

PLANT - RISK ASSESSMENT AND MANAGEMENT SUMMARY

File reference:	Date of Assessment:
Person conducting Risk Assessment & Position:	
Name of budget manager/supervisor (responsible officer)	
Position:	
Telephone Number: +61 2 6125 _____	
Specify College/Department/ Faculty/budget area/Research group at ANU Canberra, ACT, 0200 Australia):	
Emergency Contact Person:	Emergency Telephone Number: +61 2 6125 _____
IDENTIFICATION	
Item of Plant assessed:	
Product Name:	Model Number: Serial Number: Year of Manufacture:
Intended Use: <input type="checkbox"/> On campus/other:	Design/Performance Parameters: Appearance: Safe working load limit: _____ Electrical power supply: _____ Operating electrical supply: _____ Operating conditions - Temperature: ____ to ____ °C Humidity: ____ to ____ %RH Electromagnetic fields: _____ (upper limits) Other:
Construction Parameters:	Construction materials:
Total equipment weight:	
Constructed and tested to achieve less than: (Mark as "not known" if not tested to a standard, or 'NA' if not applicable)	
Noise level:	_____ dBA
Vibration:	_____ dB
Light/Ultraviolet/Infrared:	
Ionizing Radiation levels:	_____ Gy or Sv @ 1 m
Radio frequency Electromagnetic radiation:	
Other	

HAZARD INFORMATION	The plant must be assessed against the hazards listed for the likelihood of harm to plant operators and persons working in close proximity.			
Hazard↓	Likelihood of harm to people and near environment↓ (✓ Applicable risk rating)			
(✓ if present)	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
Entanglement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stabbing/Puncturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friction/abrasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tearing/Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Striking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ejection of piece/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Pressure Fluid/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shattering/Fragmentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slipping/tripping/falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffocation/confined or enclosed space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to significant noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to ionizing radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to EM Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Ultraviolet, light, Infrared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constrained posture/excessive effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awkward access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Hazard Level of the Plant (CIRCLE) For medium or high hazard plant, complete the risk assessment section and document risk controls.	Not Significant	Low	Medium	High

RISK ASSESSMENT FOR PLANT USE													
To determine the risk rating, consider the interaction of the identified hazards, its operator/s and environment in the use of the plant to identify the likelihood and consequences of an incident occurring.													
Hazard Identified (list)	1 Consequence of harm				2 Likelihood of incident				3 Risk Rating				
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
Codes:	(Mn-Minor, Mod-Moderate, Mj-Major, C-Catastrophic)				(U-Unlikely, P-Possible, L-Likely, C-almost Certain)				(L-Low, M-Medium, H-High, E-Extreme)				
OVERALL RISK CATEGORY FOR PLANT USE: (circle)	A (low risk)				C (high risk)								
	B (medium risk)				D (extreme risk)								
RECOMMENDED RISK CONTROL/S (list by priority) Consider known risk controls and the context of existing controls. Detail who is responsible for implementation, any specialist advice sourced and location of technical reports. (Attach separate sheets as required)													
RE-EVALUATION OF CONTROL/S Date: _____ Person conducting assessment: _____													
Remaining or new Hazard/s (list)	1 Consequence of harm				2 Likelihood of incident				3 Risk Rating				
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
	Mn	Mod	Mj	C	U	P	L	C	L	M	H	E	
REVISED RISK CATEGORY (if applicable): Additional Control/s required: <input type="checkbox"/> No <input type="checkbox"/> Yes (list):													
RESIDUAL RISK/S, REASON AND RECOMMENDED MANAGEMENT													
Responsible Officer to complete:													
Have the risk been reduced to an acceptable level?				<input type="checkbox"/> YES									
				Signature:									
<input type="checkbox"/> NO				Name:									
Revise section: Re-evaluation of controls				Position									

OPERATING INSTRUCTIONS	
Complete this section with reference to identified risk controls; include this information in the standard operating procedures or induction.	
PRECAUTIONS - Specify operational limits and conditions for the following (enter NA if not applicable)	
Noise levels: Allowed - L_{peak} 140 dBC , $L_{Aeq, 8 hr}$ 85 dBA	
Vibration:	
Light/Ultraviolet/Infrared:	
Ionizing radiation levels	_____ Gy or Sv @ 1 m
Radio frequency electromagnetic radiation:	
Housing/environmental requirements:	
Personal Protection Equipment requirement:	
Storage and transport:	
Disposal:	
Fire/explosion hazard:	
OPERATIONAL GUIDELINES FOR THE PLANT	
Competency of the operator, maintenance and cleaning staff	
Service, testing and inspections required, along with the appropriate interval	
Guards and other control measures	
Emergency procedures	
Registration and/or licensing of plant	
Other Information	