|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **102RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Pallet Jack - Hand** |
| **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** |
| **Machinery & Equipment;*** Not checking for presence of possible defects prior to operating
* Lack of knowledge
* Entrapment
* Unstable loads
 | * Laceration
* Equipment malfunction
* Crush
* Bruise
 | * Visual inspection of pallet jack prior to use
* Operating on flat surface
* Securing loads if required
* Regular maintenance completed
 |
| **Gravity*** Slippery surface
* Falling or unexpected movement of loads
 | * Slip Trip Falls
* Sprain / Strain
* Bruising
* Laceration
* Fracture
* Crush
 | * Safe working loads (not to overload items higher than handle)
* Operating on flat surfaces
* Securing loads if required
 |
| **Hazardous Manual Tasks*** Incorrect lifting of items
* Incorrect loading and unloading of items
 | * Musculoskeletal injuries
* Sprains
* Strains
* Repetitive Strain Injury (RSI)
* Slips, trips, falls
 | * Task Rotation
* Regular maintenance completed
 |
| **Other** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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).**

|  |
| --- |
| **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** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |