**Plant Risk Assessment**

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| **Ref No: (e.g. Asset or Purchase Number)** |  |  | **Site** |  |
| **Date of assessment:** |  |  | **Department/Area:** |  |
|  | **Identify/describe activity, equipment, area or event you are assessing:** |

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| ***Item*** | ***Step 1:*** *Identify the hazard/s:*A hazard can be defined as a source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to environment, or a combination of these  | **Step 2:** Assess the risks:When conducting a risk assessment **YOU MUST** consider what could happen if someone is exposed to a hazard (consequences), the likelihood of it happening and how long the worker is exposed to the hazard. | **Step 3 & 4:** Reducing the risk:What are the most suitable controls to reduce the risk?Use ‘Hierarchy of Control’ from top down and combine multiple controls if needed to reduce risk to as low as reasonably practicable.Hierarchy of controlsLevel 1: – Eliminate the hazardsLevel 2: – Substitute the hazard with something saferLevel 3: – Reduce the risk through engineering controls*Level 4: – Reduce the exposure to the hazard through administrative controls**Level 5: – Use personal protective equipment* | **Step 5:** Monitor & review:How will the risk be monitored and who has the responsibility? Record review date |

| *Item No.* | *What could cause harm?**(Refer to the “What Could Cause harm” document in the Resources Tab on the CSH&W Website)* | *What could go wrong?**(Refer to the “What Could Go Wrong” document in the Resources Tab on the CSH&W Website)* | *Controls* | *Additional Controls* | *Date Complete* | *Review method & position/ person responsible* | *Review**Date* |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Entanglement**Can a person’s hair, clothing, gloves, neck tie, jewellery, cleaning brushes, rags or other material become entangled in moving parts or materials in motion? |  |  |  |  |  |  |
|  | **Crushing**Can a person be crushed due to:* Material falling off the plant?
* Uncontrolled or unexpected movement of the plat or its load?
* Lack of capacity for the plant to be slowed, stopped or immobilised?
* The plant tripping or rolling?
* Parts of the plant collapsing?
* Coming in contact with the moving parts of the plant during testing, inspection, operation or maintenance?
* Being thrown off or under the plant?
* Being trapped between the plant and, materials fixed structures?
* Other risk factors related to crushing?
 |  |  |  |  |  |  |
|  | **Cutting, stabbing or puncturing**Can a person be cut, stabbed or punctured due to:* Coming in contact with sharp or flying objects?
* Coming in contact with moving parts?
* The plant or parts of the plant or work pieces disintegrating?
 |  |  |  |  |  |  |
|  | **Shearing**Can a person’s body parts be sheared between two parts of the plant or between a part of the plant and a work piece or structure? |  |  |  |  |  |  |
|  | **Friction**Can a person be burnt due to contact with moving parts or surfaces of the plant or by material handled by the plant? |  |  |  |  |  |  |
|  | **Striking**Can a person be struck by moving objects due to:* Uncontrolled or unexpected movement of the plant or material handled by the plant?
* The plant, parts of the plant or work pieces disintegrating?
* Work pieces being ejected?
* Mobility of the plant?
 |  |  |  |  |  |  |
|  | **High Pressure Fluid**Can a person come into contact with fluids under high pressure due to plant failure or misuse of plant? |  |  |  |  |  |  |
|  | **Electrical**Can a person be injured by electric shock due to:* The plant contacting live electrical conductors?
* The plant working in close proximity to electrical conductors?
* Overload of electrical circuits?
* Damaged or poorly maintained electrical leads and cables?
* Water near electrical equipment?
* Lack of isolation/out of service procedures?
* Other factors not listed?
 |  |  |  |  |  |  |
|  | **Explosion**Could a person be injured by explosion of gases, vapours, liquids, dust or other substances triggered by the operation of plant or by material handled by the plant? |  |  |  |  |  |  |
|  | **Temperature*** Can a person come into contact with objects at high temperature?
* Cam a person suffer ill health due to exposure to high or low temperatures?
* Does the person have to use/operate the item of plant outdoors?
 |  |  |  |  |  |  |
|  | **Ergonomic or manual handling**Can a person be injured due to:* Poorly designed seating?
* Repetitive body movement?
* Constrained body posture?
* The need for excessive effort?
* Mental/psychological stress from design deficiencies?
* Poor lighting?
* Poor consideration given to human behaviour or error impacts?
* Mismatch of the equipment with human traits and limitations?
* Other factors not listed?
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|  | **Slip, trip or fall**Can a person using the plant slip, trip or fall due to:* Uneven or slippery work surfaces?
* Poor storage or poor housekeeping practice such as swarf or oil on the floor in the vicinity of the equipment?
* Obstacles used or stored near the plant?
* Poor floor/walking surfaces?
* Steep walking surfaces?

Can a person fall from a height due to:* Lack of a proper work platform?
* Lack of proper stairs or ladders?
* Lack of handrails or guardrails?
* Unprotected openings, holes or gaps?
* Collapse of a supporting structure?
 |  |  |  |  |  |  |
|  | **Metal fatigue**Could injury occur to a person from:* Damage to the structure from metal fatigue?
* Damage to the structure due to poor integrity of welds?
* Breakage due to loose pins or parts?
* Breakage due to excessive/obvious wear of structure or parts?
 |  |  |  |  |  |  |
|  | **Noise*** Could the person damage their hearing from use of the item?
* Does the item of plant exceed 85dB(A) over an 8 hr day?
 |  |  |  |  |  |  |
|  | **Hazardous Chemicals*** Could the person come into contact with chemicals when decanting?
* Could the person be exposed to fumes/vapours whilst the item of plant is in use?
* Is there adequate ventilation?
 |  |  |  |  |  |  |
|  | **Any other factors?*** Potential foreign bodies in the eye
 |  |  |  |  |  |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

**Completed by (name): Signature: Date:**

**In consultation with (name): Signature: Date:**

**Risk Assessment Authorised by: Signature: Date:**

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| **REVIEW/FEEDBACK Please circle Yes or No** |
| **Were the controls effective** | **YES** | **NO** | **Were there any unforeseen hazards or issues** | **YES** | **NO** | **Were there any incidents** | **YES** | **NO** |
| **DETAILS** | **DETAILS** | **DETAILS** |
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**The following section is to be completed after the completion of task or activity.**

**NAME: SIGNATURE: DATE:**