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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **092RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Materials Handling** | | |
| **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**   * Awkward postures, repetitive movement, lift/push/pulling) | | * Twisting, bending, reaching, lifting and pulling when unloading, receiving loads * Musculoskeletal injuries * Sprains * Strains * Repetitive Strain Injury (RSI) * Slips, trips, falls | | * Work Instructions’ in place for tasks * Tables and trolleys for movement and sorting of loads * Forklifts / Mechanical aids | | |
| **Gravity**   * Slip trip fall | | * Leakage from delivered load * Poor housekeeping | | * PPE provided for all tasks – Wet floor signs * Wet floor cleaned as soon as occurs * Spill Kit * Work Instructions’ in place for tasks * Non slip footwear must be worn * Delivered items stored correctly | | |
| **Hazardous Chemicals**   * Dangerous goods * Irritants, skin contact * Spill potential | | * Exposure to chemicals that are delivered and handled | | * Work Instructions’ in place for tasks * PPE provided for all tasks – Gloves, safety glasses, aprons * Chemical Training * Chemical Risk Assessments – use of least hazardous and dangerous chemicals * Safety Data Sheets (SDS) * Spill Kits | | |
| **Machinery & Equipment**   * Incorrect use of equipment * Failure of equipment | | * Equipment failure * Sprains / Strains * Lacerations | | * Competent persons to use equipment only * Equipment on maintenance schedule | | |
| **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:** |  |