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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **104RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Ride on Mower** |
| **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
 | * Sprains & strains
 | * Work Instructions
* Two persons to conduct any field repairs
 |
| **Machinery & Equipment*** Faulty system
* Ejected material
* Refuelling while engine is hot
* Refuelling while equipment is turned on
 | * Breakdown of equipment
* Striking
* Eye Injury
* Lacerations
* Fire / explosion
 | * Work Instruction
* Pre-start checks including guarding, fuel and seat shut off switch
* Personal Protective Equipment to be worn at all times
* Safety devices, guards, switches and shields are fitted, secured and functional
* Securing of work tools and equipment
* Stopping mowing if another person / animal is in the vicinity
* Equipment on maintenance schedule
* Reporting of faults
* Lock out tag out of equipment
* Equipment refuelled when engine cold and turned off
 |
| **Gravity*** Poor housekeeping
* Equipment makes unexpected movement
 | * Slip, Trip, Fall
 | * Work areas on the ground to be kept clear of trip hazards
* Driving at slow enough speed to keep control over unexpected hazards
* Wearing seatbelt (where fitted) while operating equipment
* Travel up / down slopes rather than across and use 15 degrees as the maximum to attempt to mow.
 |
| **Extreme Temperature*** Hot Weather
* Wet Weather
 | * Sunburn
* Dehydration
* Cold
 | * Personal Protective Equipment to be worn at all times
* Sunscreen and drinking water to be readily available at all times
 |
| **Noise*** Not wearing Personal Protective Equipment
* Equipment not maintained
 | * Hearing loss
 | * Personal Protective Equipment to be worn at all times
* Equipment on maintenance schedule
 |
| **Biological*** Insects / Wildlife
 | * Stings & bites
 | * Personal Protective Equipment to be worn at all times
* First aid kit available at all times
 |
| **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:** |  |