

## Plant Risk Assessment Form

NAME OF PROJECT:	COMPANY:	LOCATION:	PROJECT MANAGER:
			MOBILE NO:
BUSINESS NAME: PK PLUMBING AND GASFITTING PTY LTD	BUSINESS ADDRESS: CNR OF TWIGG RD AND GOLF COURSE RD, YENDA NSW 2681		ABN: 51 109 738 427
BUSINESS CONTACT: PHILIP KENNY	POSITION: DIRECTOR	EMAIL: <a href="mailto:jobs@pkplumb.com.au">jobs@pkplumb.com.au</a>	PHONE #: 0427 847 927

**PERSON/S RESPONSIBLE FOR ENSURING COMPLIANCE WITH PRA:**

**RELEVANT WORKERS /PROJECT MANAGERS CONSULTED IN THE DEVELOPMENT, APPROVAL AND COMMUNICATION OF THIS PRA.**

NAME	JOB TITLE	SIGNATURE	DATE
PHILIP KENNY	DIRECTOR		

**PLANT DETAILS**

BRAND:	MODEL/YEAR: FLOAT 2013	VIN NO: 6K9ULPTG1DG090008	<b>OVERALL RISK RATING AFTER CONTROLS</b> <input type="checkbox"/> 4 ACUTE <input type="checkbox"/> 3 HIGH <input checked="" type="checkbox"/> 2 MODERATE <input type="checkbox"/> 1 LOW
ENGINE NO;	CAPACITY/SIZE:	VALID TO:	
OPERATOR LICENCE / COMPETENCY:	HIGH RISK LICENCE:	SPECIFY: FLOAT TRAILER – SINGLE AXLE	
	DRIVERS LICENCE, SUPERVISOR AND CONTRACTOR LICENCES:	SPECIFY: DRIVERS LICENCE: 8335BZ, SUPERVISOR: 628135, CONTRACTOR LICENCE: 174307C	
		LAST SERVICE DATE:	
		TRAILER REGISTRATION: YN25JB	

Determine the risk score						Record risk score on worksheet (Note – Risk scores have no absolute value and should only be used for comparison and to engender discussion.)			
LIKELIHOOD	Consequence					SCORE	ACTION	HIERARCHY OF CONTROLS	
	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC				
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE			ELIMINATION - Remove the hazard	MOST EFFECTIVE
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCEED.	SUBSTITUTION - Replace the hazard	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before commencing work.	ENGINEERING - Isolate people from the hazard	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Maintain control measures.	ADMINISTRATION - Change the way people work	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	Record and monitor.	PPE - Protect workers with personal protective equipment	

Scope of Risk Assessment: \_\_\_\_\_ Description of Plant use: \_\_\_\_\_

**INSTRUCTIONS:**

- Assess each item of plant every time there are new machines, procedures or, a new job brings in significant new hazards.
- The lists of hazards and controls given below are not exhaustive. (These choices are provided to understand how this risk assessment may be used. Indicate (x) controls as required for your circumstance. Choose one, several or all hazards and controls.)
- Inherent Risk-rating (IR) Residual Risk-rating (RR)

HAZARD	IR	CONTROL MEASURES IN PLACE	RR
<b>Hazard – Entanglement: Someone or something become entangled with moving parts of the plant or materials in motion:</b>			
ENTANGLEMENT of: <input type="checkbox"/> Hair <input type="checkbox"/> Fingers / Arms <input type="checkbox"/> Legs <input type="checkbox"/> Torso <input type="checkbox"/> Other - specify:	Caused by ENTANGLEMENT of: <input type="checkbox"/> Clothing <input type="checkbox"/> Necktie <input type="checkbox"/> Scarf <input type="checkbox"/> Gloves <input type="checkbox"/> Jewellery <input type="checkbox"/> Cleaning Rags <input type="checkbox"/> Other - specify:	3H <input type="checkbox"/> Rings, watches, jewellery that may become entangled in machines must not be worn <input type="checkbox"/> Long and loose hair must be tied back <input type="checkbox"/> Only snug fitting clothes to be worn <input type="checkbox"/> Loose clothing to be well contained to avoid entanglement <input type="checkbox"/> Guards in place <input type="checkbox"/> Warning decals placed where entanglement may occur <input type="checkbox"/> Operator training/awareness on areas where entanglement may occur <input type="checkbox"/> Operations manual read and in cabin <input type="checkbox"/> Other - specify:	2M
<b>Hazard – Crushing: Someone can be crushed due to:</b>			

