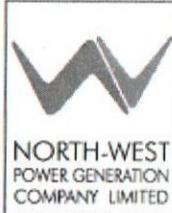
 <p>NORTH-WEST POWER GENERATION COMPANY LIMITED</p>	<p>NORTH-WEST POWER GENERATION COMPANY LIMITED</p> <p>Register of Hazard Identification and Risk Assessment</p>	<p>FORM NO: NW-DH-HSE-F-002 EFFECTIVE DATE: 21.04.2018 REVISION NO:00</p>
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Department:	Corporate Office	Location:	Head Office, Dhaka.						Date of assessment: 03-08-2022			
		Assessor:	M. Ijaz Ahmed Saadi (SDE, P&D), Dewan Mizanur Rahman (DM, HR), S. M. Jahid Anwar (JAM, EHS) Kazi Sumon (Office supporting staff), Hazrat Ali (Driver)						Date of last assessment: 03-08-2022			
Activity, Product, Service	Step 1 – Risk identification			Step 2 – Risk assessment				Step 3 – Risk management				
	Parameters	Hazard/ Concern* (Please give brief)		Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
Office Activity & Office infrastructure	D	R	Continuous looking at the screen, display monitors	Eye strain	L	May/Can happen	M	2	Necessary Stress Management trainings are provided to aware employees.	Training need to be provided time to time.		

Legends						Rating	Severity	Probability	Risk Level Matrix						
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5		
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4		
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3		
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H		
				5	Intolerable			Never happened			Severity				
*Hazard/ Concern (please select appropriate)															
<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



**NORTH-WEST POWER GENERATION
COMPANY LIMITED**
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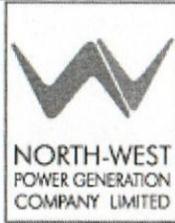
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		Assessor:	M. Ijaz Ahmed Saadi (SDE, P&D), Dewan Mizanur Rahman (DM, HR), S. M. Jahid Anwar (JAM, EHS) Kazi Sumon (Office supporting staff), Hazrat Ali (Driver)	Date of last assessment:	03-08-2022

Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management			Remark
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.		
	R	Continuous working in same posture	Neck pain, headache, stress, drowsiness	L	May/Can happen	M	2	Work rest cycle in place. Necessary Stress Management trainings are provided to aware employees.	Training need to be provided time to time.	

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened		Severity			

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Electrical (shock)	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Fumes emission	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Chemical spillage	<input type="checkbox"/> Cuts, Burns	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Manual handling	<input type="checkbox"/> Eye strain	<input type="checkbox"/> Back pain	<input type="checkbox"/> Noise	<input type="checkbox"/> Work at height	<input type="checkbox"/> Lone working	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Others (if any)



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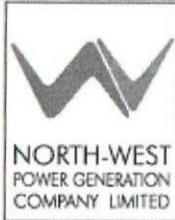
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Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management					
	Parameters	Hazard/ Concern* (Please give brief	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark			
	R	Low/ High illumination level in Office areas	Eye strain, headache, injuries	L	Rare chances	L	1	Adequate Illumination provided.	Illumination Survey to be done regularly.	Factories Act		
	I	R	Improper stacking of files/ boxes of personnel	Physical injury	L	Rare chances	L	1	Housekeeping is on practice.	Awareness to be provided to concerned personnel.		

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened	Severity				

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Electrical (shock)	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Fumes emission	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Chemical spillage	<input type="checkbox"/> Cuts, Burns	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Manual handling	<input type="checkbox"/> Eye strain	<input type="checkbox"/> Back pain	<input type="checkbox"/> Noise	<input type="checkbox"/> Work at height	<input type="checkbox"/> Lone working	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Others (if any)



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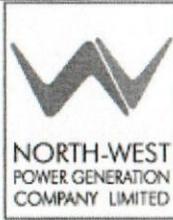
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									Date of last assessment:			
									03-08-2022			
Activity, Product, Service	Step 1 – Risk identification			Step 2 – Risk assessment				Step 3 – Risk management				
	Parameters		Hazard/ Concern* (Please give brief	Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
	I	R	Improper stacking / placement of trolleys/ papers/ wastes on overhead cupboard	Physical injury	L	Rare chances	L	1	Housekeeping is on practice.	Awareness to be provided to concerned personnel.		
	I	R	Rush during emergency evacuation	Physical injury	L	Rare chances	L	1	Emergency evacuation path is defined.	Emergency exit path should not be confined with any		

