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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:** |  |