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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **090RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Forklifts** |
| **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 Task*** Sustained or awkward postures
* Leaning out of forklift due to poor visibility
* Twisting when reversing
 | * Sprains & strain
 | * Task Rotation
* Limit height of loads
* Alternate looking over left and right shoulders
 |
| **Electricity*** Electric short
* Faulty equipment
* Not isolating equipment prior to maintenance
 | * Electric shock
* Burn
* Fire
 | * Completion of pre-start checklist
* Schedule of maintenance
* Only trained competent persons to conduct maintenance on equipment
 |
| **Machinery & Equipment*** Not completing prestart check
* Lack of knowledge
* Entrapment
* Unstable loads
 | * Laceration
* Electric shock
* Equipment malfunction
* Crush
 | * Traffic Management Plan
* Speed Limits
* Adequate lighting
* High Visibility clothing worn in the area
* Personal Protective Equipment
* Completion of pre-start checklist prior to use.
* Forklift signage
* Safe working loads
* Restricted access area
* Drivers must have High Risk Work Licence
* Audible Alarm fitted
* Schedule of maintenance
* Only trained competent persons to conduct maintenance on equipment
* Operating on flat surfaces
* Ensure tines at the correct height(e.g. low to the ground with back tilt when travelling with load)
* Fork lift to be isolated when not in use so unauthorised persons cannot operate.
 |
| **Gravity*** Slip trip fall getting on and off forklift
* Falling or unexpected movement of plant
* Pedestrian moving between load / structure or forklift
 | * Slip Trip Falls
* Sprain / Strain
* Bruising
* Laceration
* Fracture
* Crush
 | * Licenced trained operators
* Three points of contact
* Seatbelts
* High visibility clothing worn in area
* Speed restrictions
* Safe working loads
* Restricted access area
* Operating on flat surfaces
* Forklift signage
 |
| **Chemical*** Not wearing PPE
* Incorrect charging for batteries
* Incorrect changing of gas cylinder
* Gas Cylinder out of date
 | * Burn
* Explosion
 | * Work Instruction
* PPE – rubber gloves, full lengthy clothing, safety glasses
* Battery charging area
* Gas cylinders changed by a competent person
* Gas cylinders stored upright and chained
* Gas cylinder less than 10 years old
 |
| **Extreme Weather*** Stopping times are increased
* Workers exposed to wet environments
 | * Vehicle collision
* Operator becomes unwell from wet weather exposure.
 | * Operators to reduce speed in wet weather
* Ensure forklifts are equipped with rain protection
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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:** |  |