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| **Description of Equipment:** | | **M18 Milwaukee Impact wrench 1/2” drive** | **Serial No:** | | **4777 08 01 005364 A2023** | | **Original Date** | **Review Date** | **Ref No** | **Rev** |
| **Location of Equipment:** | | Warehouse | | | | | 04/10/2023 | 04/10/2026 |  | 1 |
| **Assessor(s):** | | L Ratcliff | | | | | | | | |
| **Persons affected by the hazards:** | | User | | | | | | | | |
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| **GENERAL REQUIREMENTS OF PUWER** | | | | | | | | | | |
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| **Regulation 4 – Suitability of Work Equipment** | | | | **Y** | **N** | **N/A** | **Comments / Action Required** | | | |
| **4.1** | Is the equipment suitable by design, construction or adaptation for the work it is provided to do? | | | **🗸** |  |  |  | | | |
| **4.2** | Is the location of the work equipment suitable for the conditions in which it is to be used? | | | **🗸** |  |  |  | | | |
| **4.3** | Is the work equipment used only for tasks that it is fit for and in conditions for which it is suitable? | | | **🗸** |  |  |  | | | |
| **Regulation 5 – Maintenance** | | | | **Y** | **N** | **N/A** | **Comments / Action Required** | | | |
| **5.1** | Is the work equipment maintained in an efficient state, in efficient working order and in good repair? | | | **🗸** |  |  |  | | | |
| **5.2** | Is a maintenance log available, if so, is it up to date? | | |  | **🗸** |  |  | | | |
| **Regulation 6 – Inspection** | | | | **Y** | **N** | **N/A** | **Comments / Action Required** | | | |
| **6.1** | Is work equipment where its safe operation is critically dependent on it being properly installed [or reinstalled], suitably inspected before it is put into service? | | |  |  | **🗸** |  | | | |
| **6.2** | Is work equipment that is exposed to conditions that cause deterioration resulting in a dangerous situation inspected at suitable intervals to ensure that safe conditions are maintained? | | |  |  | **🗸** |  | | | |
| **6.3** | Are the result of inspections recorded and kept until the next inspection is required and logged? | | |  | **🗸** |  |  | | | |
| **6.4** | Is there physical evidence that the work equipment inspection has been carried out? | | |  | **🗸** |  |  | | | |
| **Regulation 7 – Specific Risks** | | | | **Y** | **N** | **N/A** | **Comments / Action Required** | | | |
| **7.1** | Is the use of this work equipment restricted to specific persons?  And. Has the repair, maintenance, modifications and servicing been restricted to specific persons? | | |  | **🗸** |  |  | | | |
| **7.2** | Have those persons who use, and those that repair, maintain, modify or service the equipment been adequately trained in the operations which they have been designated to carry out? | | | **🗸** |  |  |  | | | |

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| **Regulation 8 – Information and instructions** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **8.1** | Have all users of work equipment received adequate health and safety information, written instructions and training for the work equipment? [including methods, risks & precautions] | **🗸** |  |  |  |
| **8.2** | Have all supervisors and managers adequate information, instruction and training and access to the health and safety information and written instructions for the use of the work equipment? | **🗸** |  |  | HAVS risk assessment carried out. |
| **8.3** | Do the instructions, include how to use the equipment in normal conditions? And.  Where applicable in abnormal situations, and the action to be taken if such a situation were to occur? | **🗸** |  |  |  |
| **8.4** | Are written instructions and information easy to understand at all levels of skill, experience, training and degree of supervision for the workers involved? | **🗸** |  |  |  |
| **Regulation 9 – Training** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **9.1** | Have all persons who use the equipment received adequate health and safety training when using the equipment, any risks that use of the equipment may involve and the precautions to be taken? | **🗸** |  |  |  |
| **9.2** | Have supervisors and managers adequate health and safety training in the correct methods to be adopted when using the equipment, the risks entailed and precautions to be taken? | **🗸** |  |  |  |
| **Regulation 10 – Conformity with Community requirements** [**New Equipment Only]** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **10.1** | Does the equipment conform to relevant community directives and does it display a UKCA or CE mark? | **🗸** |  |  |  |
| **10.2** | If so and where an essential requirement has applied to the design and construction of an item, have the requirements of regulations 11-19 and 22-29 been applied? | **🗸** |  |  |  |
| **10.3** | Was the work equipment provided for use for the first time after 31st December 1992? | **🗸** |  |  |  |
| **Regulation 11 – Dangerous parts of machinery** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **11.1** | Have measures been taken to prevent access to dangerous parts of the machine or rotating stock bar, or stop movement or any dangerous part or rotating stock bar before any person enters a danger zone? |  |  | **🗸** |  |
| **11.2** | Have fixed guards been provided? If not then have other guards or protection devices been provided? If not then have jigs, holders, push sticks or similar protection devices been provided? |  |  | **🗸** |  |
| **11.3** | Are guards situated away from the danger zone; securely fixed; maintained; not easily bypassed or disabled; and do not restrict the operators view or increase risk to health or safety? |  |  | **🗸** |  |
| **11.4** | Are guards and protection devices suitable and sufficient for the purpose for which they are provided? |  |  | **🗸** |  |

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| **Regulation 12 – Protection against specified hazards** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **12.1** | Have measures to ensure that equipment operators’ exposure to any risk to their health or safety from specified hazards addressed in regulation 11.3 below is either prevented or adequately controlled? | **🗸** |  |  |  |
| **12.2** | If so, have the risks associated with those specified hazards been adequately controlled ‘So far as is reasonably practicable’, by means other than PPE, information, instruction, training or supervision? | **🗸** |  |  |  |
| **12.3** | Is there protection from: materials or substances being ejected; material/equipment rupturing or disintegrating; fire or overheating; discharge of hazardous substances or explosion from the equipment? |  |  | **🗸** |  |
| **Regulation 13 – High or very low temperature** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **13.1** | Where appropriate, are all parts of work equipment, articles or substances in the equipment that are at high or very low temperature protected to prevent burns, scald or sear? |  |  | **🗸** |  |
| **Regulation 14 – Controls for starting or making a significant change in operating conditions** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **14.1** | Is the equipment fitted with start, stop or operating condition controls for change there in the speed, pressure or other operating conditions? | **🗸** |  |  |  |
| **14.2** | Can starting take place without a deliberate action to operate? |  | **🗸** |  |  |
| **14.3** | Will the machine restart automatically? If mode selector switches affect safety is there restricted access?  Are the controls positioned and designed correctly to prevent inadvertent or accidental operation? |  | **🗸** |  |  |
| **Regulation 15 – Stop controls** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **15.1** | Does the stop control mechanism bring the work equipment to a safe condition in a safe manner? |  |  | **🗸** |  |
| **15.2** | Does the stop control mechanism bring the work equipment to a complete stop where necessary for health and safety reasons? |  |  | **🗸** |  |
| **15.3** | Are all sources of energy switched off after stopping the equipment [Is all stored energy removed, where necessary - compressed air/ hydraulic pressure]? |  |  | **🗸** |  |
| **15.4** | Does the stop control equipment operate in priority to any controls which start or change operating conditions of the work equipment? |  |  | **🗸** |  |
| **Regulation 16 – Emergency stop controls** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **16.1** | Is the work equipment is provided with one or more readily accessible emergency stop controls? |  |  | **🗸** |  |
| **16.2** | Do all emergency stop controls which operate in priority to any other control mechanism? |  |  | **🗸** |  |

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| **Regulation 17 – Controls** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **17.1** | Are all controls for the work equipment clearly visible and identifiable, including appropriate markings where necessary? |  |  | **🗸** |  |
| **17.2** | Are control mechanisms in a safe position and are persons free from danger when operating the control and not exposed to any risk? |  |  | **🗸** |  |
| **17.3** | Can the operator ensure that from the position of the control, that no person is in a place where there is a risk? [SSOW, delayed start, appropriate warning systems & are those system in working order]? |  |  | **🗸** |  |
| **17.4** | Does any person who is in a place where they would be exposed to a risk as a result of the starting or stopping of the work equipment have sufficient time and suitable means to avoid that risk? |  |  | **🗸** |  |
| **Regulation 18 – Controls** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **18.1** | Are all control systems safe and do they allow for failures, faults and constraints to be expected in the planned circumstance of use, with no increased risk to health and safety? |  |  | **🗸** |  |
| **18.2** | Does a failure of any part of the control system or its power supply lead to a ‘fail-safe’ condition, which will not impede the operation of the ‘stop’ or ‘emergency stop’ controls? |  |  | **🗸** |  |
| **Regulation 19 – Isolation from sources of energy** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **19.1** | Are there suitable means to isolate the equipment from all sources of energy? |  |  | **🗸** |  |
| **19.2** | Are the means of isolation clearly identifiable and are they accessible? |  |  | **🗸** |  |
| **19.3** | Are there appropriate measures to ensure that re-connection of any energy source to the equipment does not expose any person to a risk of injury? [e.g. reconnection initiating unintentional movement], |  |  | **🗸** |  |
| **Regulation 20 – Stability** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **20** | Is the equipment stabilised by clamping, bolted to the floor or otherwise where necessary to prevent risk of injury? |  |  | **🗸** |  |
| **Regulation 21 – Lighting** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **21** | Is there suitable and sufficient lighting, provided for the operations to be carried out, and the place where a person uses work equipment? [local lighting may be required on certain machines]. |  |  | **🗸** |  |

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| **Regulation 22 – Maintenance operations** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **22** | Can maintenance carried out while the equipment is shut down? If not is maintenance carried out without exposing persons to risk and are there measures in place to reduce the risk of injury? |  |  | **🗸** |  |
| **Regulation 23 – Markings** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **23** | Is the equipment appropriately marked for health and safety purposes? [emergency stop, speed levels, flow/rotational direction etc.] Do all markings comply with Safety Signs and Signals Regulations 1998? |  |  | **🗸** |  |
| **Regulation 24 – Warnings** | | **Y** | **N** | **N/A** | **Comments / Action Required** |
| **24** | Are all warnings and warning devices unambiguous, easily understood, easily perceived? [e.g. audible visible warnings signs complying with the Safety Signs and Signals Regulations 1998] |  |  | **🗸** |  |

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| **Assessors Confirmation** | | |
| **I have carried out this assessment on this work equipment and have made recommendations to be taken to achieve compliance, based on my findings on the day of the assessment** | | |
| **Name: L Ratcliff** | **Signature:** | **Date: 04/10/2023** |

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| **Risk Assessment IMD 010 to be carried out after PUWER Assessment IMD 005 has been completed.** |