

Super Groups 44 wedgewood rd Hallam 03-97023999



#2380

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This form has been completed in accordance with the Hazard Management Policy/Procedure and Plant and Equipment Safety Management Policy/Procedure.
 For further information please refer to the OHS Regulations Part 3 Plant

Overall risk rating (existing controls) highest score eg L, M, H, VH
M

STEP 1 : ENTER INFORMATION ABOUT THE ITEM OF PLANT/EQUIPMENT, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT

Plant Location:	HALLAM	Owner of Plant:	S&S EQUIPMENT HIRE	SERIAL NO: 51059	DATE ASSESSED:	21/10/2020
Plant: (Include name and model)	KUBOTA U17-3HG EXCAVATOR			HOURS: 0.8	REVIEW DATE:	21/10/2021
Purpose of Plant:	CIVIL CONSTRUCTION				(1 yr, from RISK ASSESSMENT)	
Current Photo of machine being assessed.			REGISTRATION/LICENCES/COMPETENCIES (Refer Appendix B)	LEGISLATION	RISK ASSESSMENT TEAM	
			Registration required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Licence/ Trade certificate required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Supervisor assessment required? (Induction required for this plant) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other competency required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Include in Safe Operating Procedure	OHS Legislation and/or Australian Standard to be used for further reference. OHS Regulations (2017) Divisions: 1.2 OHS Responsibilities 1.3 Information, Instruction, Training, Induction, Supervision 2.10 Noise Part 3 Plant (including) 3.2.25 Plant with moving parts 3.2.15 Hazard Management 3.2.17 Control of risk AS 4024 - 2014 Safety of machinery AS 1788 Abrasive wheels AS 60204.1 electrical equipment for industrial machines	Operator: HSO/Manager: HSR: Assessor: CARL HAWORTH Consultant: DANIEL SPOONER Date Assessed: 21/10/2020  CARL HAWORTH (Signature) (Name)	

LEGEND	
<input type="checkbox"/> El = Elimination	<input type="checkbox"/> Is = Isolation
<input type="checkbox"/> Su = Substitution	<input type="checkbox"/> Ad = Administration
<input type="checkbox"/> En = Engineering	<input type="checkbox"/> PPE = Personal Protective Equipment

Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone be injured from an electrical shock?							
<input type="checkbox"/> Water near equipment <input checked="" type="checkbox"/> Plant located near or in contact with exposed live electrical conductors <input checked="" type="checkbox"/> Leads/switch in poor condition <input checked="" type="checkbox"/> Overhead and underground wires <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	UNLIKELY	MAJOR	MEDIUM	Working near high voltage services. Inspecting battery and leads. Digging near underground services.	<input type="checkbox"/> El <input type="checkbox"/> Su <input checked="" type="checkbox"/> En <input checked="" type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE	Dial Before You Dig decal fitted. Look Up & Live decal fitted. Insulated electrical system. Induction.	N
Can anyone be injured by an explosion?							
<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Vapour <input type="checkbox"/> Dust <input type="checkbox"/> Liquid <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	UNLIKELY	MAJOR	MEDIUM	When inspecting battery. When filling with fuel	<input type="checkbox"/> El <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE	No smoking around machine. Diesel only decal fitted. Care to be taken when inspecting battery. Induction.	N

