Template only MUST modify to site conditions

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| --- | --- | --- | --- | --- | --- |
| Site / Area: |       | Date of Assessment |       | Risk Assessment # | **102RA** |
| Completed by (name) |       | Signature |       |
| In Consultation with: |       | Signature |       |
| Identify / describe activity, equipment, area or event you are assessing: | **Pallet Jack - Hand** |
| Authorised by: |       | Signature: |       | 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 |
| **Machinery & Equipment;*** Not checking for presence of possible defects prior to operating
* Lack of knowledge
* Entrapment
* Unstable loads
 | * Laceration
* Equipment malfunction
* Crush
* Bruise
 | * Visual inspection of pallet jack prior to use
* Operating on flat surface
* Securing loads if required
* Regular maintenance completed
* Pallet Jack placed on preventative maintenance schedule.
 |
| **Gravity*** Slippery surface
* Falling or unexpected movement of loads
 | * Slip Trip Falls
* Sprain / Strain
* Bruising
* Laceration
* Fracture
* Crush
 | * Task Rotation
* Regular maintenance completed
 |
| **Hazardous Manual Tasks*** Incorrect lifting of items
* Incorrect loading and unloading of items
 | * Musculoskeletal injuries
* Sprains
* Strains
* Repetitive Strain Injury (RSI)
* Slips, trips, falls
 | * Correct manual handling techniques
* Task Rotation
* Regular maintenance completed
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| **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 | [ ]  |
|  |  |  |