# Form No. 5(b)

## Hazard Identification / Risk Assessment / Risk Control
## Proposed Traffic Management Plan

| **Site:** Woodquay, Galway | **Date:** 26 October 2026 | **Assessed By:** AG, JG, FF |
|---|---|---|

**Activity Covered By This Assessment:**

Traffic Management for the lifting of hollowcore slabs and stairs into position & associated works.

First Floor Level Date to be completed 27th November 2026
Second Floor Date to be completed TBC

**No. Of People Involved:** All persons including site personnel, deliveries, public & relevant interested parties

**How Often Is The Activity Carried Out?** Twice

**How Long Will It Take To Complete This Activity?** 1 day per level

| **Assessment of Hazard (Severity)** | **Assessment of Risk (Likelihood)** | **Likelihood / Severity** |
|---|---|---|
| **H**= Fatality Major Injury or Illness causing Long Term disability<br>**M**= Injury or Illness Causing Short Term Disability<br>**L**= Other Minor Injury | **H**= Certain Or Near Certain<br>**M**= Reasonably Likely To Occur<br>**L**= Very Seldom / Never | |

| Severity \ Likelihood | L | M | H |
|---|---|---|---|
| L | L | M | M |
| M | M | M | H |
| H | M | H | H |

**Risk Assessment**

| | **HAZARD IDENTIFICATION** | **Assessment of Hazard (Severity) H / M / L** | **Assessment of Risk (Likelihood)) H / M / L** | **RISK ASSESSMENT H / M / L** |
|---|---|---|---|---|
| **1** | Collisions between construction related vehicles/materials & third party vehicles | H | L | M |
| **2** | Accidents involving construction related vehicles/materials & pedestrians/cyclists | H | L | M |
| **3** | Damage to third party vehicles from construction site related debris/materials | M | L | M |
| **4** | Obstruction on public roadway caused by construction vehicles | H | L | M |
| **5** | Contact with overhead services by deliveries/suppliers/contractors | H | M | M |
| **6** | Falls of materials from lifting attachments | H | L | M |

**Note:** if the overall Risk Factor is low (L), for all hazards, then no further action is required. If the overall Risk Factor is Medium (M) or High (H) then the remainder of the form MUST be completed.

**Risk Control Measures**

**Reference Documentation And / Or Standards Required:**

WDL Safety Management System Rev11,
Construction Regulations 2013, General Application Regulations 2007

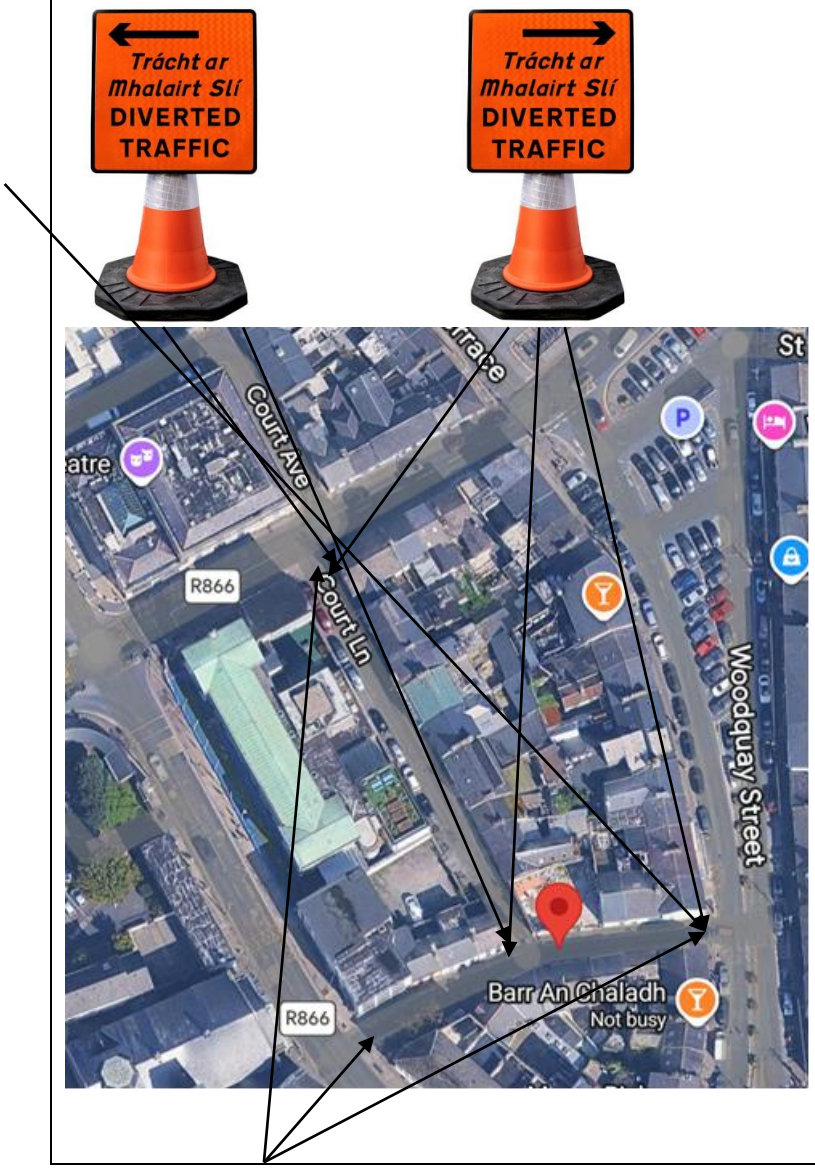
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| PSDP Preliminary Safety & Health Plan |
| HSA Guidance documents – Construction Site Traffic Management Plan (CSTMP) |
| Chapter 8 of the Traffic Signs Manual, relating to Temporary Traffic Measures and Signs for Roadworks |
| Walsh Crane Hire LIFTING OPERATIONS RISK ASSESSMENT/METHOD STATEMENT FOR THE HIRE OF MOBILE TELESCOPIC CRANES. |
| Mannock Method Statement & Risk Assessment |
| **Personnel Required to Safely Complete Activity:** |
| All persons accessing site including site personnel, contractors, visitors and suppliers and delivery drivers must follow all information given in order to maintain safe access & egress from site, third party drivers must adhere to safe driving. |
| **Supervision Required:** |
| WDL will maintain traffic management equipment throughout the road closure, monitoring its effectiveness and amending if necessary. |

