|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **096RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **High Pressure Cleaner** |
| **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;
* Not operating on level ground
* Continuous use of equipment
* Incorrect use of equipment
* Incorrect lifting of equipment
 | * Sprains & strain
 | * Work Instructions
* Task Rotation
 |
| **Electricity*** Electric short
* Faulty equipment
* Submerging equipment
* Not isolating equipment prior to maintenance
 | * Electric shock
* Burn
* Fire
 | * Visual Inspection of equipment prior to use
* Cords that meet the required protection levels against the ingress of water vapour or overspray
* Schedule of maintenance
* Only trained competent persons to conduct maintenance on equipment
 |
| **Machinery & Equipment*** Not using PPE
* Mishandling of nozzle
* Lack of knowledge
 | * Laceration
* Electric shock
* Burn
 | * Personal Protective Equipment (PPE) e.g. boots, gloves, long pants, safety glasses/goggles and hearing protection
* Visual inspection of equipment prior to use
* Cords that meet the required protection levels against the ingress of water vapour or overspray
* Use of correct nozzle for required activity
* Area shielded, protected or cordoned off
* Schedule of maintenance
* Only trained competent persons to conduct maintenance on equipment
 |
| **Hazardous Chemical*** Incorrect use of chemicals
 | * Chemical Burn
* Dermatitis
* Asthma
* Inhalation
 | * Personal Protective Equipment (PPE) e.g. boots, gloves, long pants, safety glasses/goggles and hearing protection
* Area shielded, protected or cordoned off
 |
| **Gravity*** Slippery surface
 | * Slip Trip Falls
* Sprain / Strain
* Bruising
* Laceration
* Fracture
 | * Area shielded, protected or cordoned off
* Wet floor signage
* Do not operate when on a ladder, always operate when on firm ground
 |
| **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:** |  |