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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **069RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Chainsaw Petrol** | | | | |
| Authorised by: | | |  | | Signature: | | | Template only MUST modify to site conditions | | Date: | |  |
| In conjunction with this risk assessment, training / education and development of a relevant SOP may be required. | | | | | | | | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | | | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | | | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | | |
| **Plant & Equipment**   * Incompetent operator | | | | | * Death * Serious injuries | | | | | * Workers to be verified as competent and must assess work area conditions * Workers to wear full chaps, safety helmet, safety visor and protective clothing * All persons in vicinity advised to wear safety goggles. * No untethered animals to be nearby * Chain to be handled only when saw has stopped and then gloves are to be worn * Replace chain cover when not in use * Ensure brake is applied when not in use * Two (2) people should be present when undertaking chainsaw work | | |
| **Machinery & Equipment**   * Cutting chain could break | | | | | * Amputations * Cuts * Abrasions | | | | | * Provide workers with approved training in the safe use of chainsaws. * Provide appropriate PPE e.g. gloves and chaps (leg protection). * Develop and implement a Safe Work Practice before use. * Ensure new users are trained and supervised and are deemed competent before being allowed to use the chain saw on their own. | | |
| **Machinery & Equipment**   * Flying objects | | | | | * Cuts * Abrasions * Eye injury * Head injury | | | | | * Wear protective clothing, steel-toe capped boots, heavy-duty gloves, hard hat, full visor and safety glasses. | | |
| **Hazardous Manual Tasks**   * Vibration | | | | | * Muscular skeletal injuries * White finger syndrome | | | | | * Where possible have material to be cut at waist height. * If having to bend to cut material do not work in this manner for prolonged periods. * Wear heavy-duty gloves. * Do not use for prolonged time, especially if experiencing tingling sensation in fingers/hand (seek medical advice). | | |
| **Hazardous Chemicals (petrol operated)**   * Fire / explosion / hot parts / fumes | | | | | * Burns * Inhalation of fumes * Inhalation may irritate people * Splash to eye * Contact with skin | | | | | * Do not refuel while machine is operating and hot * Refuel in a well-ventilated area * Check the fuel cap regularly for leaks. * Do not allow muffler to come in contact with combustible material. * Do not touch muffler. * Wipe up any spills. * Have spill kit available * Safety data sheet available * Appropriate PPE available for decanting petrol * Petrol is stored in appropriate containers in a secured area (preferable flammable goods cabinet) | | |
| **Machinery & Equipment**   * Kickback | | | | | * Muscular skeletal injuries * Cuts * Abrasions * Amputations | | | | | * Keep cutting blade away from fences, rocks etc. * Keep Chainsaw well clear from any body parts in case kickback occurs | | |
| **Gravity**   * Falling tree branches | | | | | * Death * Serious injury | | | | | * Operator to be vigilant and assess likelihood of falling branches before starting work. * Safety footwear and helmets to be worn * No work to be undertaken on extremely windy days. | | |
| **Other:** | | | | |  | | | | |  | | |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | | | | | | | | |
| **Step 4: Monitor & Review:** | | | | | | | | | | | | |
| Were the controls effective? | | | | | Were there any unforeseen hazards / incidents? | | | | | New controls | | |
| Yes |  | | No |  | Yes |  | | No |  |
|  | | | | |  | | | | |  | | |
| Name: | |  | | | Signature | |  | | | Date |  | |