HAZARD	IR	CONTROL MEASURES IN PLACE	RR
<input type="checkbox"/> Falling, uncontrolled or unexpected movement of plant <input type="checkbox"/> Falling, uncontrolled or unexpected movement of load <input type="checkbox"/> Plant tipping or rolling over <input type="checkbox"/> Lack of ability to slow, stop or immobilise plant <input type="checkbox"/> Parts of plant collapsing or failing <input type="checkbox"/> Person falling off or being thrown off plant <input type="checkbox"/> Being trapped under the plant, or between the plant, materials or fixed structure <input type="checkbox"/> Contact with moving parts during inspection, testing, maintenance, repair or cleaning <input type="checkbox"/> <i>Other - specify:</i>	4A	<input type="checkbox"/> Ensure item of plant is turned off, park break engaged, hydraulics de pressurised before working on or inspecting plan <input type="checkbox"/> Never work under raised plant (e.g. raised bucket or boom) without appropriate chocks / braces in place <input type="checkbox"/> Do not operate machine on slopes in excess of recommended parameters <input type="checkbox"/> Check ROPS in good condition using Daily pre-start checklist <input type="checkbox"/> No ground workers to work between fixed structure and item of plant (when less than 5 m separates machine from fixed item) <input type="checkbox"/> Vehicle movement on site procedures adequately communicated <input type="checkbox"/> Guards in place <input type="checkbox"/> Warning horn <input type="checkbox"/> Amber flashing beacon <input type="checkbox"/> Reversing/travel alarm <input type="checkbox"/> Crush zone decals <input type="checkbox"/> <i>Other - specify:</i> <input type="checkbox"/>	2M
<b>Hazard – Cuts, Lacerations, Stabbing, Punctures: Someone could be cut, stabbed or punctured due to:</b>			
<input type="checkbox"/> Moving plant <input type="checkbox"/> Moving parts <input type="checkbox"/> Sharp objects <input type="checkbox"/> Flying objects <input type="checkbox"/> Work pieces disintegrating <input type="checkbox"/> Work pieces ejected <input type="checkbox"/> Uncontrolled or unexpected movement of plant <input type="checkbox"/> <i>Other - specify:</i>	3H	<input type="checkbox"/> Daily Pre-start checklist <input type="checkbox"/> Regular maintenance schedule followed <input type="checkbox"/> Guards in place <input type="checkbox"/> Gloves worn when handling sharp parts of plant <input type="checkbox"/> Ensure item of plant is turned off, park break engaged, hydraulics de pressurised before working on or inspecting plant <input type="checkbox"/> Never work under raised plant (e.g. raised bucket or boom) without appropriate chocks / braces in place <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard –Shearing: Someone’s body parts be caught or sheared resulting in injury or amputation between:</b>			
<input type="checkbox"/> Two moving parts of the plant <input type="checkbox"/> A part of the plant and a work piece <input type="checkbox"/> A part of the plant and a fixed structure <input type="checkbox"/> A part of the plant and another object (e.g. plant or vehicle) <input type="checkbox"/> <i>Other - specify:</i>	4A	<input type="checkbox"/> Ensure item of plant is turned off, park break engaged, hydraulics de pressurised before working on or inspecting plant <input type="checkbox"/> Never work under raised plant (e.g. raised bucket or boom) without appropriate chocks / braces in place <input type="checkbox"/> Decals placed at pinch points <input type="checkbox"/> All hazard lights working on machine when in operation <input type="checkbox"/> Guards in place	2M

