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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:** |  |