| **Hazard Identification / Risk Assessment / Risk Control** |
|---|
| **Safety Training /Competency Required:** |
| Safepass as required, CSCS as required (SLG, Safety at Roadworks) |
| Driver Licence as appropriate to vehicle & CSCS for crane & slinger |
| **Materials & Equipment Required (Attach Certification as necessary):** |
| Signage, Traffic cones, Gates, Hording/fencing/barriers, |
| |
| **Other Essential Equipment (i.e. access platforms/winches/ladders, etc.);** |
| N/A |
| |
| **Method of Access and Egress to the work area:(i.e. Ladders/MEWPS/Scaffold/Trestles/Step Ladder etc)** |
| **n/a** |
| |
| **Fall Protection Measures: (Where work at height cannot be eliminated – consider both Personnel & Materials) (i.e. Guard Rails/Toe Boards/Brick Guard/Safety Harnesses/Exclusion Zones, etc.)** |
| **n/a** |
| |
| **Method Statement To Be Adopted (Sequence of Operations):** |
| • **WDL will access all relevant documentation & complete a proposed TMP which will be circulated to appropriate parties for their review.**<br>• **WDL will apply to Galway City Council for a Temporary Road Closure,**<br>• **WDL will actively communicate and meet with the council to ensure compliance and set up and maintain a system for the project duration that is user friendly and maintains the safety of all persons.**<br>• **Once finalised WDL will communicate this TMP to site management/personnel involved in its set up, and to site personnel & material delivery suppliers.**<br>• **WDL will engage in constructive communication with local interested parties, businesses & home-owners, all whilst following legislative requirements & directions from the City Council. A leaflet drop will be completed no less than a week prior to works.**<br>• **WDL will communicate to the local primary school regarding closure.**<br>• **Prior to any works being undertaken WDL will ensure that all materials** |

