

# Super Groups 44 Wedgewood Road Hallam 03-97023999

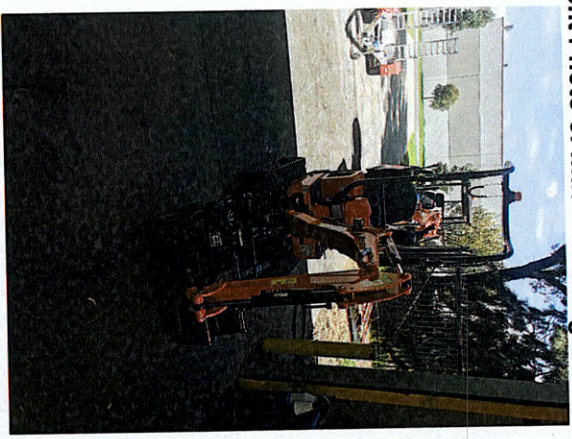

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This form is to be completed in accordance with the Hazard Management Policy/Procedure and Plant and Equipment Safety Management Policy/Procedure.

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

For further information please refer to the OHS Regulations Part 3 Plant

**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:	SAND S EQUIPMENT HIRE	SERIAL NO: 11280	DATE ASSESSED:	1/2/2024
Plant: (include name and model)	KUBOTA U10-5 EXCAVATOR			HOURS: 1.2	REVIEW DATE:	1/2/2025 (1 yr, from RISK ASSESSMENT)
Purpose of Plant:	CIVIL CONSTRUCTION					
Current Photo of machine being assessed.						
	<p><b>REGISTRATION/LICENCES/COMPETENCIES</b> (Refer Appendix B)</p> <p>Registration required?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p>Licence/ Trade certificate required?  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Supervisor assessment required? (Induction required for this plant)  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Other competency required?  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Include in Safe Operating Procedure</p>	<p><b>LEGISLATION</b></p> <p>OHS Legislation and/or Australian Standard to be used for further reference.</p> <p>OHS Regulations (2017) Divisions:</p> <ul style="list-style-type: none"> <li>▪ 1.2 OHS Responsibilities</li> <li>▪ 1.3 Information, Instruction, Training, Induction, Supervision</li> <li>▪ 2.10 Noise</li> <li>▪ Part 3 Plant (including)             <ul style="list-style-type: none"> <li>▪ 3.2.25 Plant with moving parts</li> <li>▪ 3.2.15 Hazard Management</li> <li>▪ 3.2.17 Control of risk</li> </ul> </li> <li>▪ AS 4024 - 2014 Safety of machinery</li> <li>▪ AS 1788 Abrasive wheels</li> <li>▪ AS 60204.1 electrical equipment for industrial machines</li> </ul>	<p><b>RISK ASSESSMENT TEAM</b></p> <p>Operator:</p> <p>HSO/Manager:</p> <p>HSR:</p> <p>Assessor: CARL HAWORTH</p> <p>Consultant: AIDEN BRAND-OLIVER</p> <p>Date Assessed: 1/2/2024</p> <p></p> <p>CARL HAWORTH</p>			
	(Signature)	(Name)				



LEGEND	
<input type="checkbox"/> EI = 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
<b>Can the following items become entangled (eg in moving parts)?</b>							
<input checked="" type="checkbox"/> Yes (e.g. Hair, Jewellery, Clothing, Cleaning aids (cloth), Gloves or Other _____)	UNLIKELY	FIRST AID	MEDIUM	When in operation, pedestrians to keep clear	<input checked="" type="checkbox"/> EI <input type="checkbox"/> Su <input type="checkbox"/> En <input type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE	Warning decals in place. Guards are installed. Engine covers are fitted. Induction.	N
<input type="checkbox"/> No <input type="checkbox"/> NA							
<b>Are emergency stop buttons adequate?</b>							
<input checked="" type="checkbox"/> Yes (within easy reach and clearly marked) <input type="checkbox"/> No <input type="checkbox"/> Other issues _____ <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	Customer to organise installation of any others if required.	N
<b>Are there adequate fire extinguishers fitted?</b>							
Yes							
<b>Is there a working travel alarm fitted?</b>							
Yes							N
<b>Is there a working flashing beacon?</b>							
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
<b>Can anyone be injured from an electrical shock?</b>							
<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"/> EI <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
<b>Can anyone be injured by an explosion?</b>							
<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"/> EI <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
<b>Can anyone be burnt due to:</b>							
High/low temperature <input type="checkbox"/> Naked flame <input checked="" type="checkbox"/> Steam <input type="checkbox"/> Laser beams <input checked="" type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	UNLIKELY	FIRST AID	MEDIUM	When inspecting radiator. On exhaust.	<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	Hot coolant decal fitted. Hot exhaust decal fitted. Exhaust located out of reach of operating position, and all pedestrians to keep clear.	N
<b>Can anyone be affected by temperature extremes?</b>							
<input checked="" type="checkbox"/> Exposure to high temperature <input checked="" type="checkbox"/> Exposure to low temperature <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	RARE	FIRST AID	LOW	When working in extremes of temperature.	<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	Sunscreen to be worn. Appropriate clothing to be worn. Induction and training.	N
<b>Can anyone slip, trip or fall due to:</b>							
<input checked="" type="checkbox"/> The location of the plant <input checked="" type="checkbox"/> Uneven work surfaces <input type="checkbox"/> Lack of safe guards (eg rails) <input checked="" type="checkbox"/> Slippery work surfaces <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	POSSIBLE	FIRST AID	MEDIUM	When working on uneven ground. When entering and exiting plant.	<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	Seatbelts must be worn at all times. Maintain 3 points of contact when entering or exiting machine. Handrails fitted. Safety decals fitted. Steps to be kept clean.	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
<b>Can anyone be injured or suffer ill health from exposure to other hazards?</b>							
<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
<b>Does the plant generate significant environmental hazards</b>							
<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



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	Consequences	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).