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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:** |  |