

Risk Assessment & Action Strategy

Plant Description	Load/unload bus or vehicles	Date of Assessment: Reviewed January 2012
Location	Side of Hall/Dining Room	Assessor/s Geoff Caldwell

<input type="checkbox"/> Camp Wilkin <input type="checkbox"/> OtherName	<input type="checkbox"/> Burnside Camp <input type="checkbox"/> OtherName	<input checked="" type="checkbox"/> Halls Gap	(A) This equipment MUST only be used by externally certified personnel. (Extensive proven prior experience/learning may be acceptable) (B) Formal in-house training is required before using this equipment (C) Safe Operating Procedures (SOP's) must be read, adhered to by all users of this equipment
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HAZARD TYPE	HAZARD		INITIAL HAZARD LEVEL	INITIAL COMMENTS	ACTION/STRATEGY IMPLEMENTED	FINAL HAZARD LEVEL
	Yes	No				
Entanglement/Entrapment ie -loose clothing		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Crushing ie rollover, press or vice	X		12	Drop load	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Cutting	X		16	Sharp edges on bags	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Stabbing Shearing Puncture	X		16	Edges on luggage and bus	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Confined Space/Suffocation ie vessels pits tanks		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Friction		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Striking ie Impact injuries		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
High Pressure liquid/fluid ie gas bottles, hydraulic lines, fuel lines		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Electrical ie power-points, cables, plugs,leads		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Radiation Exposure ie UV rays welding etc		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Slip - Trip - Fall ie from heights and ladders	X		16	Falling on objects, trip out of bus	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/>	8

				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Manual Handling/ Ergonomics ie sitting height, standing distance repetitive actions	X	8	Strain from lifting in strange positions	A	YES <input type="checkbox"/> NO <input type="checkbox"/>	Ensure correct lifting techniques, don't lift heavy items from awkward spots	4
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Biological ie Heb B, Aids Blood		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Flora and Fauna Hazards		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Thermal Comfort ie (hot cold)		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Drowning/ Near Drowning		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Chemical ie hazardous goods/liquid spills		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Mist Dust Vapour Fumes		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Mechanical Breakdown		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Structural Failure ie metal fatigued		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Gas Escape ie punctured lines, refrigeration, services, pilot-light. Faulty thermocouple		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
House keeping ie clear dry, workspace		X		A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Other				A	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				B	YES <input type="checkbox"/> NO <input type="checkbox"/>		
				C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

Further Requirements				By When	By Who	Completed	Signed
Centre 1 - Equipment approved for use	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position	Name	Signature	Date	/ / /
Centre 2 - Equipment approved for use	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position	Name	Signature	Date	/ / /