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 |  |
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