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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **054RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Hedge Trimmer - Petrol** |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | **Step 2: Assess the risks:**What do you believe are the risks?(Refer *Risk Assessment Guideline (015G)*) | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?(Refer *Risk Assessment Guideline (015G)*) |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| **Hazardous Chemicals*** Re-fuelling
* Leaking petrol
* Fumes
* spills
 | * Burns
* Fire
* Explosions
* Inhalation
* Irritation to eyes
* Respiratory irritation
* Nausea
* Headaches
* Visual disturbances
 | * Petrol stored in appropriate secured cabinet (flammable fuels cabinet for large quantities)
* SDS available
* Keep clear of naked flames.
* No smoking. No naked flames when refuelling.
* Do not refuel while engine running.
* Do not fuel a hot engine – fuel may spill and cause a fire.
* Fuel your power tool only in well ventilated areas.
* If you spill fuel, wipe the machine immediately.
* If fuel gets on your clothing, change immediately.
* Have a fire extinguisher available.
* Check for fuel leakage before starting engine. If fuel leakage is found, do not start or run the engine until leak is fixed.
* Never run the engine indoors or in poorly ventilated locations.
* Stop work immediately in the event of nausea, headache, visual disturbances (e.g. reduced field of vision), problems with hearing, dizziness, deterioration in ability to concentrate.
* Spill kit available
* Access to a burns module in the First Aid Kit
 |
| **Machinery & Equipment*** Injury from the cutting blades.
* Hit by flying objects
* Hot gear box
* Entanglement
* Impact & cutting injuries
* shearing
 | * Amputations
* Cuts
* Abrasions
* Eye injury
* burns
 | * Wear appropriate gloves.
* If the cutting blades become jammed by thick branches or other obstructions, switch off immediately and disconnect the plug from the power supply before attempting to free the blades.
* Do not allow bystanders within 5 meters of your own position
* Inspect the hedge and work area to remove stones, rocks, pieces of metal and other solid objects.
* Wear proper protective equipment (PPE) and clothing and ensure where necessary the PPE complies with Australian Standards. For example:
	+ Hearing protection, e.g. earplugs or ear muffs.
	+ Safety glasses / face shields
	+ Hard hats.
	+ Wear steel-toed safety boots with non-slip soles.
	+ Work gloves.
* Ensure all clothing, gloves or other such items are kept clear of moving parts when in use.
* Do not touch hot gear box housing
 |
| **Noise*** Inappropriate hearing protection
 | * Hearing loss
 | * Wear hearing protection, e.g. earplugs or ear muffs.
* If workers wear hearing protection frequently they must be sent for an audiometric test once every 24 months.
 |
| **Gravity*** Slips, trips and falls
* Working at heights
 | * Fractures
* Broken limbs
* death
 | * Clear away fallen branches, scrub and cuttings.
* Watch out for obstacles such as roots and tree stumps which could cause you to trip or stumble.
* Make sure you always have good balance and secure footing.
* Never work on a ladder
* Never work on an insecure support.
* Never operate your power tool with one hand.
* Where appropriate use an elevated work platform or Miniskaff.
 |
| **Hazardous Manual Tasks*** Incorrect storage of equipment
* Sustained or awkward postures
* High or sudden force
* Vibrating equipment
* fatigue
 | * Muscular Skeletal injuries
* Sprains / strains
* Occupational Overuse Syndrome
* Whitefinger disease
 | * Hold the brush cutter by both handles.
* Wear any harness that is supplied, ensure it is correctly fitted and visually check the webbing for damage.
* If having to bend to cut material do not work in this manner for prolonged periods.
* Wear heavy-duty gloves.
* Do not use for prolonged periods of time.
* Continual and regular users should monitor closely the condition of their hands and fingers. If tingling sensations in fingers appear seek medical advice. Use a hedge trimmer with anti-vibration mountings.
 |
| **Airborne Contaminants*** Dust
 | * Respiratory Disease
 | * If dust levels are very high, wear a suitable respirator.
* Ensure hedge trimmer is only operated where there is adequate ventilation (e.g. outdoors)
* If the hedge is very dusty or dirty, spray the blades with a resin solvent from time to time during cutting. This helps reduce blade friction as well as the aggressive effects of sap and the build-up of dirt particles.
 |
| **Exposure to Heat and UV radiation** | * Sunburn
* Skin cancer
* Heat stress
 | * Wear appropriate UV protection. For example;
	+ Clothing,
	+ Hats,
	+ Sun glasses,
	+ Sunscreen
* Summer, work in coolest parts of the day
* Access to cool potable water
 |
| **Working in Isolation** | * Multiple injuries
 | * Ensure a nominated person is informed of the task being conducted, location and length of time of the task.
* Where possible have two way communication.
* Ensure your mobile phone is charged.
* If possible have 2 persons conducting the task.
 |
| **Transporting the Hedge Trimmer** | * Cuts
 | * Always fit the blade guard (scabbard) before carrying your hedge trimmer short distances.
* Carry the power tool by the handle with the cutting blades behind you.
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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**(Refer to hazard sheet)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |