



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 AND S EQUIPMENT HIRE	SERIAL NO: 60227	Date assessed:	1/2/2024
Plant: (Include name and model)	KUBOTA U17-3HG 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>REGISTRATION/LICENCES/COMPETENCIES (Refer Appendix B)</p> <p>Registration required? <input checked="" type="checkbox"/> Yes <input 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>LEGISLATION</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"> ▪ 1.2 OHS Responsibilities ▪ 1.3 Information, Instruction, Training, Induction, Supervision ▪ 2.10 Noise ▪ Part 3 Plant (including) <ul style="list-style-type: none"> ▪ 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 	<p>RISK ASSESSMENT TEAM</p> <p>Operator:</p> <p>HSO/Manager:</p> <p>HSR:</p> <p>Assessor: CARL HAWORTH</p> <p>Consultant:</p> <p>Date Assessed: 1/2/2024</p> <p>(Signature)  (Name) CARL HAWORTH</p>			

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
Can the following items become entangled (eg in moving parts)?							
<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							
Are emergency stop buttons adequate?							
<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 if any additional ones required.	N
Are there adequate fire extinguishers fitted?							
NO						Customer to organise installation if required	N
Is there a working travel alarm fitted?							
Yes.							N
Is there a working flashing beacon?							
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
<p>Can anyone be injured from an electrical shock?</p> <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
<p>Can anyone be injured by an explosion?</p> <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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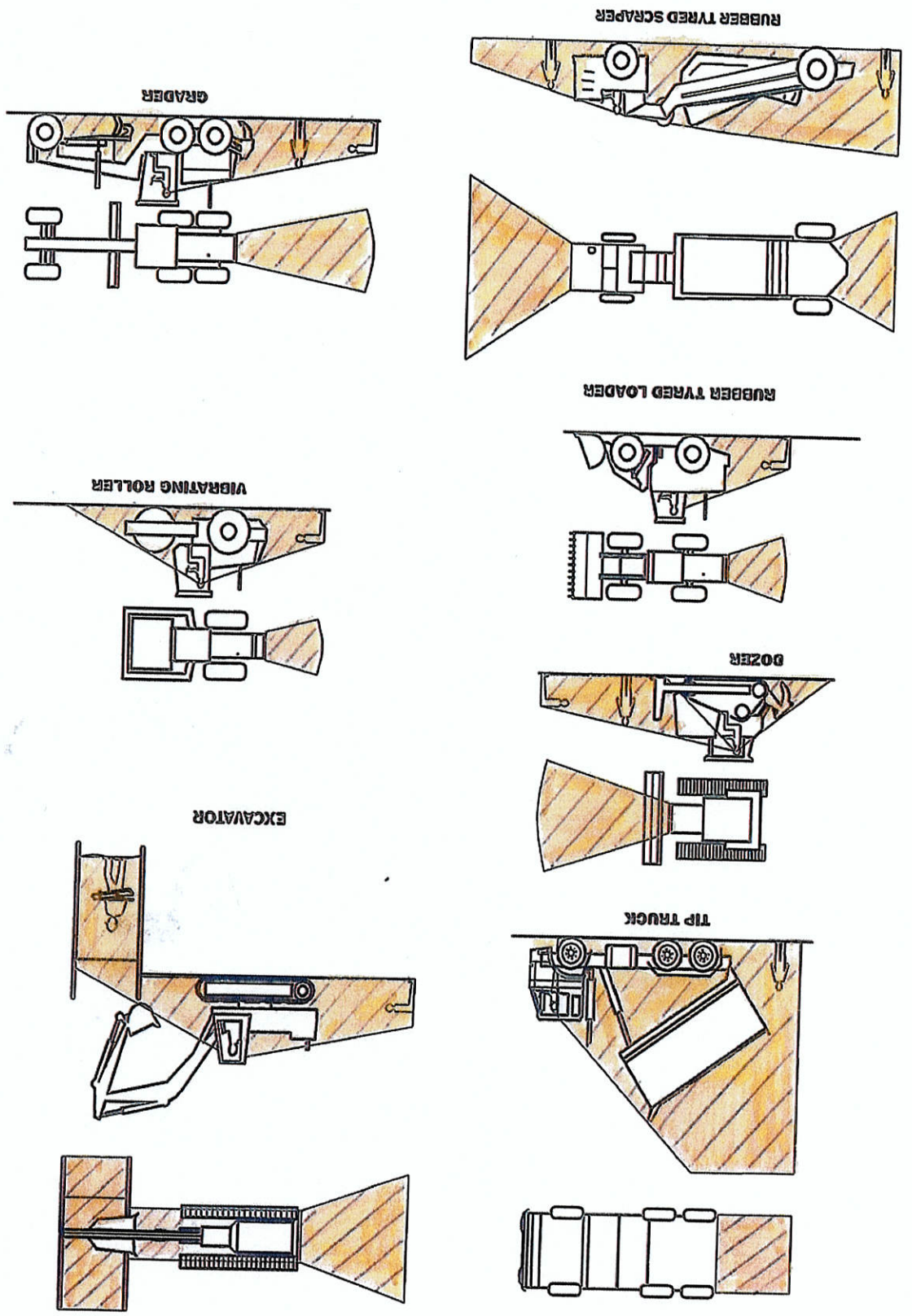
Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone be burnt due to:							
<input type="checkbox"/> High/low temperature <input type="checkbox"/> Naked flame <input checked="" 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
Can anyone be affected by temperature extremes?							
<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
Can anyone slip, trip or fall due to:							
<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
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

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