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened					

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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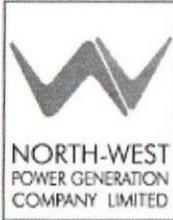
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Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management			
	Parameters	Hazard/ Concern* (Please give brief	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark	
							furniture /boxes etc.			
	R	Prolonged working hours	Fatigue, stress	L	May/Can happen	M	2	Work rest cycle in place. Trainings on Stress Management, Time Management	Training need to be provided time to time.	

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate	(M)	Has been observed	Never happened		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low	First aid injury	Rare chances		L	M	H	
				5	Intolerable	(L)				Severity			

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Electrical (shock)	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Fumes emission	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Chemical spillage	<input type="checkbox"/> Cuts, Burns	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Manual handling	<input type="checkbox"/> Eye strain	<input type="checkbox"/> Back pain	<input type="checkbox"/> Noise	<input type="checkbox"/> Work at height	<input type="checkbox"/> Lone working	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Others (if any)

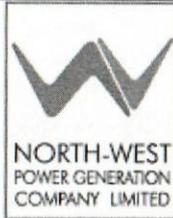


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Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management				
	Parameters	Hazard/ Concern* (Please give brief	Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
								are done.			

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate	Low (L)	First aid injury	Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial			Rare chances			L	M	H
				5	Intolerable			Never happened			Severity		
*Hazard/ Concern (please select appropriate)													
	Fire hazards	Electrical (shock)	Static electricity	Fumes emission	Skin contact	Chemical spillage	Cuts, Burns	Slips/Trips/Falls					
	Manual handling	Eye strain	Back pain	Noise	Work at height	Lone working	Compressed air	Others (if any)					



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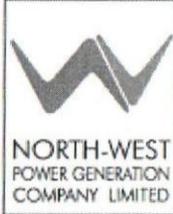
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		Assessor:	M. Ijaz Ahmed Saadi (SDE, P&D), Dewan Mizanur Rahman (DM, HR), S. M. Jahid Anwar (JAM, EHS) Kazi Sumon (Office supporting staff), Hazrat Ali (Driver)	Date of last assessment:	03-08-2022

Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management					
	Parameters		Hazard/ Concern* (Please give brief)	Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
	D	R	Noise Pollution	Health effect	M	Rare Chances	L	3	It is ensured that sound level is maintained within the acceptable limit (60 dB, as per Noise Control Rule 2006').	Sound level is to be maintained below 60 dB.		

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate	Low (L)	First aid injury	Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened			Severity		

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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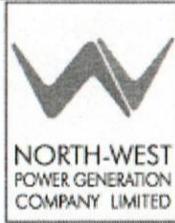
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Activity, Product, Service	Step 1 – Risk identification			Step 2 – Risk assessment					Step 3 – Risk management			Remark
	Parameters		Hazard/ Concern* (Please give brief)	Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	
	D	R	Water leakage	First Aid Injury	L	Rare chances	L	1	There is no water leakage. Water is wiped out immediately if necessary.	If any leakage detected, maintenance team should be contacted to take corrective measures.		
	D	NR	Fire	Burn injury	H	Rare	L	3	a) Fire Extinguishers	Training to be provided to all employees for	Factories	WI-01

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened	Severity				

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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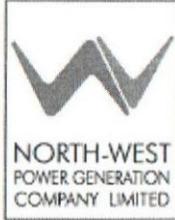
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Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management			
	Parameters	Hazard/ Concern* (Please give brief	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark	
				chances		are provided. b) Mock drills are carried out on regular basis. c) Smoke & heat detectors & Fire Alarm	using Fire Extinguishers.	Act		

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened	Severity				

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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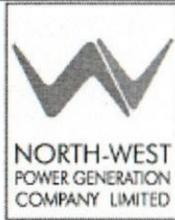
Activity, Product, Service	Step 1 – Risk identification			Step 2 – Risk assessment				Step 3 – Risk management				
	Parameters	Hazard/ Concern* (Please give brief		Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
									siren are provided on all floors. But on the 4 th Floor Smoke & Heat detectors are not active. Work in going on regarding this issue.			

