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| 1. Hazard Management Details – General |
| **Plant/Equipment Item: Wheelchair – Non Powered** | **Make/Model No.:**  | **Serial No.:**  |
| **School / Work Location:**  | **Region:**  |
| **Name of Person(s) Conducting Activity:** | **Date Conducted:**       |
| manual wheelchair | **Description of Use:** A wheelchair is a device used for the transport of mobility impaired persons. The wheelchair may be propelled by either the user or a person standing behind it.  | **Summary of Key Risks:** **(refer to appropriate subsections)** * Entanglement
* Impact and cutting injuries
* Ergonomics
* Friction
* Condition
* Slip, Trip and fall
 |

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**  |  | AS3695:1992 Wheelchairs - Product requirements |
| **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 [x]  N[ ]  | Moderate | Possible | Medium | Long hair, items of clothing and miscellaneous items may become entangled in the wheels. | Ensure long hair is tied back; clothing and other miscellaneous items are appropriately secured or removed prior to use. |

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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: |  |  |  |  | Unsecured items e.g. bags, satchels and miscellaneous items may fall from the wheelchair.Operating the wheelchair on uneven, slippery or steep terrain increases the risk of an impact and cutting injuries (e.g. potholes, cracks etc.). Large, heavy bags or accessories placed on the back of the wheelchair may change the centre of gravity resulting in instability increasing the risk of the wheelchair tipping over.Wheelchair may collapse if not appropriately secured.Risk of injury if wheelchair is not appropriately secured during transport. | Ensure bags, satchels and miscellaneous items are appropriately secured and are not placed on the handles of the wheelchair.Ensure appropriate access and egress arrangements are in place for your workplace.Operator to inspect wheelchair and terrain for any hazards prior to using the wheelchair.Wheelchair to be serviced regularly in line with the manufacturers/operators manual.Ensure user and/or person pushing the wheelchair is aware of correct operation to prevent tipping.Ensure only correct parts and accessories are used on the wheel chair.Where possible ensure wheelchair occupant is transferred to a fixed seat and the wheelchair secured appropriately otherwise ensure wheelchair and user securing systems are used. |
| * Material falling off the plant?
 | Y [x]  N[ ]  | Insignificant | Possible | Low |
| * Uncontrolled/unexpected movement of plant/load?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * Lack of capacity to slow, stop or immobilise plant?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * The plant tipping or rolling over?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * 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 [x]  N[ ]  | Moderate | Unlikely | Medium |
| * 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 [x]  N[ ]  | Moderate | Possible | Medium |
| * 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: |  |  |  |  |  |  |
| * 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 [ ]  N[x]  |  |  |  |
| * Water near electrical equipment?
 | Y [ ]  N[x]  |  |  |  |
| * 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: |  |  |  |  | Repetitive upper limb use is required to propel chair which increases the risk of injury.Steep gradients or inclines may create need for excessive effort and increase the risk of injury.Unexpected movement may occur if the wheelchair is not appropriately secured prior to transferring the occupant in or out of the equipment.The use of wheelchairs in areas or environments not designed for their use may pose a number of risks to the occupant / person pushing the wheelchair (e.g. stairs, sand, rough ground etc.). | Ensure operator has appropriate upper body strength and takes frequent rest breaks.Ensure operators have appropriate manual handling training.Ensure appropriate wheelchair access/egress is always available through good housekeeping practices and the wheelchair is not used in unsuitable locations and areas.Ensure brakes are locked in place prior to transferring person in and out of wheel chair.Inspect terrain for any hazards prior to operating wheelchair. Approach steep gradients in a diagonal fashion and/or use two people to steady/push the wheelchair. |
| * Poorly designed workstation?
 | Y [ ]  N[x]  |  |  |  |
| * Repetitive body movement?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * 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[ ]  | Moderate | 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 [ ]  N[x]  |  |  |  |  |  |
| **VIBRATION**Can anyone be injured or suffer ill-health from exposure to vibration? | Y [ ]  N[x]  |  |  |  |  |  |
| **FRICTION**Can anyone be burnt due to contact with moving parts, materials or surfaces of the plant? | Y [x]  N[ ]  | Minor | Unlikely | Low | Wheels may create friction burns if contacted whilst at speed. | Ensure limbs do not come into contact with wheels when wheelchair is in motion. |
| **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]  | Minor | Unlikely | Low | Wheelchairs stored for long periods of time may deteriorate in condition and present risks in relation to the safety of seating and rubber tyres. | Operator to inspect the wheelchair prior to use to ensure condition is appropriate for purpose. |
| 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: |  |  |  |  | Uneven, slippery or steep work surfaces may create risk of slips and trips. Poor housekeeping and obstacles placed in and around the wheel chair will increase the risk of a slip, trip or fall.Unexpected movement may occur if the wheelchair is not appropriately secured prior to transferring the occupant in or out of the equipment. | Inspect terrain for any hazards prior to moving wheelchair. Approach steep gradients in a diagonal fashion and/or use two people to steady the wheelchair.Ensure good housekeeping practises are maintained to ensure walkways are kept clear of items to prevent collision/slips and trips.Ensure appropriate footwear and clothing is worn at all times during operation.Whenever possible the route is planned and assessed taking into account access and distances wheeled. |
| * Uneven, slippery or steep work surfaces?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * Poor housekeeping, e.g. spillage in the vicinity?
 | Y [x]  N[ ]  | Moderate | Possible | Medium |
| * Obstacles being placed in the vicinity of the plant?
 | Y [x]  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[x]  | 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[x]  |  |  |  |
| * Lack of guardrails or other suitable edge protection?
 | Y [ ]  N[x]  |  |  |  |
| * Other
 | Y [ ]  N[x]  |  |  |  |

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| 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: |  |  |  |  |  |  |
| * Chemicals?
 | Y [ ]  N[x]  |  |  |  |
| * Toxic gases or vapours?
 | Y [ ]  N[x]  |  |  |  |
| * Fumes/Dusts?
 | Y [ ]  N[x]  |  |  |  |
| * 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

|  |  |  |
| --- | --- | --- |
| 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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