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Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone come into contact with fluids or gases under high pressure due to:							
<input type="checkbox"/> Failure of the plant <input type="checkbox"/> Nature of the plant <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	UNLIKELY	MAJOR	MEDIUM	Hydraulic hoses may burst. Radiator hoses may burst.	<input type="checkbox"/> EI <input type="checkbox"/> Su <input checked="" type="checkbox"/> En <input type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE	High pressure fluid decals fitted. Hose clamps fitted. Hose covers fitted. Hoses in good condition and correct maintenance to be continued.	N
Can anyone injured due to ergonomic issues due to:							
<input checked="" type="checkbox"/> Repetitive body movement or posture <input checked="" type="checkbox"/> Insufficient space <input type="checkbox"/> Excessive effort (push/pull) <input type="checkbox"/> Working at a height <input type="checkbox"/> Seating design <input type="checkbox"/> Poor lighting <input type="checkbox"/> Other issues _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	POSSIBLE	FIRST AID	MEDIUM	Long periods of operation	<input type="checkbox"/> EI <input type="checkbox"/> Su <input checked="" type="checkbox"/> En <input type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE	Ergonomic and adjustable seat fitted. Low stress controls fitted. Good lighting fitted. Control knobs easy to reach. Operator to take correct break periods.	N
Is there a current operators manual?							
Yes							N

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Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone be injured or suffer ill health from exposure to other hazards?							
<input type="checkbox"/> Chemicals <input type="checkbox"/> Radiation <input checked="" type="checkbox"/> Fumes <input checked="" type="checkbox"/> Dusts <input type="checkbox"/> Vibration <input checked="" type="checkbox"/> Noise <input type="checkbox"/> Toxic gases or vapours <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	UNLIKELY	MAJOR	MEDIUM	Working in confined spaces. Long periods of operation	<input type="checkbox"/> EI <input type="checkbox"/> Su <input checked="" type="checkbox"/> En <input type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE	No excessive fumes at high idle. Falls below 85Db limit. Hearing protection decal fitted. Operator to be trained in correct safety procedure for dusty work environments.	N
Does the plant generate significant environmental hazards							
<input type="checkbox"/> Energy consumption <input type="checkbox"/> Water consumption <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Hazardous emissions <input type="checkbox"/> Nuisance noise <input type="checkbox"/> Produce ignition to the surrounding area <input type="checkbox"/> Other issues _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> NA					<input type="checkbox"/> EI <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input type="checkbox"/> Ad <input type="checkbox"/> PPE	Fitted with emissions compliant engine. Noise level below 85Db limit.	N

STEP 3 : ACTION REQUIRED BY MANAGER/SUPERVISOR/AUTHORISED PERSON

If no actions required and residual risk is medium to very high, the activity and the hazard(s) have been transferred to the Hazard Register and communicated to the relevant personnel.

PLEASE NOTE:

HYDRAULIC HITCH FITTED. PLEASE READ AND UNDERSTAND MANUFACTURERS HANDBOOK

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RISK ASSESSMENT TABLES

Likelihood Table

CATEGORY	DESCRIPTION
Almost Certain	Incident will occur at some time (0 – 1 month)
Likely	Incident could occur at some time (1 month – 1 year)
Possible	Incident is possible to occur (1 year – 2 years)
Unlikely	Incident is possible, but unlikely to occur (2 years – 5 years)
Rare	Cannot imagine that this could occur (over 5 years)

Consequences Table

CATEGORY	DESCRIPTION
Minor	Effects unlikely to last until the next day.
First Aid	Likely to affect employee the next day.
Major	Medical Treatment injury needs formal medical treatment
Critical	Injury requiring extensive medical treatment and/or hospitalization
Catastrophic	Injury resulting in death or permanent incapacity