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate	Low (L)	First aid injury	Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial			Rare chances			L	M	H
				5	Intolerable			Never happened			Severity		

***Hazard/ Concern (please select appropriate)**

Fire hazards	Electrical (shock)	Static electricity	Fumes emission	Skin contact	Chemical spillage	Cuts, Burns	Slips/Trips/Falls
Manual handling	Eye strain	Back pain	Noise	Work at height	Lone working	Compressed air	Others (if any)

Sh. *Wor*



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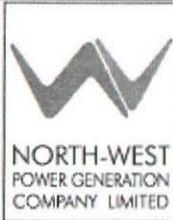
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Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management			Remark	
	Parameters	Hazard/ Concern* (Please give brief	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.			
	I	NR	Cube Frame Alignment	Physical Injury	L	Rare chances	L	1		People need to be aware while using such pathway.	
	D	NR	Loose air duct	First Aid Injury	L	Rare chances	L	1		If any loose duct is detected, it should be reported to maintenance dept., to take corrective	

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate	(M)	Has been observed	Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low	First aid injury	Rare chances			L	M	H
				5	Intolerable	(L)		Never happened		Severity			

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Electrical (shock)	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Fumes emission	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Chemical spillage	<input type="checkbox"/> Cuts, Burns	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Manual handling	<input type="checkbox"/> Eye strain	<input type="checkbox"/> Back pain	<input type="checkbox"/> Noise	<input type="checkbox"/> Work at height	<input type="checkbox"/> Lone working	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Others (if any)



**NORTH-WEST POWER GENERATION
COMPANY LIMITED**
Register of Hazard Identification and Risk Assessment

FORM NO: NW-DH-HSE-F-002
EFFECTIVE DATE: 21.04.2018
REVISION NO:00

Department:	Corporate Office	Location:	Head Office, Dhaka.	Date of assessment:	03-08-2022
		Assessor:	M. Ijaz Ahmed Saadi (SDE, P&D), Dewan Mizanur Rahman (DM, HR), S. M. Jahid Anwar (JAM, EHS) Kazi Sumon (Office supporting staff), Hazrat Ali (Driver)	Date of last assessment:	03-08-2022

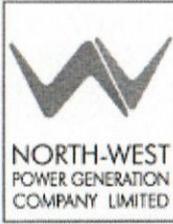
Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management			
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark	
							measures.			
Oven and other electrical gadgets	D	R	Electric shock	Burn Injury	M	Rare	L	2	There are no loose and tapped connections. No overloading done on electric circuits.	If any loose connection is detected, it should be reported to maintenance dept., to take corrective measures.

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened					

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Electrical (shock)	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Fumes emission	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Chemical spillage	<input type="checkbox"/> Cuts, Burns	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Manual handling	<input type="checkbox"/> Eye strain	<input type="checkbox"/> Back pain	<input type="checkbox"/> Noise	<input type="checkbox"/> Work at height	<input type="checkbox"/> Lone working	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Others (if any)

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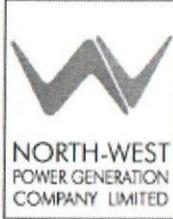
Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management					
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark			
	D	NR	Fire	Burn Injury	M	Rare	L	2	No loose or tapped connections. No flammable material in office. Fire Extinguishers and Fire hydrant system in place.	Need immediate detection and remedies to be taken.		