HAZARD	IR	CONTROL MEASURES IN PLACE	RR	
		<input type="checkbox"/> Warning horn <input type="checkbox"/> Amber flashing beacon <input type="checkbox"/> Reversing/travel alarm <input type="checkbox"/> <i>Other - specify:</i>		
<b>Hazard – Friction: Someone be burned due to contact with:</b>				
<input type="checkbox"/> A moving part <input type="checkbox"/> A moving surface of the plant <input type="checkbox"/> Material handled by the plant <input type="checkbox"/> <i>Other - specify:</i>	3H	<input type="checkbox"/> Do not make contact with hot parts <input type="checkbox"/> Wear gloves and other appropriate clothing when handling hot equipment <input type="checkbox"/> Warning signage / decals as necessary <input type="checkbox"/> <i>Other - specify:</i>	2M	
<b>Hazard – Electrical: Someone can be injured by electrical shock or burns, or electrocuted due to:</b>				
<input type="checkbox"/> Plant or person direct contact with live electrical conductors <input type="checkbox"/> Plant or person working near live electrical conductors <input type="checkbox"/> Overload of electrical circuits <input type="checkbox"/> Damaged or worn electrical switches <input type="checkbox"/> Damaged or worn electrical leads or cables <input type="checkbox"/> Lack of isolation procedure (Lock out and tag) <input type="checkbox"/> Inadequate isolation procedure (Lock out and tag) <input type="checkbox"/> Water near electrical equipment / installations <input type="checkbox"/> <i>Other – specify:</i>	4A	<input type="checkbox"/> Safe Work Method Statement (SWMS) readily available and addresses relevant risks for plant use around electrical conductors (e.g. powerlines) <input type="checkbox"/> Emergency response training for plant contact with electricity <input type="checkbox"/> Ensure lock out tag out procedure in place and used when working with electrical system on plant <input type="checkbox"/> Warning Decals /stickers in place and legible <input type="checkbox"/> Lack of insulation (regular maintenance and pre-start checks) <input type="checkbox"/> <i>Other - specify:</i>	2M	
<b>Hazard – Explosion: Someone can be injured by the operation of the plant triggering an explosion of the following:</b>				
<input type="checkbox"/> Gas <input type="checkbox"/> Vapours <input type="checkbox"/> Liquids <input type="checkbox"/> Solids <input type="checkbox"/> Dust <input type="checkbox"/> <i>Other – specify:</i>	Can an explosion be triggered by? <input type="checkbox"/> Static electricity <input type="checkbox"/> Hazardous atmosphere <input type="checkbox"/> Hazardous chemical reaction – specify: <input type="checkbox"/> <i>Other – specify:</i>	3H	<input type="checkbox"/> SWMS readily available and addresses relevant risks for plant use around explosive atmospheres <input type="checkbox"/> Do not operate machinery in enclosed space unless mitigation measures have been put in place (e.g. extraction fans) <input type="checkbox"/> Do not operate machinery within stipulated zones of gas or fuel storage (no go areas) <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Hazardous Chemicals and Hazardous Atmosphere: Someone can be injured, become ill or be suffocated due to:</b>				
Hazardous Chemical: <input type="checkbox"/> Liquids (e.g. fuel, lubricants) <input type="checkbox"/> Solids (e.g. grease) <input type="checkbox"/> Asphyxiant (lack of	Hazardous Atmosphere: <input type="checkbox"/> Dust <input type="checkbox"/> Toxic gases or vapours <input type="checkbox"/> Fumes <input type="checkbox"/> Atmospheric contamination	3H	<input type="checkbox"/> SWMS readily available and addresses relevant risks for plant use around hazardous atmospheres <input type="checkbox"/> Do not operate machinery in enclosed space unless mitigation measures have been put in place (e.g. extraction fans) <input type="checkbox"/> Do not operate machinery within stipulated zones of gas or fuel storage (no go	2M

HAZARD	IR	CONTROL MEASURES IN PLACE	RR
oxygen) <input type="checkbox"/> <i>Other – specify:</i> <input type="checkbox"/> <i>Other – specify:</i>		areas) <input type="checkbox"/> Confined spaces permits where required <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> <i>Other - specify:</i>	
<b>Hazard – Fluids or gases under pressure Someone can be injured by direct contact with gas or fluids under pressure due to:</b>			
<input type="checkbox"/> Failure of plant <input type="checkbox"/> Damaged or leaking parts <input type="checkbox"/> Misuse of plant <input type="checkbox"/> Misuse of high pressure cleaning equipment <input type="checkbox"/> <i>Other – specify:</i>	3H	<input type="checkbox"/> SWMS readily available and addresses relevant risks for plant maintenance <input type="checkbox"/> Do not use hands to check for hydraulic leaks (always use another hand held item e.g. piece of cardboard) <input type="checkbox"/> Daily Pre-start checklist <input type="checkbox"/> Regular maintenance schedule followed <input type="checkbox"/> Always depressurize hydraulic system prior to maintenance <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Plant Condition: Someone can be injured by faulty item of plant?</b>			
<input type="checkbox"/> Operators manual unavailable <input type="checkbox"/> Pre-start check not undertaken <input type="checkbox"/> Maintenance not undertaken <input type="checkbox"/> Accidents may occur <input type="checkbox"/> <i>Other - specify:</i>	3H	<input type="checkbox"/> Operation manual in cab and accessible <input type="checkbox"/> Ensure Plant operators complete daily prestart plant inspection <input type="checkbox"/> Ensure daily plant inspection & fault report are provided <input type="checkbox"/> Ensure defective plant items are followed up and that repairs, alterations and or replacement are carried out <input type="checkbox"/> Where major faults are identified as an operational safety hazard - the plant must not be used until such time as the fault or defect is repaired and or replaced <input type="checkbox"/> Follow the manufacturer's instructions, Safe Workplace Procedures for Operation <input type="checkbox"/> Plant is in safe condition for use <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Operator Training/qualifications: Does the operator hold the appropriate licences and qualifications to operate the item of plant?</b>			
<input type="checkbox"/> No Licence held <input type="checkbox"/> Limited/No Training undertaken <input type="checkbox"/> Competency assessments not undertaken <input type="checkbox"/> Limited equipment experience <input type="checkbox"/> Operator's manual unavailable <input type="checkbox"/> <i>Other – specify:</i>	3H	<input type="checkbox"/> Only suitably licensed, qualified and experienced operators to operate plant item <input type="checkbox"/> Operators hold licence and other qualifications for machine operation <input type="checkbox"/> Operation manual read and understood by all operators <input type="checkbox"/> Operation manual in cab and accessible <input type="checkbox"/> Operator competency determine appropriate before use <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard Communication requirements in relation to the safe operation of the plant?</b>			