Risk Score Calculator

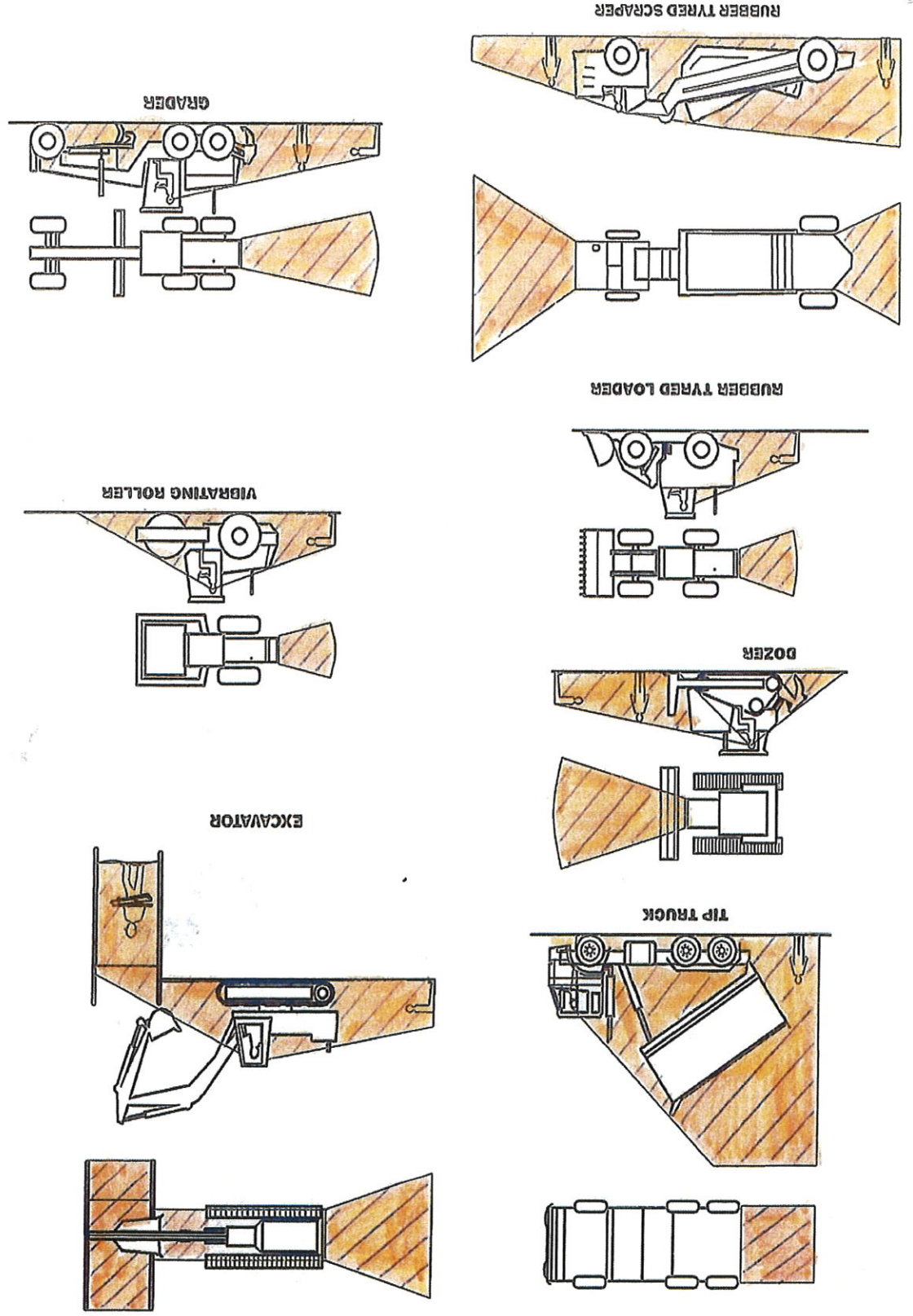
Likelihood	Minor	First Aid	Major	Critical	Catastrophic
Almost certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	High

Risk Priority Table

Descriptor	Priority	Action
Very High	1	Immediate action required. The activity should cease immediately and short term safety controls implemented. Notify Manager and assess activity.
High	2	Implement short term safety controls immediately. Notify Manager and assess activity.
Medium	3	Short term safety controls implemented to minimise risk of injury. Notify Manager and assess activity. Corrective Actions within one month.
Low	4	Notify Manager and assess activity. Corrective Actions within three months (if possible).

Safety around operating plant

Machines have blind spots where operators may not see people or objects nearby. The following diagrams illustrate typical examples of blind spots for some common mobile plant.



BLIND SPOTS