervisor/Managers Name: ....

Supervisors Signature: ....

SENIOR M&P DIRECTORS

Task sheet method statement updated/re-briefed if required?

Are you satisfied all actions, if any, are appropriate?

Senior M&P Director approver Name: ....

Senior M&P Director Signature: ....Date: ....

For office use only

Recommend for an award: ☐   Directors review required: ☐   Current procedures appropriate: ☐