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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **100RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Bin Lifters** | | |
| **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** | | |
| **Hazardous Manual Tasks**   * Sustained or awkward postures | | * Sprains & strains | | * Work Instructions | | |
| **Machinery & Equipment**   * Entrapment * Lifting chain breaks * Lifting ram develops leak, cradle could come down | | * Laceration * Crush * Amputation | | * Work Instructions * Scheduled Maintenance * Guarding * Door locks fitted * Regular inspection of safety devices for correct operation | | |
| **Electrical**   * Contacts could fuse or weld * Wire coming off the coil * Supply leads too long | | * Electrocution * Electric shock * Crush | | * Residual current device (RCD). * Test and tagging if not hard wired. * Fitted isolation switch * Guarding * Door locks fitted * Scheduled maintenance | | |
| **Gravity**   * Bin Lifter tips when bin is raised * Lifting ram develops leak | | * Fracture * Bruise * Crush * Slip trip fall | | * Bin Lifter used on flat level ground * Scheduled Maintenance * Stand back while bin is emptying | | |
| **Biological**   * Contaminants | | * Allergies * Gastroenteritis * Dermatitis * Needlestick injury | | * Personal Protective Equipment issued * Stand back while bin is emptying | | |
| **Airborne Contaminants**   * Dust | | * Asthma | | * Personal Protective Equipment issued | | |
| **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:** |  |