



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 PTY LTD	SERIAL NO 61031	DATE ASSESSED:	30/1/2025
Plant: (Include name and model)	KUBOTA U17-3HG EXCAVATOR			HOURS: 1.2	Review date: 30/1/2026	(1 yr, from RISK ASSESSMENT)
Purpose of Plant:	CIVIL CONSTRUCTION					

Current Photo of machine being assessed. 	REGISTRATION/LICENCES/COMPETENCIES (Refer Appendix B) Registration required? <input checked="" type="checkbox"/> Yes <input 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	LEGISLATION 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	RISK ASSESSMENT TEAM Operator: HSO/Manager: HSR: Assessor: CARL HAWORTH Consultant: TIM JASPER Date Assessed: 30/1/2025  CARL HAWORTH
	(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
<p><input checked="" type="checkbox"/> Plant falling or unexpected movement of the plant eg</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tipping <input checked="" type="checkbox"/> Falling <input checked="" type="checkbox"/> Rolling over <input checked="" type="checkbox"/> Rolling forward <input type="checkbox"/> The plant's load <input checked="" type="checkbox"/> Under/between plant and a structure eg wall <input type="checkbox"/> Inability to apply brake <input checked="" type="checkbox"/> Falling off the plant <input checked="" type="checkbox"/> Part of the plant collapsing/changing shape <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA 	UNLIKELY	MAJOR	MEDIUM	<p>Unstable ground. Unexpected movement. Working near structures. Sudden reversing. Operator not wearing seatbelt. Working near pedestrians. Working on plant during maintenance and servicing.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> EI <input type="checkbox"/> Su <input type="checkbox"/> En <input checked="" type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE 	<p>Neutral start switch fitted. Travel alarm and beacon fitted. Pedals are non-slip. Warning decals fitted. Park brake operational. Control pod operational. ROPS/FOPS structure fitted. Seatbelt fitted. Handrails fitted. SWL decals fitted. Do not lift above personnel decal fitted. Induction.</p>	N
<p>Can anyone be cut, stabbed or punctured, amputated by coming into contact with :</p>							
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Moving plant or parts <input type="checkbox"/> Sharp or flying objects <input checked="" type="checkbox"/> Work pieces ejected <input type="checkbox"/> Work pieces disintegrating <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA 	UNLIKELY	MAJOR	MEDIUM	<p>Pedestrians to keep clear 30 metres. Quick hitch failure. Moving blade or bucket.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> EI <input type="checkbox"/> Su <input type="checkbox"/> En <input checked="" type="checkbox"/> Is <input checked="" type="checkbox"/> Ad <input checked="" type="checkbox"/> PPE 	<p>Warning decals fitted. Quick hitch safety switch fitted. Induction.</p>	N

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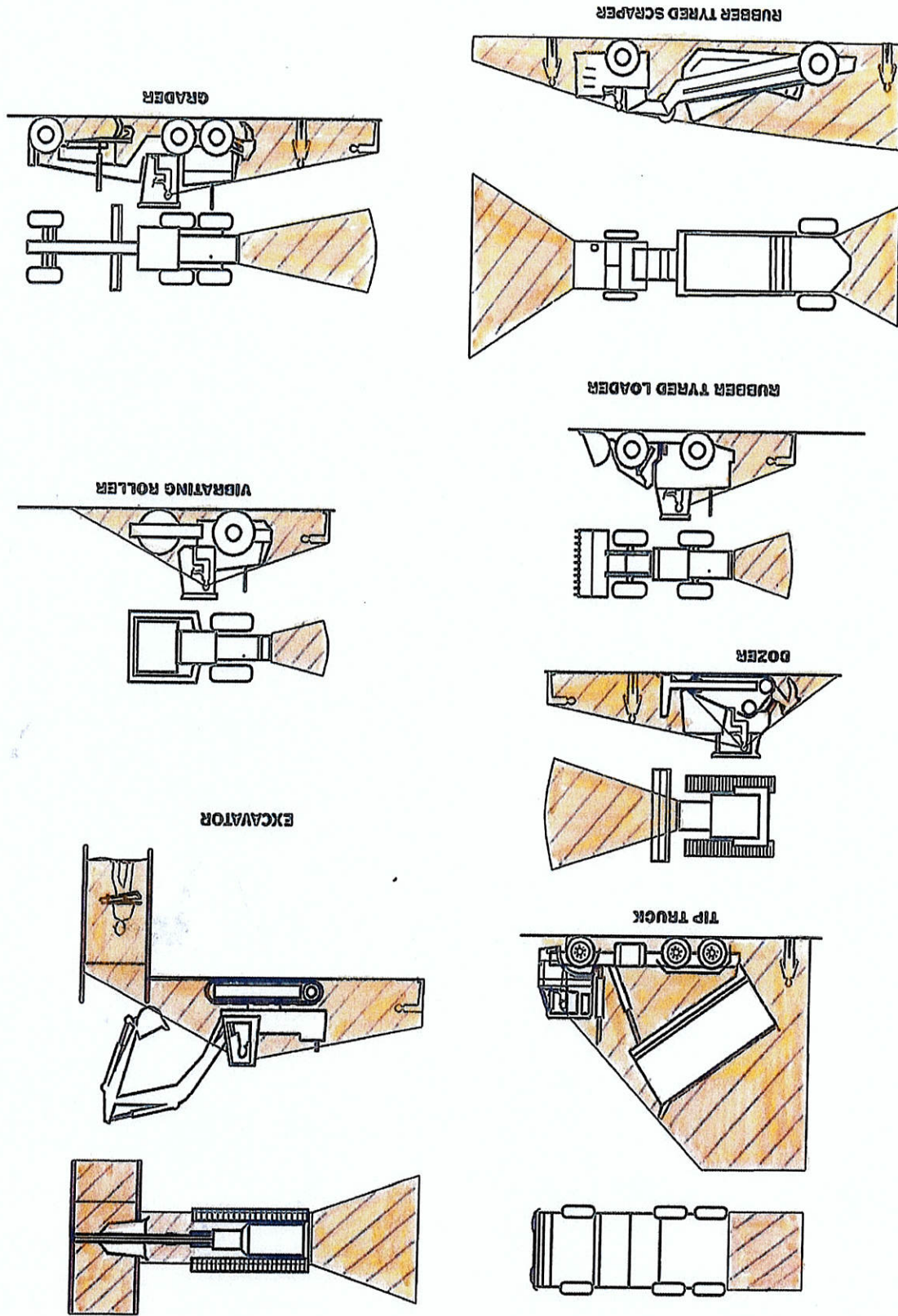
Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone be burnt due to friction?							
<input type="checkbox"/> Contact with moving parts or surface of the plant <input type="checkbox"/> Material handled by the plant <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		N
Can anyone be struck by moving objects due to:							
<input checked="" type="checkbox"/> Plant/materials being ejected <input checked="" type="checkbox"/> Plant/material movement <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	UNLIKELY	MAJOR	MEDIUM	Load may shift, pedestrians to keep clear 30 metres. Unexpected plant movement	<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	Travel alarm and beacon fitted. Keep clear decals fitted. Swing area decals fitted. Induction for correct operation. ROPS/FOPS structure fitted.	N
Can anyone suffocate due to:							
<input type="checkbox"/> Lack of oxygen <input checked="" type="checkbox"/> Atmospheric contamination <input type="checkbox"/> Engulfment <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA	RARE	MAJOR	MEDIUM	When working in confined spaces operator may be overcome by exhaust fumes.	<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	Training for confined spaces must be completed before undertaking this type of work. 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

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