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| 1. Hazard Management Details – General | | | |
| **Plant/Equipment Item: Leaf Blower (Electric)** | **Make/Model No.:** | | **Serial No.:** |
| **School / Work Location:** | **Region:** | | |
| **Name of Person(s) Conducting Activity:** | | | **Date Conducted:** |
| Leaf Blower | | **Description of Use:**  An electric leaf blower utilises a small electrically operated engine or fan to generate air flow down an attached pipe to focus air on material to be blown away. | **Summary of Key Risks:**  **(refer to appropriate subsections)**     * Impact and cutting * Electricity * Noise * Vibration * Ergonomics * Slips/ trips /falls * Other (dust) |

Plant and Equipment Risk Management Form

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| 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** |  | AS 4024.1 Safety of machinery  AS/NZS 60745 Hand-held motor-operated electric tools  AS/NZS 3760 In service safety inspection and testing of electrical equipment |
| **Plant Documentation** | **Y / N** | **Comments** |
| **Are operator’s manuals accessible?** | Y  N |  |
| **Is this a restricted use item?** | Y  N |  |
| **Does this item require safe use documents/test?** | Y  N |  |

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| 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 |  |  |  |  |  |

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| 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: |  |  |  |  | Airborne debris or leaves from the use of the leaf blower may affect the eyes of the operator or bystanders. | Ensure the operator uses appropriate PPE (e.g. safety glasses).  Ensure the equipment is only operated during times of low pedestrian traffic (e.g. outside school hours). |
| * 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 | Minor | Unlikely | Low |
| * The mobility of the plant? | Y  N |  |  |  |
| * Inappropriate parts and accessories being used? | Y  N |  |  |  |
| * Other | Y  N |  |  |  |

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| 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: |  |  |  |  | Damaged or frayed electrical cords pose an electrical hazard.  Operation of the equipment in a wet environment may pose an electrical hazard.  Electric shock is considered unlikely if appropriate maintenance is undertaken. | | Ensure operator conducts a risk assessment of task prior to operating equipment (e.g. proximity to water, roadways etc.).  Operator to check for damaged electrical cords prior to use.  Ensure equipment is not used in wet weather.  Ensure equipment is serviced on a regular basis, tested and tagged and appropriate isolation procedures (e.g. lock out tags) are in place. |
| * 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 | Major | Possible | High |
| * Water near electrical equipment? | Y  N | Major | Unlikely | Medium |
| * Lack of isolation procedures? | Y  N |  |  |  |
| * Other | Y  N |  |  |  |

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| Hazards Inspected | | Risk Assessment | | | Description of Risk | Control Measures |
|  | | **Cons** | **Like** | **Risk**  **Level** |  |  |
| **ERGONOMICS**  Can anyone be injured due to: |  |  |  |  | Use of the equipment may involve repetitive body movements and awkward positions.  The electric lead or extension cord poses a slip/trip hazard. | Ensure regular breaks are taken if the task requires a long duration time.  Ensure appropriate manual handling techniques are applied whilst operating equipment.  Ensure equipment is only operated during times of low pedestrian traffic (e.g. outside school hours).  Ensure care is taken at all times in relation to the positioning of the electric lead. |
| * Poorly designed workstation? | Y  N |  |  |  |
| * Repetitive body movement? | Y  N | Minor | Unlikely | Low |
| * 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 potential impact on the design and layout of the workplace) | Y  N | Minor | Unlikely | Low |
| * Is the location of the plant inappropriate? (Consider potential effects due to environmental conditions and terrain) | Y  N |  |  |  |
| * Other | Y  N |  |  |  |

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| 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 | Moderate | Unlikely | Medium | Operation of the leaf blower can result in high noise levels. | Ensure appropriate hearing protection is worn whilst operating the leaf blower. |
| **VIBRATION**  Can anyone be injured or suffer ill-health from exposure to vibration? | Y  N | Moderate | Unlikely | Medium | The operator could be exposed to hand and arm vibration as a result of vibration generated when operating this equipment. | Take regular breaks from continuous operation.    Wear appropriate PPE (e.g. gloves) especially in cold weather.  Conduct periodic maintenance to ensure smoother operation and less vibration. |
| **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 |  |  |  |

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| 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: |  |  | |  |  | | There may be a slip, trip or fall risk to the operator due to equipment being used outdoors and in a diverse range of environments. | | Ensure operator has inspected the work environment for hazards prior to commencing work.  Ensure appropriate footwear is worn whilst operating the leaf blower. |
| * Uneven, slippery or steep work surfaces? | Y  N | Moderate | | Possible | Medium | |
| * Poor housekeeping, e.g. spillage in the vicinity? | Y  N | Moderate | | Possible | Medium | |
| * Obstacles being placed in the vicinity of the plant? | Y  N | Moderate | | Possible | Medium | |
| * Inappropriate or poorly maintained floor or walking surfaces (i.e. lack of a slip-resistant surface, unprotected holes, penetrations or gaps?) | Y  N | Moderate | | Possible | Medium | |
| If operating or maintaining plant at height can anyone slip, trip or fall due to: |  |  | |  |  | |
| * Use of work platforms, stairs or ladders? | Y  N | Moderate | | Possible | Medium | |
| * 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: |  |  | |  |  | Operation of the leaf blower will cause dust and other debris to become airborne. | | | Ensure the leaf blower is always used in a well-ventilated area. |
| * Chemicals? | Y  N |  | |  |  |
| * Toxic gases or vapours? | Y  N |  | |  |  |
| * Fumes/Dusts? | Y  N | Minor | | Possible | Medium |
| * Other? (please specify) | Y  N |  | |  |  |
| **4. Risk Assessment Signoff** | | | | | | | | | |
| Authorised By: | | | Signature: | | | | | Date: | |

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| 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 level - 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. | |