

This form is to be 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

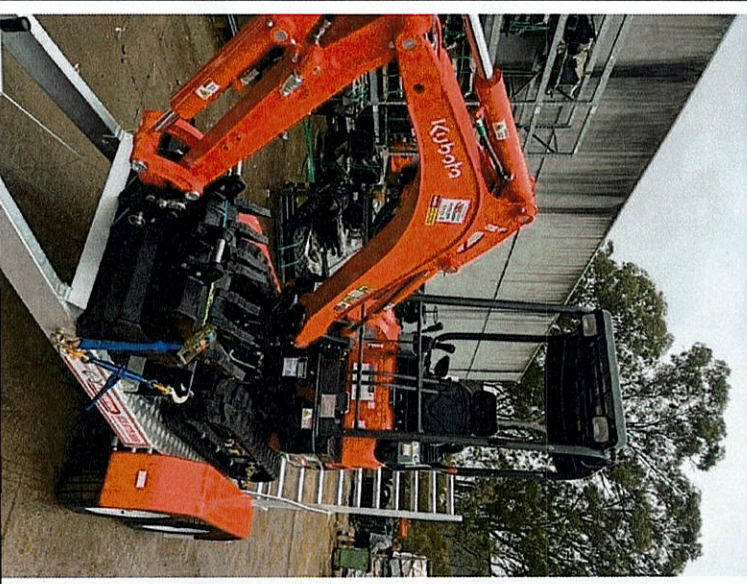

Overall risk rating  
 (existing controls)  
 highest score  
 eg L, M, H, VH

**M**

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

Plant (Include name and model)	HALLAM	Owner of Plant: <b>S &amp; S EQUIPMENT HIRE PTY LTD</b>	SERIAL NO: <b>57518</b>	Date assessed: 16/05/2023
Location:			HOURS: 1.2	Review date: 16/05/2024 (1 yr, from RISK ASSESSMENT)
Plant: (Include name and model)	KUBOTA U17-3HG EXCAVATOR			
Purpose of Plant:	CIVIL CONSTRUCTION			

#2651

Current Photo of machine being assessed.	REGISTRATION/LICENCES/ COMPETENCIES (Refer Appendix B)	LEGISLATION	RISK ASSESSMENT TEAM
	<p><b>Registration required?</b></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><b>Licence/ Trade certificate required?</b></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><b>Supervisor assessment required? (Induction required for this plant)</b></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><b>Other competency required?</b></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p>Include in Safe Operating Procedure</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
<b>Can anyone be crushed by:</b>							
<input checked="" type="checkbox"/> Plant falling or unexpected movement of the plant eg <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	Unstable ground. Unexpected movement. Working near structures. Sudden reversing. Operator not wearing seatbelt. Working near pedestrians. Working on plant during maintenance and servicing.	<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	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.	N
<b>Can anyone be cut, stabbed or punctured, amputated by coming into contact with :</b>							
<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	Pedestrians to keep clear 30 metres. Quick hitch failure. Moving blade or bucket.	<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	Warning decals fitted. 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 friction?</b>							
<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
<b>Can anyone be struck by moving objects due to:</b>							
<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
<b>Can anyone suffocate due to:</b>							
<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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<b>Can anyone come into contact with fluids or gases under high pressure due to:</b>							
<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
<b>Can anyone injured due to ergonomic issues due to:</b>							
<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
<b>Is there a current operators manual?</b>							
Yes							N



