| **General Information** | |
| --- | --- |
| Name of asset: | Date of Purchase: |
| Location: | Date of assessment: |
| Name of assessor: | Owner/user of asset: |
| Serial number: | Date of handover: |
| Photo of asset: | |

If “yes” is the answer to a question in the checklist, the plant, parts of the plant and/or the situation associated with the hazard should be written in the space provided.

| **Entanglement** | **Yes** | **No** | **NA** | **Comments** | | |
| --- | --- | --- | --- | --- | --- | --- |
| Can anyone’s hair, clothing, gloves, necktie, jewellery, cleaning brushes, rags or other materials become entangled with moving parts of the plant, or materials in motion? |  |  |  |  | | |
| **Crushing** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be crushed due to: |  |  |  |  | | |
| a. Material falling off the plant? |  |  |  |  | | |
| b. Uncontrolled or unexpected movement of the plant or its load? |  |  |  |  | | |
| c. Lack of capacity for the plant to be slowed, stopped, or immobilised? |  |  |  |  | | |
| d. The plant tipping or rolling over? |  |  |  |  | | |
| e. Parts of the plant collapsing? |  |  |  |  | | |
| **Cutting, stabbing, and puncturing** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be cut, stabbed, or punctured due to: |  |  |  |  | | |
| a. Coming into contact with sharp or flying objects? |  |  |  |  | | |
| b. Coming into contact with moving parts of the plant during testing, inspection, operation, maintenance, cleaning, or repair of the plant? |  |  |  |  | | |
| c. The plant, parts of the plant or work pieces disintegrating? |  |  |  |  | | |
| d. Work pieces being ejected? |  |  |  |  | | |
| e. The mobility of the plant? |  |  |  |  | | |
| f. Uncontrolled or unexpected movement of the plant? |  |  |  |  | | |
| g. Other factors not mentioned? |  |  |  |  | | |
| **Shearing** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone’s body parts be sheared between two parts of the plant, or between a part of the plant and a work piece or structure? |  |  |  |  | | |
| **Friction** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be burnt due to contact with moving parts or surfaces of the plant, or material handled by the plant? |  |  |  |  | | |
| **Striking** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be struck by moving objects due to: |  |  |  |  | | |
| a. Uncontrolled or unexpected movement of the plant or material handled by the plant? |  |  |  |  | | |
| b. The plant, parts of the plant or work pieces disintegrating? |  |  |  |  | | |
| c. Work pieces being ejected? |  |  |  |  | | |
| d. Mobility of the plant? |  |  |  |  | | |
| e. Other factors not mentioned? |  |  |  |  | | |
| **High Pressure Fluid** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone come into contact with fluids under high pressure, due to plant failure or misuse of the plant? |  |  |  |  | | |
| **Electrical** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be injured by electrical shock or burnt due to: |  |  |  |  | | |
| a. The plant contacting live electrical conductors? |  |  |  |  | | |
| b. The plant working within proximity to electrical conductors? |  |  |  |  | | |
| c. Overload of electrical circuits? |  |  |  |  | | |
| d. Damaged or poorly maintained electrical leads and cables? |  |  |  |  | | |
| e. Damaged electrical switches? |  |  |  |  | | |
| f. Water near electrical equipment? |  |  |  |  | | |
| g. Lack of isolation procedures? |  |  |  |  | | |
| h. Other factors not mentioned? |  |  |  |  | | |
| **Explosion** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be injured by explosion of gases, vapours, liquids, dusts, or other substances, triggered by the operation of the plant or by material handled by the plant? |  |  |  |  | | |
| **Tripping, slipping, and falling** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone using the plant, or in the vicinity of the plant, slip, trip or fall due to: |  |  |  |  | | |
| a. Uneven or slippery work surfaces? |  |  |  |  | | |
| b. Poor housekeeping, e.g., swarf in the vicinity of the plant, spillage not cleaned up? |  |  |  |  | | |
| c. Obstacles being placed in the vicinity of the plant? |  |  |  |  | | |
| d. Other factors not mentioned? |  |  |  |  | | |
| Can anyone fall from a height due to: |  |  |  |  | | |
| a. Lack of a proper work platform? |  |  |  |  | | |
| b. Lack of proper stairs or ladders? |  |  |  |  | | |
| c. Lack of guardrails or other suitable edge protection? |  |  |  |  | | |
| d. Unprotected holes, penetrations, or gaps? |  |  |  |  | | |
| e. poor floor or walking surfaces, such as the lack of a slip-resistant surface? |  |  |  |  | | |
| f. steep walking surfaces? |  |  |  |  | | |
| g. Collapse of the supporting structure? |  |  |  |  | | |
| h. Other factors not mentioned? |  |  |  |  | | |
| **Ergonomic** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be injured due to: |  |  |  |  | | |
| a. Poorly designed seating? |  |  |  |  | | |
| b. Repetitive body movement? |  |  |  |  | | |
| c. Constrained body posture or the need for  Excessive effort? |  |  |  |  | | |
| d. Design deficiency causing mental or  Psychological stress? |  |  |  |  | | |
| e. Inadequate or poorly placed lighting? |  |  |  |  | | |
| f. Lack of consideration given to human error or human behaviour? |  |  |  |  | | |
| g. Other factors not mentioned? |  |  |  |  | | |
| **Suffocation** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be suffocated due to lack of oxygen, or atmospheric contamination? |  |  |  |  | | |
| **High temperature or fire** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone come into contact with objects at high temperatures? |  |  |  |  | | |
| Can anyone be injured by fire? |  |  |  |  | | |
| **Temperature (thermal comfort)** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone suffer ill-health due to exposure to high or low temperatures? |  |  |  |  | | |
| **Other hazards** | **Yes** | **No** | **NA** | **Comments** | | |
| Can anyone be injured or suffer ill-health from exposure to: |  |  |  |  | | |
| a. Chemicals? |  |  |  |  | | |
| b. Toxic gases or vapours? |  |  |  |  | | |
| c. Fumes? |  |  |  |  | | |
| d. Dust? |  |  |  |  | | |
| e. Noise? |  |  |  |  | | |
| **Corrective Action** | | | | | | |
| **Action** | **Who is responsible** | | | | **Due date** | **Completed** |
|  |  | | | |  | ☐Yes ☐No |
|  |  | | | |  | ☐Yes ☐No |