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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **038RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Air Compressor** | | |
| **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** | | |
| **Machinery & Equipment**   * Parts being ejected * Cracked hoses * Uncontrolled release of compressed air * Being hit by a moving part * Lack of maintenance | | * Becoming entangled in moving parts of the plant (“V” belt drive wheels) * Laceration or amputation of fingers or hand in the moving belt/wheels * Being hit by damaged air-line / fitting becoming dislodged * Blowing compressed air at others or self * Injured while conducting maintenance on the plant * Plant could explode / disintegrate from over-pressure valve or regulator not working correctly. | | * Plant has mesh guarding fitted to drive wheels and is enclosed in a mesh safety cage. * Regular workplace inspections are conducted * Person instructed to not blow compressed air at others and not to place air outlet on their skin. * Persons are trained in plant maintenance and all equipment is “locked-out” electrically when maintenance is undertaken * Blow off fittings to be used where possible. * Lock Out / Tag Out system in place. * Two (2) yearly inspections required for those compressors that require registration with SafeWork SA. (Refer WHS Regulations SA Schedule 5 (Part 1)) | | |
| **Electrical**   * electrical exposure * frayed cords * faulty plugs * overheating equipment * cutting through cords * faulty appliance. | | * Electrocuted * Electric shock from poorly maintained / damaged plant * Electrical installation could be impacted and damaged * Damaged wiring could cause an electrical fire * Plant could start automatically without warning. | | * The plant undergoes regular electrical inspections (test & tag) * The main power distribution board is RCD protected * Workplace inspections are conducted to identify defective items * Plant is fitted with standard on / off control panel. * Lock Out / Tag Out system in place. | | |
| **Noise**   * loud noises * prolonged exposure * noisy equipment. | | * Potential hearing loss /impairment * Workers and others cannot communicate due to noise | | PPE is available if required, ear plugs, ear muffs.Compressor has been permanently mounted outside the building. | | |
| **Hazardous Manual Tasks**   * moving small air compressors | | * Sprains / strains | | Minimise the need to move portable air compressors.  * Wheels are checked regularly to ensure are working effectively | | |
| **Gravity**   * slips, trips or falls from cords | | * Sprains / strains * Broken limbs | | Ensure cords are kept secured and not in walkways. | | |
| **Other** | |  | |  | | |

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| **Authorised by (name):** |  | **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:** |  |