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| 1. Hazard Management Details – General |
| **Plant/Equipment Item: Vacuum Cleaner (Backpack)** | **Make/Model No.:**  | **Serial No.:**  |
| **School / Work Location:**  | **Region:**  |
| **Name of Person(s) Conducting Activity:** | **Date Conducted:**       |
| Backpack Vacuum Cleaner   Description: 11864_300 | **Description of Use:** A backpack vacuum cleaner is an electrically powered machine that uses a motor to create the suction required to lift dirt into a container or bag located inside the cleaner. The vacuum cleaner is worn by the operator for ease of handling. | **Summary of Key Risks:** **(refer to appropriate subsections)** * Electricity
* Ergonomics
* Slips, trips and falls
* Noise
* Vibration
* 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[x]   |  |
| **Is a user license required?** | Y [ ]  N[x]   |  |
| **Key Reference material**  |  | AS4024.1 Safety of machinery AS/NZS 3760 In service safety inspection and testing of electrical equipment |
| **Plant Documentation** | **Y / N** | **Comments** |
| **Are operator’s manuals accessible?** | Y [x]  N[ ]   |  |
| **Is this a restricted use item?** | Y [ ]  N[x]   |  |
| **Does this item require safe use documents/test?** | Y [ ]  N*[x]*   |  |

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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[x]  |  |  |  |  |  |

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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: |  |  |  |  |  |  |
| * Material falling off the plant?
 | Y [ ]  N[x]  |  |  |  |
| * Uncontrolled/unexpected movement of plant/load?
 | Y [ ]  N[x]  |  |  |  |
| * Lack of capacity to slow, stop or immobilise plant?
 | Y [ ]  N[x]  |  |  |  |
| * The plant tipping or rolling over?
 | Y [ ]  N[x]  |  |  |  |
| * Parts of the plant disintegrating or collapsing?
 | Y [ ]  N[x]  |  |  |  |
| * Contact with moving parts during testing, inspection, operation, maintenance, cleaning or repair?
 | Y [ ]  N[x]  |  |  |  |
| * Being thrown off or under the plant?
 | Y [ ]  N[x]  |  |  |  |
| * Contact with sharp or flying objects? (e.g. work pieces being ejected)
 | Y [ ]  N[x]  |  |  |  |
| * The mobility of the plant?
 | Y [ ]  N[x]  |  |  |  |
| * Inappropriate parts and accessories being used?
 | Y [ ]  N[x]  |  |  |  |
| * Other
 | Y [ ]  N[x]  |  |  |  |

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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[x]  |  |  |  |  |  |
| **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[x]  |  |  |  |  |  |
| **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[x]  |  |  |  |
| * Working in close proximity to electrical conductors?
 | Y [ ]  N[x]  |  |  |  |
| * Access to electricity?
 | Y [ ]  N[x]  |  |  |  |
| * Damaged or poorly maintained electrical leads, cables or switches?
 | Y [x]  N[ ]  | Major | Possible | High |
| * Water near electrical equipment?
 | Y [x]  N[ ]  | Major | Rare | Medium |
| * Lack of isolation procedures?
 | Y [ ]  N[x]  |  |  |  |
| * Other
 | Y [ ]  N[x]  |  |  |  |

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| Hazards Inspected | Risk Assessment | Description of Risk | Control Measures |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **ERGONOMICS**Can anyone be injured due to: |  |  |  |  | The operation of the vacuum cleaner may involve repetitive body movements and awkward postures.The electric lead may present a trip hazard to the operator and bystanders.Sustained hazardous posture if vacuum cleaner is used for long periods at a time. | Ensure regular breaks are taken whilst operating the equipment for significant periods of time.Ensure appropriate manual handling techniques are applied whilst operating the equipment.Ensure the equipment is only operated during times of low pedestrian traffic (e.g. outside school hours).Select a vacuum cleaner with an ergonomically-designed frame for increased comfort and an anatomically-correct posture. |
| * Poorly designed workstation?
 | Y [ ]  N[x]  |  |  |  |
| * Repetitive body movement?
 | Y [x]  N[ ]  | Minor | Rare | Low |
| * Constrained body posture or the need for excessive effort?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * Design deficiency causing psychological stress?
 | Y [ ]  N[x]  |  |  |  |
| * Inadequate or poorly placed lighting?
 | Y [ ]  N[x]  |  |  |  |
| * Does the plant impact on the surrounding workplace and create potential hazards? (Consider potential impact on the design and layout of the workplace)
 | Y [x]  N[ ]  | Minor | Possible | Medium |
| * Is the location of the plant inappropriate? (Consider potential effects due to environmental conditions and terrain)
 | Y [ ]  N[x]  |  |  |  |
| * Other
 | Y [ ]  N[x]  |  |  |  |

