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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **084RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Vibrating Plate** | | |
| **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**   * Vibration * Crushing injuries * Burns to workers from contact with the hot exhaust and/or engine parts. | | * White finger syndrome * Worker injured while operating the vibrating plate * Worker injured whilst carrying out maintenance on the plant | | * Task rotation or plant is not used for long periods of time.  Regular workplace inspections are conducted  * Workers are provided with PPE * Long pants are worn to reduce the risk of burn from the hot exhaust/engine  Workers are trained in plant maintenance and all equipment is “locked-out” when maintenance is undertaken | | |
| **Hazardous Chemicals**   * Worker exposed to petrol, fumes * Fire/explosion | | * Inhalation * Skin absorption * Dermatitis * Burns | | The plant undergoes regular inspections for petrol leaks/damagePlant is fitted with a standard kill-switchPlant is not re-fuelled when running or hot. | | |
| **Noise**   * Loud machinery * Prolonged exposure * No hearing protection worn * Inadequate hearing protection | | * Potential hearing loss/impairment * Workers cannot communicate due to noise * Damage to internal organs * Fatigue * Tinnitus | | Hearing protection is wornWorkers have audiometric testing (hearing tests) every 2 years  * Rotation of tasks | | |
| **Hazardous Manual Tasks**   * Moving the Vibrating plate to work area * Workers / others could receive an injury due to poor work postures * Sustained postures * Equipment not maintained | | * Musculoskeletal injuries * Strains, sprains * Overuse syndrome | | All workers and students are trained in safe manual handling techniquesTwo person lift when lifting /moving the plant.  * Lifting crane is used for moving the plant on/off vehicles * Preventative Maintenance Schedule in place | | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear * Trip hazards | | * Slip, trip, fall * Concussion * Fracture | | Clear work area of potential obstacles prior to commencing workMaintain proper footing at all times and avoid standing on uneven, rough, wet or slippery surfacesAlways keep both hands on guide handle when using machineAvoid operating on slopes, embankments and soft edges | | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation to the lungs * Worker receiving an eye injury from flying particles | | Dust mask or respirator is worn.  * Eye protection is worn * Ground moistened where required. | | |
| **Extreme Temperatures**   * Exposure to UV | | * Sunburn * Dehydration * Heatstroke | | Appropriate PPE worn when working outdoors (e.g. long sleeve tops, wide brimmed hat, sunglasses)Sunscreen available and applied as required  * Program tasks for cooler time of the day | | |
| **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:** |  |