HAZARD	IR	CONTROL MEASURES IN PLACE	RR
<ul style="list-style-type: none"> <li>▪ Failure to develop correct signaling procedures (select which system/s used below):</li> <li><input type="checkbox"/> Whistle                      <input type="checkbox"/> Active signaling</li> <li><input type="checkbox"/> Radio                            <input type="checkbox"/> <i>Other – specify:</i></li> <li><input type="checkbox"/> Spotter</li> </ul>	3H	<ul style="list-style-type: none"> <li><input type="checkbox"/> Communication protocols developed prior to task commencement</li> <li><input type="checkbox"/> All operators / signalers trained in the communication method and use</li> <li><input type="checkbox"/> Communication equipment checked before use</li> <li><input type="checkbox"/> Vehicle movement on site procedures adequately communicated</li> <li><input type="checkbox"/> <i>Other - specify:</i></li> </ul>	2M
<b>Hazard – Slip, trip and fall: The plant operator, or someone else can trip, slip or fall on the same level, from one level to another or from height due to:</b>			
<ul style="list-style-type: none"> <li><input type="checkbox"/> Uneven surfaces</li> <li><input type="checkbox"/> Slippery surfaces</li> <li><input type="checkbox"/> Steep surfaces</li> <li><input type="checkbox"/> Objects on the floor/ ground</li> <li><input type="checkbox"/> Liquid spills or solid waste materials on floor / ground</li> <li><input type="checkbox"/> General work environment</li> <li><input type="checkbox"/> Poor housekeeping</li> <li><input type="checkbox"/> Lack of correct work platform</li> <li><input type="checkbox"/> Lack of correct ladder or stairs</li> <li><input type="checkbox"/> Lack of handholds</li> <li><input type="checkbox"/> Lack of guardrails or correct edge protection</li> <li><input type="checkbox"/> Lack of slip resistant surfaces</li> <li><input type="checkbox"/> Collapse of supporting structure</li> <li><input type="checkbox"/> Plant failure</li> <li><input type="checkbox"/> Incorrect footwear or not wearing footwear</li> <li><input type="checkbox"/> <i>Other – specify:</i></li> </ul>	3H	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use prestart checklist</li> <li><input type="checkbox"/> Keep operator area clear of trip hazards</li> <li><input type="checkbox"/> Keep operator area free of grease, moisture or other slip hazards</li> <li><input type="checkbox"/> Ensure slip resistant step treads used</li> <li><input type="checkbox"/> Use operators' manual for plant entry and exit methods</li> <li><input type="checkbox"/> Use appropriate height access equipment to access areas of plant (e.g. ladder or trestle for maintenance)</li> <li><input type="checkbox"/> Good housekeeping</li> <li><input type="checkbox"/> Boot sole in good condition</li> <li><input type="checkbox"/> <i>Other - specify:</i></li> </ul>	2M
<b>Hazard – Ergonomic: Someone can be injured due to:</b>			
<ul style="list-style-type: none"> <li><input type="checkbox"/> Poor seat design</li> <li><input type="checkbox"/> Poor workstation design</li> <li><input type="checkbox"/> Poor work environment design causing physical stress</li> <li><input type="checkbox"/> Poor design causing mental or psychological stress</li> <li><input type="checkbox"/> Poor plant design</li> <li><input type="checkbox"/> Lack of adequate work environment and task lighting</li> <li><input type="checkbox"/> Excessive weight load, force or impact on body</li> <li><input type="checkbox"/> Repetition of body movement, posture positioning,</li> <li><input type="checkbox"/> Repetition of weight load, force or impact on body</li> <li><input type="checkbox"/> Awkward and/or sustained posture or body position</li> </ul>	3H	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adjust seating and operator controls to suit operator</li> <li><input type="checkbox"/> Take appropriate breaks to avoid body fatigue</li> <li><input type="checkbox"/> Avoid awkward and/or sustained posture or body position</li> <li><input type="checkbox"/> Follow operating manual instructions for setup and use of plant</li> <li><input type="checkbox"/> Appropriate controls &amp; switches</li> <li><input type="checkbox"/> Correct Labelling of controls and indicators</li> <li><input type="checkbox"/> <i>Other - specify:</i></li> </ul>	2M



