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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **093RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Loading Dock** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)*) | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)*) | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Machinery & Equipment;**   * Not completing prestart check on forklift * Lack of knowledge * Entrapment * Unstable loads | | * Laceration * Electric shock * Equipment malfunction * Crush * Fire * Explosion | | * Traffic Management Plan * Speed Limits * High Visibility clothing worn in the area * Work Instruction * Personal Protective Equipment * Completion of pre-start checklist prior to use. * Forklift signage * Safe working loads * Restricted access area * Dock skirt in place where the dock lifts and lowers * Licenced competent operator * Schedule of maintenance * Only trained competent persons to conduct maintenance on equipment * Operating on flat surfaces * Ensure tines at the correct height(e.g. low to the ground with back tilt when travelling with load) * Dedicated battery charging area * Firefighting equipment available in the area * Spill Kit * Combustible products removed from area * Gas bottles stored correctly * Bollards as required | | |
| **Gravity**   * Slippery surface * Falling or unexpected movement of loads | | * Slip Trip Falls * Sprain / Strain * Bruising * Laceration * Fracture * Crush | | * High visibility clothing worn in area * Speed restrictions * Safe working loads * Restricted access area / signage * Operating on flat surfaces * Traffic Management Plan * Loading areas identified and marked | | |
| **Hazardous Chemicals**   * Fumes | | * Vehicles left running while unloading in dock area | | * Vehicles to be turned off as soon as parked | | |
| **Noise**   * Noise from vehicles entering / exiting and reversing beeper over acceptable dB limit | | * Hearing Loss | | * Noise survey * Hearing Protection * Signage to wear hearing protection | | |
| **Biological**   * Infection * Bacteria * Biohazard | | * Waste could pose threat of contaminated products and people | | * Products segregated from waste * Designated storage areas identified * Schedules for removal and delivery of items. | | |
| **Hazardous Manual Handling**   * Incorrect lifting of items * Incorrect loading and unloading of items | | * Musculoskeletal injuries * Sprains * Strains * Repetitive Strain Injury (RSI) * Slips, trips, falls | | * Work Instructions * Task Rotation * Trolleys * Mechanical aids | | |
| **Other** | |  | |  | | |

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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

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

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |