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| 1. Hazard Management Details – General | | | |
| **Plant/Equipment Item: Wood Chipper/Mulcher (Electric)** | **Make/Model No.:** | | **Serial No.:** |
| **School / Work Location:** | **Region:** | | |
| **Name of Person(s) Conducting Activity:** | | | **Date Conducted:** |
| Mulcher  Ryobi 2400w Quiet Shredder Mulcher 40mm | | **Description of Use:**  A garden tool with an electric motor that reduces off-cuts of trees and shrubbery into smaller useable mulching material suitable for reducing weeds and providing organic material for plant growth. | **Summary of Key Risks:**  **(refer to appropriate subsections)**     * Entanglement * Impact and cutting * Electricity * Noise * 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 1473 Guarding and safe use of woodworking machinery  AS 1473.2 Wood processing machinery - Safety - Finishing machinery - Common requirements  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 | Major | Unlikely | Medium | Loose clothing, long hair, gloves and other material may become entangled in the moving parts. | Ensure that clothing, gloves, hair or other such items is kept clear of the moving parts when in use.   * Overalls can be used to restrict loose clothing. * Ensure gloves are well fitted. * Secure all rags, ropes and/or other hanging items. |

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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: |  |  |  |  | The exposed moving parts present a risk to an operator’s hands and body parts  Branches, wood splinters etc. may be ejected during operation.  Blades do not stop immediately post operation but will continue to spin slowly until they stop.  Mulcher may move on uneven ground.  Inappropriate tools may be used to feed the mulcher. | Ensure operator’s hands and body parts are kept clear of moving parts during operation and maintenance.  Ensure mulcher is only operated on an even surface and has been appropriately secured to prevent movement.  Ensure only the manufacturer’s recommended tool is used to feed the mulcher.  Ensure operator has been trained in the safe work practices and appropriate PPE is worn (e.g. eye protection, gloves etc.).  Ensure the equipment is appropriately maintained and serviced regularly in accordance with manufacturer’s instructions. |
| * Material falling off the plant? | Y  N | Moderate | Possible | Medium |
| * Uncontrolled/unexpected movement of plant/load? | Y  N | Major | Possible | High |
| * Lack of capacity to slow, stop or immobilise plant? | Y  N | Major | Unlikely | Medium |
| * The plant tipping or rolling over? | Y  N | Major | Unlikely | Medium |
| * Parts of the plant disintegrating or collapsing? | Y  N |  |  |  |
| * Contact with moving parts during testing, inspection, operation, maintenance, cleaning or repair? | Y  N | Major | Unlikely | Medium |
| * Being thrown off or under the plant? | Y  N |  |  |  |
| * Contact with sharp or flying objects? (e.g. work pieces being ejected) | Y  N | Moderate | Likely | High |
| * The mobility of the plant? | Y  N | Moderate | Possible | Medium |
| * Inappropriate parts and accessories being used? | Y  N | Major | Unlikely | Medium |
| * 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. | | Operator to check for damaged electrical cords prior to use.  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 | Major | Unlikely | Medium |
| * Damaged or poorly maintained electrical leads, cables or switches? | Y  N | Major | Unlikely | Medium |
| * Water near electrical equipment? | Y  N |  |  |  |
| * Lack of isolation procedures? | Y  N | Major | Unlikely | Medium |
| * 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: |  |  |  |  |  |  |
| * 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 potential impact on the design and layout 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 |  |  |  |

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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 equipment can result in high noise levels. | Appropriate hearing protection should be worn whilst operating the equipment. |
| **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 |  |  |  |

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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: |  |  | |  |  | |  | |  |
| * 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: |  |  | |  |  | The operation of the mulcher may produce wood dust. | | | Ensure equipment is 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. | |