**relevant to traffic management set up are ordered and present on site for use.**

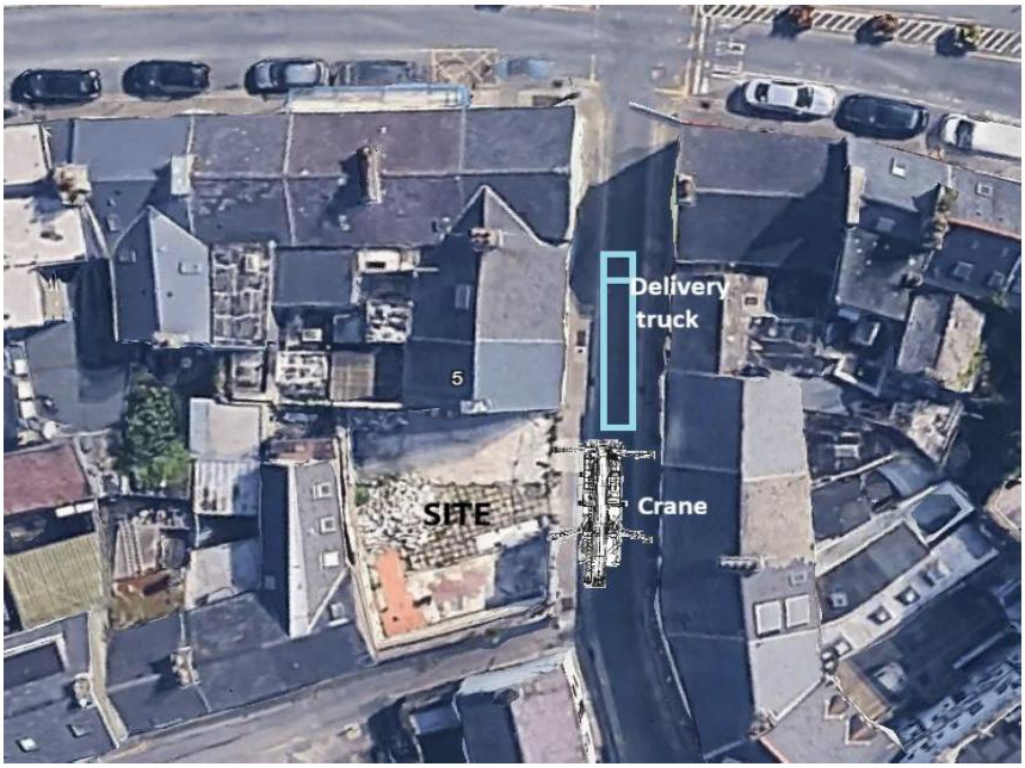
- **It is proposed that WDL will complete works on the 27th November 2026.**
- **It is proposed that fencing with signage (see attached drawing) will be set up at the St. Anthonys Place/Woodquay junction, St. Anthonys Place/Court Lane junction, there will be advanced warning notices at the junction between Eglington Street and St. Anthonys Place and at the junction between Court Lane and the R866.**

Road Closures & All Stop (if required) have the following additional signage with barriers & flagmen at each highlight junction






- **All documentation including Method Statements, Risk Assessments, Lift Plans and Equipment Certification will be exchanged and communicated between all the groups.**
- **It is proposed that in conjunction with Walsh Crane Hire and Mannock, the crane will reverse down from Woodquay and set up outside the front of the site (see drawing), the lorry with the hollowcore will then reverse to meet the crane.**




- **At all times personnel will be on hand to monitor the security of the unauthorized zone during lifts, residents will be assisted when safe to do so.**
- **The overhead insulated electric cable on the adjacent buildings are identified to the works personnel & crane driver. This will be monitored during the works by the driver & banksman.**
- **The crew will set up and commence works to their respective Method Statements, all monitored by WDL.**
- **When possible WDL will try to maintain pedestrian access, outside active lifts, through the junction of court lane and St. Anthonys Place, monitored by flagman/spotter during works.**
- **All signage & materials will be maintained for duration of the works and removed once completed. All areas will be check once works are complete.**

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|---|---|---|---|---|---|---|---|
| **Hazardous Substances: (Attach MSDS if required)** |  Very Toxic |  Harmful/ Irritant |  Corrosive |  Dangerous For the environment |  Oxidising |  Highly flammable |  Explosives |
| **Applicable** | No | No | No | No | No | No | No |
| | | | | | | | |
| **Required Personnel Protective Equipment:** |  Safety Boots |  Hard Hats |  Safety Gloves |  Hearing Protection |  Eye Protection |  Respiratory Protection | Other:<br>1. Hi-Viz<br>2. Coveralls<br>3. |

**Emergency Procedures:**




**Name of On-Site First Aider:** Andrew Greaney 087 6558862

**First Aid Box Location:** WDL Site/ WDL Vehicles

**Location of Nearest Hospital:** UCHG 091 524222

**Services to be supplied by others:**

**Assessment of Remaining Risk:** **Low / Medium / High**

**Note:** If the remaining Risk Factor is Medium (M) or High (H) then additional Risk Control Measures are required

**Further Specific Actions Required:**

**Signage to include, with amendments**


















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| **Materials to include, with amendments** |
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| |
| Whitecroft Developments are authorized to amend this Risk Assessment to reflect the conditions of the site subject to new consultations. Amendments will be hand written on document and signed and dated. |

**Above Measures Approved By:**

**Print Name: ___Fiona Finnerty_____**

**Signature: _____**

**Position: ___Health & Safety Advisor & CSCS SLG_____**

**Date: ____26/10/2026_____**