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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **092RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Materials Handling** |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | **Step 2: Assess the risks:**What do you believe are the risks?(Refer *Risk Assessment Guideline (015G)*) | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?(Refer *Risk Assessment Guideline (015G)*) |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| **Hazardous Manual Tasks*** Awkward postures, repetitive movement, lift/push/pulling)
 | * Twisting, bending, reaching, lifting and pulling when unloading, receiving loads
* Musculoskeletal injuries
* Sprains
* Strains
* Repetitive Strain Injury (RSI)
* Slips, trips, falls
 | * Work Instructions’ in place for tasks
* Tables and trolleys for movement and sorting of loads
* Forklifts / Mechanical aids
 |
| **Gravity*** Slip trip fall

 | * Leakage from delivered load
* Poor housekeeping
 | * PPE provided for all tasks – Wet floor signs
* Wet floor cleaned as soon as occurs
* Spill Kit
* Work Instructions’ in place for tasks
* Non slip footwear must be worn
* Delivered items stored correctly
 |
| **Hazardous Chemicals*** Dangerous goods
* Irritants, skin contact
* Spill potential
 | * Exposure to chemicals that are delivered and handled
 | * Work Instructions’ in place for tasks
* PPE provided for all tasks – Gloves, safety glasses, aprons
* Chemical Training
* Chemical Risk Assessments – use of least hazardous and dangerous chemicals
* Safety Data Sheets (SDS)
* Spill Kits
 |
| **Machinery & Equipment*** Incorrect use of equipment
* Failure of equipment
 | * Equipment failure
* Sprains / Strains
* Lacerations
 | * Competent persons to use equipment only
* Equipment on maintenance schedule
 |
| **Other** |  |  |

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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**(Refer to hazard sheet)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |