Template only MUST modify to site conditions

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | |  | | Date of Assessment | |  | | Risk Assessment # | **104RA** |
| Completed by (name) | |  | | Signature | |  | | | |
| In Consultation with: | |  | | Signature | |  | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | **Ride on Mower** | | | |
| 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 | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Adding/removing attachments. | | | | * Sprains & strains | | | | * Work Instructions * Two persons to conduct any field repairs and add/remove attachment where required | |
| **Machinery & Equipment**   * Faulty system * Ejected material * Refuelling while engine is hot * Refuelling while equipment is turned on | | | | * Breakdown of equipment * Striking * Eye Injury * Lacerations * Fire / explosion | | | | * Work Instruction * Pre-start checks including guarding, fuel and seat shut off switch * Personal Protective Equipment to be worn at all times * Safety devices, guards, switches and shields are fitted, secured and functional * Securing of work tools and equipment * Stopping mowing if another person / animal is in the vicinity * Equipment on maintenance schedule * Reporting of faults * Lock out tag out of equipment * Equipment refuelled when engine cold and turned off | |
| **Gravity**   * Poor housekeeping * Equipment makes unexpected movement | | | | * Slip / trip / falls | | | | * 3 points of contact while accessing and egressing mower. * Work areas on the ground to be kept clear of trip hazards * Driving at slow enough speed to keep control over unexpected hazards * Wearing seatbelt (where fitted) while operating equipment * Travel up / down slopes rather than across and use 15 degrees as the maximum to attempt to mow. | |
| **Extreme Temperature**   * Hot Weather * Wet Weather | | | | * Sunburn * Dehydration * Cold | | | | * Personal Protective Equipment to be worn at all times * Sunscreen and drinking water to always be readily available. * Warm high vis clothing worn during cold weather.. * Avoid use during wet weather. | |
| **Noise**   * Not wearing Personal Protective Equipment * Equipment not maintained | | | | * Slip / trip / falls * Bruise | | | | * Personal Protective Equipment to be worn at all times * Equipment on maintenance schedule | |
| **Biological**  **•** Insects / Wildlife | | | | * Stings & bites | | | | * Personal Protective Equipment to be worn at all times * First aid kit available at all times | |
| **Other**   * Working In Isolation | | | | * Injury or illness while working alone. | | | | * Working in isolation procedure adhered to * Working mobile phone on operator at all times. | |
| **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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