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened	Severity				

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)

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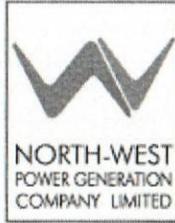


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COMPANY LIMITED**
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		Assessor:	M. Ijaz Ahmed Saadi (SDE, P&D), Dewan Mizanur Rahman (DM, HR), S. M. Jahid Anwar (JAM, EHS) Kazi Sumon (Office supporting staff), Hazrat Ali (Driver)		Date of last assessment: 03-08-2022				
Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment			Step 3 – Risk management			
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
Transportation	D R	Skidding	Injury	M Rare	L 2	Vehicle road worthiness regularly checked. Quality of tires checked for wear & tear. License of drivers checked.			

Legends					Rating	Severity	Probability	Risk Level Matrix							
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5		
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4		
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3		
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances		L M H					
				5	Intolerable			Never happened		Severity					
*Hazard/ Concern (please select appropriate)															
<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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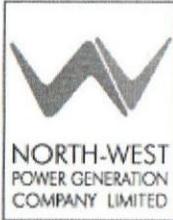
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		Assessor:	M. Ijaz Ahmed Saadi (SDE, P&D), Dewan Mizanur Rahman (DM, HR), S. M. Jahid Anwar (JAM, EHS) Kazi Sumon (Office supporting staff), Hazrat Ali (Driver)	Date of last assessment:	03-08-2022

Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment					Step 3 – Risk management			Remark	
	Parameters	Hazard/ Concern* (Please give brief	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.				
Miscellaneous	I	NR	Mosquito bite causing Malaria, Dengue or Chikungunia	Health effect	H	Rare	L	3	It is ensured that there is no stagnation of water. Pest control done regularly.			WI-02
		NR	Earthquake	Injury	H	Rare	L	3				EPP-01

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened	Severity				

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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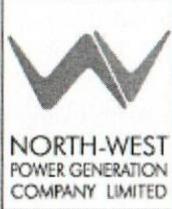
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Activity, Product, Service	Step 1 – Risk identification			Step 2 – Risk assessment					Step 3 – Risk management			
	Parameters		Hazard/ Concern* (Please give brief)	Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
	I	NR	Terror attack	Injury	H	Never happened.	L	3	Security is provided at each office entrance.			EPP-01
	D	R	Door push-pull	First Aid Injury	L	May/Can Happen	M	2	Door push-pull sign are marked.	Door push-pull sign to be marked or door stopper to be provided where necessary.		

Legends						Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5	
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4	
R	Routine	E	Emergency	3	Moderate	Low (L)	First aid injury	Has been observed		L	1	2	3	
NR	Non Routine	RL	Risk Level	4	Substantial	(L)		Rare chances			L	M	H	
				5	Intolerable			Never happened				Severity		
*Hazard/ Concern (please select appropriate)														
	Fire hazards	Electrical (shock)	Static electricity	Fumes emission	Skin contact	Chemical spillage	Cuts, Burns	Slips/Trips/Falls						
	Manual handling	Eye strain	Back pain	Noise	Work at height	Lone working	Compressed air	Others (if any)						

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 <p>NORTH-WEST POWER GENERATION COMPANY LIMITED</p>	<p>NORTH-WEST POWER GENERATION COMPANY LIMITED</p> <p>Register of Hazard Identification and Risk Assessment</p>	<p>FORM NO: NW-DH-HSE-F-002 EFFECTIVE DATE: 21.04.2018 REVISION NO:00</p>
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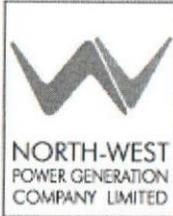
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Activity, Product, Service	Step 1 – Risk identification			Step 2 – Risk assessment				Step 3 – Risk management				
	Parameters		Hazard/ Concern* (Please give brief)	Severity		Probability		RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
	D	R	Fragile Glass Furniture	Medical Aid Injury	M	Rare chances	L	2	Personnel are aware of fragile glass furniture.			
Lift Maintenance	D	R	Lift-malfunction causing injury	Fatal/Permanent Injury	H	Rare Chances	L	3	Maintenance & servicing (if required) of office lift is regularly carried out by			EPP-01

