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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:** |  |