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 time  May occur once every few repetitions of the activity or event | | **Almost Certain** | **5** | Prone to occur regularly  It 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. | |