HAZARD	IR	CONTROL MEASURES IN PLACE	RR
<input type="checkbox"/> Prolonged sitting <input type="checkbox"/> Lack of consideration for human error and/or behaviour <input type="checkbox"/> <i>Other – Specify:</i>			
<b>Hazard – Temperature: Someone can be injured or become ill due to:</b>			
<input type="checkbox"/> Exposure to high temperature <input type="checkbox"/> Exposure to low temperature <input type="checkbox"/> Come in contact with objects at high temperature <input type="checkbox"/> Come in contact with objects at low temperature <input type="checkbox"/> Exposure to adverse weather conditions <input type="checkbox"/> <i>Other – Specify:</i>	3H	<input type="checkbox"/> Cabin temperature controls operational and used (closed cabins) <input type="checkbox"/> Cease operation when climatic conditions cause hazard to operator (i.e. extreme heat or cold) <input type="checkbox"/> Wear appropriate PPE for weather conditions <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Fire</b>			
<input type="checkbox"/> Friction <input type="checkbox"/> Fuels <input type="checkbox"/> Fluids / lubricants <input type="checkbox"/> <i>Other - specify:</i>	4A	<input type="checkbox"/> Good housekeeping <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> No excess lubricants / fuels kept on machine <input type="checkbox"/> Avoid buildup of flammable material e.g. Oily rags <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Noise</b>			
<input type="checkbox"/> >85 dBA at the operator <input type="checkbox"/> Effects community <input type="checkbox"/> Effects operator communication <input type="checkbox"/> <i>Other - specify:</i>	3H	<input type="checkbox"/> Excessive noise exposure identified and managed <input type="checkbox"/> Approved hearing protection <input type="checkbox"/> Operate machine only during approved hours (e.g. local council laws and/ or site requirements) <input type="checkbox"/> Communication method appropriate for noise levels <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Surrounding Environment</b>			
<input type="checkbox"/> Operating in areas of weeds, or contamination <input type="checkbox"/> Operating in sensitive environments requiring protection from offsite weeds or spills <input type="checkbox"/> Dust <input type="checkbox"/> Other plant and equipment <input type="checkbox"/> <i>Other - specify:</i>	3H	<input type="checkbox"/> Maintain awareness of other plant <input type="checkbox"/> Use appropriate communications method to liaise with other operators if necessary (e.g. radio) <input type="checkbox"/> Keep to prescribed areas (use existing roads and tracks wherever possible) <input type="checkbox"/> Do not refuel or conduct maintenance in vegetated or sensitive areas <input type="checkbox"/> Clean all machinery in approved location prior to leaving site <input type="checkbox"/> Effective dust suppression methods used. <input type="checkbox"/> Appropriate respiratory protection used (dust masks) <input type="checkbox"/> <i>Other - specify:</i>	2M
<b>Hazard – Other. There other hazards that can cause injury to someone such as:</b>			

HAZARD	IR	CONTROL MEASURES IN PLACE	RR
<input type="checkbox"/> Ionising Radiation <input type="checkbox"/> Microwaves <input type="checkbox"/> Magnetism <input type="checkbox"/> Radio Waves <input type="checkbox"/> Lasers	<input type="checkbox"/> .Ultraviolet light <input type="checkbox"/> Vibration <input type="checkbox"/> Working alone or isolated work <input type="checkbox"/> Working at night <input type="checkbox"/> <i>Other – Specify:</i>	<input type="checkbox"/> SWMS readily available and addresses relevant risks for plant use around ( <i>list specific address and address in SWMS</i> ) <input type="checkbox"/> Emergency response training for ( <i>list specific hazard and training</i> ) <input type="checkbox"/> Ensure lock out tag out procedure in place and used when working with electrical system on plant <input type="checkbox"/> <i>Other - specify:</i>	2M

REVIEW NO.	1	2	3	4	5	6	7	8	9
Name and initials									
Date									

Decision of Acceptability of Risk (with above actions in place):

ACCEPTABLE                       NOT ACCEPTABLE

**PRA IS APPROVED BY**      NAME:                      SIGNATURE:                      DATE:

COMMENTS:

DRAFT