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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[x]  |  |  |  |  |  |
| **NOISE**Can anyone using the plant, or in the vicinity of the plant, suffer injury due to exposure to noise? | Y [x]  N[ ]  | Moderate | Unlikely | Medium | Operation of the equipment can result in medium noise levels. | Take regular breaks from continuous operation. |
| **VIBRATION**Can anyone be injured or suffer ill-health from exposure to vibration? | Y [x]  N[ ]  | Moderate | Unlikely | Medium | The operator of the vacuum cleaner backpack could suffer from Whole Body Vibration (WBV) as a result of vibration generated when using this equipment. | Take regular breaks from continuous operation.Conduct periodic maintenance of the vacuum cleaner backpack for smooth operation and to reduce vibration. |
| **FRICTION**Can anyone be burnt due to contact with moving parts, materials or surfaces of the plant? | Y [ ]  N[x]  |  |  |  |  |  |
| **SUFFOCATION**Can anyone be suffocated due to lack of oxygen, or atmospheric contamination?  | Y [ ]  N[x]  |  |  |  |  |  |
| **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[x]  |  |  |  |  |  |
| * Can anyone be injured as a result of the plant not serviced appropriately and/or maintained in line with manufacturer’s recommendations?
 | Y [ ]  N[x]  |  |  |  |

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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: |  |  |  |  | The electrical cord may introduce a slip trip or fall hazard to the work environment.Wet floors or object in work site may pose a slip, trip or fall hazard. | Operator to inspect work environment for hazards prior to commencing work.Operator to ensure electric lead is appropriately placed to avoid creating a trip hazard.Undertake task during times of low pedestrian traffic. (e.g. outside school hours). |
| * Uneven, slippery or steep work surfaces?
 | Y [ ]  N[x]  |  |  |  |
| * Poor housekeeping, e.g. spillage in the vicinity?
 | Y [x]  N[ ]  | Minor | Unlikely | Low |
| * Obstacles being placed in the vicinity of the plant?
 | Y [x]  N[ ]  | Minor | Unlikely | Low |
| * Inappropriate or poorly maintained floor or walking surfaces (i.e. lack of a slip-resistant surface, unprotected holes, penetrations or gaps?)
 | Y [x]  N[ ]  | Minor | Unlikely | Low |
| If operating or maintaining plant at height can anyone slip, trip or fall due to: |  |  |  |  |
| * Use of work platforms, stairs or ladders?
 | Y [x]  N[ ]  | Minor | Possible | Medium |
| * Lack of guardrails or other suitable edge protection?
 | Y [ ]  N[x]  |  |  |  |
| * Other
 | Y [ ]  N[x]  |  |  |  |
| **Hazards Inspected** | **Risk Assessment** | **Description of Risk** | **Control Measures** |
|  | **Cons** | **Like** | **Risk****Level** |  |  |
| **FIRE AND EXPLOSION**Can anyone be injured by fire? | Y [ ]  N[x]  |  |  |  |  |  |
| * Can anyone be injured by explosion of gases, vapours, liquids, dusts, or other substances?
 | Y [ ]  N[x]  |  |  |  |
| **TEMPERATURE/MOISTURE**Can anyone come into contact with objects athigh or low temperatures? | Y [ ]  N[x]  |  |  |  |  |  |
| * Can anyone suffer ill-health due to exposure to high or low temperatures?
 | Y [ ]  N[x]  |  |  |  |
| * Can anyone be injured or suffer ill-health due to exposure to moisture?
 | Y [ ]  N[x]  |  |  |  |
| **OTHER**Can anyone be injured or suffer ill-health from exposure to: |  |  |  |  | The operator may be exposed to inhalation of dust particles when emptying the vacuum cleaner. | Ensure the vacuum cleaner is emptied in a well-ventilated area.Select a vacuum cleaner with HEPA (High Efficiency Particulate Air) filter system. |
| * Chemicals?
 | Y [ ]  N[x]  |  |  |  |
| * Toxic gases or vapours?
 | Y [ ]  N[x]  |  |  |  |
| * Fumes/Dusts?
 | Y [x]  N[ ]  | Minor | Possible | Medium |
| * Other? (please specify)
 | Y [ ]  N[x]  |  |  |  |
| **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

|  |  |  |
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| 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 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. |

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