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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **096RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **High Pressure Cleaner** | | |
| **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 Task**   * Sustained or awkward postures; * Not operating on level ground * Continuous use of equipment * Incorrect use of equipment * Incorrect lifting of equipment | | * Sprains & strain | | * Work Instructions * Task Rotation | | |
| **Electricity**   * Electric short * Faulty equipment * Submerging equipment * Not isolating equipment prior to maintenance | | * Electric shock * Burn * Fire | | * Visual Inspection of equipment prior to use * Cords that meet the required protection levels against the ingress of water vapour or overspray * Schedule of maintenance * Only trained competent persons to conduct maintenance on equipment | | |
| **Machinery & Equipment**   * Not using PPE * Mishandling of nozzle * Lack of knowledge | | * Laceration * Electric shock * Burn | | * Personal Protective Equipment (PPE) e.g. boots, gloves, long pants, safety glasses/goggles and hearing protection * Visual inspection of equipment prior to use * Cords that meet the required protection levels against the ingress of water vapour or overspray * Use of correct nozzle for required activity * Area shielded, protected or cordoned off * Schedule of maintenance * Only trained competent persons to conduct maintenance on equipment | | |
| **Hazardous Chemical**   * Incorrect use of chemicals | | * Chemical Burn * Dermatitis * Asthma * Inhalation | | * Personal Protective Equipment (PPE) e.g. boots, gloves, long pants, safety glasses/goggles and hearing protection * Area shielded, protected or cordoned off | | |
| **Gravity**   * Slippery surface | | * Slip Trip Falls * Sprain / Strain * Bruising * Laceration * Fracture | | * Area shielded, protected or cordoned off * Wet floor signage * Do not operate when on a ladder, always operate when on firm ground | | |
| **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:** |  |