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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **005RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **BLOWER VACUUM - 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** | | |
| **Gravity**   * Uneven path - holes * Slippery / wet ground * Leaf litter / debris * Uneven terrain | | * Strains * Sprains * Lacerations * Contusion * Fractures * Slip Trips Falls | | * Appropriate footwear to be worn, i.e fully enclosed * Assess the ground prior to and during use * Regular maintenance of grounds e.g. filling in holes | | |
| **Hazardous Chemicals**   * Petrol/Oil | | * Fire * Expolosion * Burns * Inhalation of fumes * Incorrect storage * Incorrect containers used to store * Excessive quantities of petrol * Death | | * Consider replacing blower with battery powered unit * Use safety glases/goggles when using * Consider using a face mask if excessive dust is generated * Wear appropriate clothing, long pants and shirt is recommended * Ensure blower is fuelled prior to use * Do not refuel while engine is running * Only refuel when engine is cool * Do not refuel near naked flames/ignition sources * Refuel in well ventilated area * Petrol to be stored in appropriate petrol containers e.g. jerry cans * No more than 120L petrol to be stored onsite (licence required if more than 120L) | | |
| **Noise**   * Exposure to loud noise – not wearing PPE | | * Hearing loss | | * Use appropriate hearing protection for the noise level of the equipment * Audiometric testing completed by worker (on commencement of work and every 2 years) if noise levels are above the exposure limit | | |
| **Hazardous Manual Tasks**   * repetitive or sustained force (carrying/pushing/pulling items) * repetitive movement * sustained or awkward posture * vibration | | * Musculoskeletal injuries * Sprains * Strains * Excessive vibration | | * Use a support harness or shoulder strap * Use a blower with leading edge wheels * If having to bend during use, consider only using for short periods, have a break and then continue * Ensure workers have attended manual handling training | | |
| **Machinery & Equipment**   * Working on pavement and roads | | * Injuries from vehicle collisions * Death | | * Hi-Vis clothing to be worn * Keep clear of kerbs * Use barriers as required – witches hats or bollards etc * Complete task when minimal people onsite * Use a traffic controller if work must occur in and around traffic * Face oncoming traffic at all times | | |
| **Extreme Temperatures**   * Weather conditions | | * Sunburn * Dehydration * Fatigue * Heat stroke * Death | | * Use appropriate personal protective equipment i.e long sleeve shirt/trousers, hat and sunscreen * Ensure regular intake of water * Ensure regular breaks * Undertake work during cooler parts of the day. | | |
| **Airborne Contaminants**   * Dust | | * Dermatitis * Inhalation of dusts * Asthma * Eye injuries | | * Personal Protective Equipment (goggles, glasses, mask) | | |
| **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:** |  |