Plant and Equipment Risk Management Form

|  |
| --- |
| **1. Hazard Management Details – General** |
| **Plant/Equipment Item:**  | **Make/Model No.:**  | **Serial No.:**  |
| **School/Workplace Location:**  | **Region:**  |
| **Name of Person(s) Conducting Activity:** | **Date Conducted:**  |
| **Photograph** | **Description of Use:** | **Summary of Key Risks:** |

|  |
| --- |
| **2. Documentation** |
| **Relevant Legislation/Standards** | **Y / N** | **Comments** |
| **Is plant required to be registered?** | Y [ ]  N[ ]   |  |
| **Is a user license required?** | Y [ ]  N[ ]   |  |
| **Key reference material:** |  |
| **Plant Documentation** | **Y / N** | **Comments** |
| **Are operator’s manuals accessible?** | Y [ ]  N[ ]   |  |
| **Is this a restricted use item?** (refer to [Use of Machinery in Technology Teaching](http://www.education.vic.gov.au/hrweb/safetyhw/Pages/technology.aspx)) | Y [ ]  N[ ]   |  |
| **Does this item require safe use documents/test?** (refer to [Use of Machinery in Technology Teaching](http://www.education.vic.gov.au/hrweb/safetyhw/Pages/technology.aspx)) | Y [ ]  N[ ]   |  |

|  |  |
| --- | --- |
| **3. Hazard Identification** |  |
| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **ENTANGLEMENT**Can anyone’s hair, clothing, gloves, cleaning brushes, tools, rags or other materials become entangled with moving parts of the plant or materials? | Y [ ]  N[ ]  |  |  |  |  |  |

| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
| --- | --- | --- | --- |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **IMPACT AND CUTTING INJURIES**Can anyone be crushed/cut/struck etc. due to: |  |  |  |  |  |  |
| * Material falling off the plant?
 | Y [ ]  N[ ]  |  |  |  |
| * Uncontrolled/unexpected movement of plant/load?
 | Y [ ]  N[ ]  |  |  |  |
| * Lack of capacity to slow, stop or immobilise plant?
 | Y [ ]  N[ ]  |  |  |  |
| * The plant tipping or rolling over?
 | Y [ ]  N[ ]  |  |  |  |
| * Parts of the plant disintegrating or collapsing?
 | Y [ ]  N[ ]  |  |  |  |
| * Contact with moving parts during testing, inspection, operation, maintenance, cleaning or repair?
 | Y [ ]  N[ ]  |  |  |  |
| * Being thrown off or under the plant?
 | Y [ ]  N[ ]  |  |  |  |
| * Contact with sharp or flying objects? (e.g. work pieces being ejected)
 | Y [ ]  N[ ]  |  |  |  |
| * The mobility of the plant?
 | Y [ ]  N[ ]  |  |  |  |
| * Inappropriate parts and accessories being used?
 | Y [ ]  N[ ]  |  |  |  |
| * Other
 | Y [ ]  N[ ]  |  |  |  |

| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
| --- | --- | --- | --- |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **SHEARING**Can anyone’s body parts be sheared between two parts of plant, or between a part of the plant and a work piece or structure? | Y [ ]  N[ ]  |  |  |  |  |  |
| **PRESSURISED CONTENT**Can anyone come into contact with fluids or gases under high pressure, due to plant failure or misuse of the plant? | Y [ ]  N[ ]  |  |  |  |  |  |
| **ELECTRICITY**Can anyone be injured or burnt due to: |  |  |  |  |  |  |
| * Live electrical conductors? (*e.g.* exposed wires)
 | Y [ ]  N[ ]  |  |  |  |
| * Working in close proximity to electrical conductors?
 | Y [ ]  N[ ]  |  |  |  |
| * Access to electricity?
 | Y [ ]  N[ ]  |  |  |  |
| * Damaged or poorly maintained electrical leads, cables or switches?
 | Y [ ]  N[ ]  |  |  |  |
| * Water near electrical equipment?
 | Y [ ]  N[ ]  |  |  |  |
| * Lack of isolation procedures?
 | Y [ ]  N[ ]  |  |  |  |
| * Other
 | Y [ ]  N[ ]  |  |  |  |

| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
| --- | --- | --- | --- |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **ERGONOMICS**Can anyone be injured due to: |  |  |  |  |  |  |
| * Poorly designed workstation?
 | Y [ ]  N[ ]  |  |  |  |
| * Repetitive body movement?
 | Y [ ]  N[ ]  |  |  |  |
| * Constrained body posture or the need for excessive effort?
 | Y [ ]  N[ ]  |  |  |  |
| * Design deficiency causing psychological stress?
 | Y [ ]  N[ ]  |  |  |  |
| * Inadequate or poorly placed lighting?
 | Y [ ]  N[ ]  |  |  |  |
| * Does the plant impact on the surrounding workplace and create potential hazards? (Consider safe access and egress from plant, workflow and design of the workplace)
 | Y [ ]  N[ ]  |  |  |  |
| * Is the location of the plant inappropriate? (Consider potential effects due to environmental conditions and terrain)
 | Y [ ]  N[ ]  |  |  |  |
| * Other
 | Y [ ]  N[ ]  |  |  |  |

| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
| --- | --- | --- | --- |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **RADIATION**Can anyone using the plant, or in the vicinity of the plant suffer injury or illness due to exposure to radiation in the form of any of the following:* infra-red radiation
* ultra violet light
* microwaves
 | Y [ ]  N[ ]  |  |  |  |  |  |
| **NOISE**Can anyone using the plant, or in the vicinity of the plant, suffer injury due to exposure to noise? | Y [ ]  N[ ]  |  |  |  |  |  |
| **VIBRATION**Can anyone be injured or suffer ill-health from exposure to vibration? | Y [ ]  N[ ]  |  |  |  |  |  |
| **FRICTION**Can anyone be burnt due to contact with moving parts, materials or surfaces of the plant? | Y [ ]  N[ ]  |  |  |  |  |  |
| **SUFFOCATION**Can anyone be suffocated due to lack of oxygen, or atmospheric contamination?  | Y [ ]  N[ ]  |  |  |  |  |  |
| **CONDITION**Is a hazard likely due to the age and condition of the plant? (*Consider how hard the machine has been worked, and whether it is used constantly or rarely).* | Y [ ]  N[ ]  |  |  |  |  |  |
| * Can anyone be injured as a result of the plant not serviced appropriately and/or maintained in line with manufacturer’s recommendations?
 | Y [ ]  N[ ]  |  |  |  |

| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
| --- | --- | --- | --- |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **SLIPS/TRIPS/FALLS**Can anyone using the plant, or in the vicinity of the plant, slip, trip or fall due to: |  |  |  |  |  |  |
| * Uneven, slippery or steep work surfaces?
 | Y [ ]  N[ ]  |  |  |  |
| * Poor housekeeping, e.g. spillage in the vicinity?
 | Y [ ]  N[ ]  |  |  |  |
| * Obstacles being placed in the vicinity of the plant?
 | Y [ ]  N[ ]  |  |  |  |
| * Inappropriate or poorly maintained floor or walking surfaces (i.e. lack of a slip-resistant surface, unprotected holes, penetrations or gaps?)
 | Y [ ]  N[ ]  |  |  |  |
| If operating or maintaining plant at height can anyone slip, trip or fall due to: |  |  |  |  |
| * Use of work platforms, stairs or ladders?
 | Y [ ]  N[ ]  |  |  |  |
| * Lack of guardrails or other suitable edge protection?
 | Y [ ]  N[ ]  |  |  |  |
| * Other
 | Y [ ]  N[ ]  |  |  |  |

| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
| --- | --- | --- | --- |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **FIRE AND EXPLOSION**Can anyone be injured by fire? | Y [ ]  N[ ]  |  |  |  |  |  |
| * Can anyone be injured by explosion of gases, vapours, liquids, dusts, or other substances?
 | Y [ ]  N[ ]  |  |  |  |
| **TEMPERATURE/MOISTURE**Can anyone come into contact with objects athigh or low temperatures? | Y [ ]  N[ ]  |  |  |  |  |  |
| * Can anyone suffer ill-health due to exposure to high or low temperatures?
 | Y [ ]  N[ ]  |  |  |  |
| * Can anyone be injured or suffer ill-health due to exposure to moisture?
 | Y [ ]  N[ ]  |  |  |  |
| **OTHER**Can anyone be injured or suffer ill-health from exposure to: |  |  |  |  |  |       |
| * Chemicals?
 | Y [ ]  N[ ]  |  |  |  |
| * Toxic gases or vapours?
 | Y [ ]  N[ ]  |  |  |  |
| * Fumes/Dusts?
 | Y [ ]  N[ ]  |  |  |  |
| * Other? (please specify)
 | Y [ ]  N[ ]  |  |  |  |
| **4. Risk Assessment Signoff** |
| **Authorised By:** | **Signature:** | **Date:**  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Consequence - Evaluate the consequences of a risk occurring according to the ratings in the top row

|  |  |  |
| --- | --- | --- |
| **Descriptor** | **Level** | **Definition** |
| **Insignificant** | **1** | No injury |
| **Minor** | **2** | Injury/ ill health requiring first aid |
| **Moderate** | **3** | Injury/ill health requiring medical attention |
| **Major** | **4** | Injury/ill health requiring hospital admission |
| **Severe** | **5** | Fatality |

3. Risk Matrix – Using the matrix, calculate the level of risk by finding the intersection between the likelihood and the consequences

|  |  |
| --- | --- |
| **Likelihood** | **Consequence** |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
| **Almost Certain** | Medium | High | Extreme | Extreme | Extreme |
| **Likely** | Medium | Medium | High | Extreme | Extreme |
| **Possible** | Low | Medium | Medium | High | Extreme |
| **Unlikely** | Low | Low | Medium | Medium | High |
| **Rare** | Low | Low | Low | Medium | Medium |

 | Likelihood - Evaluate the likelihood of an incident occurring according to the ratings in the left hand column

|  |  |  |
| --- | --- | --- |
| **Descriptor** | **Level** | **Definition** |
| **Rare** | **1** | May occur somewhere, sometime (“once in a life time / once in a hundred years”) |
| **Unlikely** | **2** | May occur somewhere within the Department over an extended period of time |
| **Possible** | **3** | May occur several times across the Department or a region over a period of time |
| **Likely** | **4** | May be anticipated multiple times over a period of timeMay occur once every few repetitions of the activity or event |
| **Almost Certain** | **5** | Prone to occur regularlyIt is anticipated for each repetition of the activity of event |

**4. Risk Level/Rating and Actions**

|  |  |
| --- | --- |
| **Descriptor** | **Definition** |
| **Extreme:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. |
| **High:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification. |
| **Medium:** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, OHS Representative / OHS Committee is to follow up that corrective action is taken within 7 days.  |
| **Low** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, HSR / OHS Committee is to follow up that corrective action is taken within a reasonable time. |

 |