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened		Severity			

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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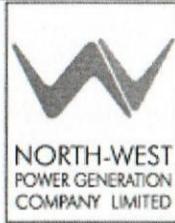
Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment				Step 3 – Risk management				
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark		
						building maintenance authority.					
Covid 19 Management	D	R	Contagious disease which can cause pandemic situation. Fatality may cause (Fever, cough, shortness of breath,	High	H	May/ Can happen	L	3	Regular temperature check up, distribution of sanitizer and masks.	Increasing awareness to maintain proper hygiene	

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
R	Routine	E	Emergency	3	Moderate			Has been observed		L	1	2	3
NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances		L M H			
				5	Intolerable			Never happened	Severity				

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)

Signature



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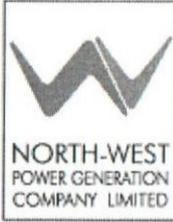
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Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment					Step 3 – Risk management			
	Parameters	Hazard/ Concern* (Please give brief	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark		
		ultimately cause lungs damage and death)					Installation of disinfestation chamber, safety awareness sign.				
Vehicle Gas Cylinder	D	R	May cause explosion, fire	High	H	Low	L	3	Regular Cylinder (Pressure) tests are taken	Increasing awareness during gas storing and handling by driver and passengers.	

Legends						Rating	Severity	Probability	Risk Level Matrix				
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4
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NR	Non Routine	RL	Risk Level	4	Substantial	Low (L)	First aid injury	Rare chances			L	M	H
				5	Intolerable			Never happened			Severity		

*Hazard/ Concern (please select appropriate)

<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)



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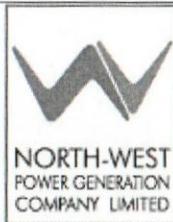
Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment					Step 3 – Risk management				
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark			
Mouse	D	NR	Unpleasant Smell, Hamper office resources.	Low	L	Medium	M	2	Regular Pest Control	Checking and cleaning of AC ducts and vents.		

Prepared by (Risk Assessors)	Name	Job Title	Signature	Date
	S. M. Jahid Anwar	JAM (Environment, Health & Safety)		03-08-2022

Legends					Rating	Severity	Probability	Risk Level Matrix					
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5
I	Indirect	A	Abnormal	2	Acceptable	Medium	Medical aid injury	May/ Can happen		M	2	3	4
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NR	Non Routine	RL	Risk Level	4	Substantial	Low		Rare chances			L	M	H
				5	Intolerable	(L)		Never happened			Severity		

***Hazard/ Concern (please select appropriate)**

<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Electrical (shock)	<input type="checkbox"/> Static electricity	<input type="checkbox"/> Fumes emission	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Chemical spillage	<input type="checkbox"/> Cuts, Burns	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Manual handling	<input type="checkbox"/> Eye strain	<input type="checkbox"/> Back pain	<input type="checkbox"/> Noise	<input type="checkbox"/> Work at height	<input type="checkbox"/> Lone working	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Others (if any)



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						Date of last assessment:			
						03-08-2022			
Activity, Product, Service	Step 1 – Risk identification		Step 2 – Risk assessment			Step 3 – Risk management			
	Parameters	Hazard/ Concern* (Please give brief)	Severity	Probability	RL	Existing Controls	Required Controls	Applicable Legal Req.	Remark
Approved by	Mashuda Parvin		Manager (Environment, Health & Safety)					03-08-2022	

Legends					Rating	Severity	Probability	Risk Level Matrix							
D	Direct	N	Normal	1	Trivial	High (H)	Fatal/ Permanent disability	Will happen	Probability	H	3	4	5		
I	Indirect	A	Abnormal	2	Acceptable	Medium (M)	Medical aid injury	May/ Can happen		M	2	3	4		
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				5	Intolerable			Never happened		Severity					
*Hazard/ Concern (please select appropriate)															
<input type="checkbox"/>	Fire hazards	<input type="checkbox"/>	Electrical (shock)	<input type="checkbox"/>	Static electricity	<input type="checkbox"/>	Fumes emission	<input type="checkbox"/>	Skin contact	<input type="checkbox"/>	Chemical spillage	<input type="checkbox"/>	Cuts, Burns	<input type="checkbox"/>	Slips/Trips/Falls
<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Eye strain	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Others (if any)