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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **RA069** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **CHAINSAW - 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** | | |
| **Plant & Equipment**   * Incompetent operator | | * Death * Serious injuries | | Workers to be verified as competent and must assess work area conditionsWorkers to wear full chaps, safety helmet, safety visor and protective clothingAll persons in vicinity advised to wear safety goggles.No untethered animals to be nearbyChain to be handled only when saw has stopped and then gloves are to be wornReplace chain cover when not in useEnsure brake is applied when not in use  * *Two (2) people should be present when undertaking chainsaw work* | | |
| **Machinery & Equipment**   * Cutting chain could break | | * Amputations * Cuts * Abrasions | | Provide workers with approved training in the safe use of chainsaws.Provide appropriate PPE e.g. gloves and chaps (leg protection).Develop and implement a Safe Work Practice before use.Ensure new users are trained and supervised and are deemed competent before being allowed to use the chain saw on their own. | | |
| **Machinery & Equipment**   * Flying objects | | * Cuts * Abrasions * Eye injury * Head injury | | Wear protective clothing, steel-toe capped boots, heavy-duty gloves, hard hat, full visor and safety glasses. | | |
| **Hazardous Manual Tasks**   * Vibration | | * Muscular skeletal injuries * White finger syndrome | | Where possible have material to be cut at waist height.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 time, especially if experiencing tingling sensation in fingers/hand (seek medical advice). | | |
| **Hazardous Chemicals (petrol operated)**   * Fire / explosion / hot parts / fumes | | * Burns * Inhalation of fumes * Inhalation may irritate people * Splash to eye * Contact with skin | | * Do not refuel while machine is operating and hot * Refuel in a well ventilated area * Check the fuel cap regularly for leaks. * Do not allow muffler to come in contact with combustible material. * Do not touch muffler. * Wipe up any spills. * Have spill kit available * Safety data sheet available * Appropriate PPE available for decanting petrol * Petrol is stored in appropriate containers in a secured area (preferable flammable goods cabinet) | | |
| **Electrical (battery operated)**   * Frayed cord * Overheating of equipment * Faulty equipment | | * Electric shock * Burns * Explosion | | Residual Current Device (RCD)Visual inspection of equipmentTest and tagging of battery charger | | |
| **Machinery & Equipment**   * Kickback | | * Muscular skeletal injuries * Cuts * Abrasions * Amputations | | Keep cutting blade away from fences, rocks etc.  * Keep Chainsaw well clear from any body parts in case kickback occurs | | |
| **Gravity**   * Falling tree branches | | * Death * Serious injury | | Operator to be vigilant and assess likelihood of falling branches before starting work.Safety footwear and helmets to be wornNo work to be undertaken on extremely windy days. | | |
| **Other** | |  | |  | | |

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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:** |  |