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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:** |  |