

HAZARD CHECKLIST

Use this checklist to identify hazards in new and existing plant and to assist when considering plant to purchase.

From managing the risks of plant in the workplace Code of Practice, Safe Work Australia, March 2016.

Assessed by: _____ Date: _____

Description of plant: _____

Activities (e.g. use, cleaning and maintenance): _____

'Yes' to any of the following indicates the need to implement appropriate control measures.

Entanglement	Yes	No
Can a person's hair, clothing, gloves, necktie, jewellery, cleaning brush or rag or become entangled with moving parts?	<input type="checkbox"/>	<input type="checkbox"/>
Crushing	Yes	No
Can anyone be stabbed or punctured due to:		
• material falling off the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• uncontrolled or unexpected movement of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• lack of capacity for the plant to be slowed, stopped or immobilised?	<input type="checkbox"/>	<input type="checkbox"/>
• the plant tipping or rolling over?	<input type="checkbox"/>	<input type="checkbox"/>
• parts of the plant collapsing?	<input type="checkbox"/>	<input type="checkbox"/>
• coming into contact with moving parts of the plant during testing, inspection, operation, maintenance, cleaning or repair?	<input type="checkbox"/>	<input type="checkbox"/>
• being thrown off or under plant?	<input type="checkbox"/>	<input type="checkbox"/>
• being trapped between the plant and materials or fixed structures?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CHECKLIST CONTINUED

Cutting, stabbing or puncturing	Yes	No
Can anyone be stabbed or punctured due to:		
• coming in contact with sharp or flying objects?	<input type="checkbox"/>	<input type="checkbox"/>
• coming in contact with moving parts during testing, inspection, operation, maintenance, cleaning or repair?	<input type="checkbox"/>	<input type="checkbox"/>
• the plant, parts of the plant or work pieces disintegrating?	<input type="checkbox"/>	<input type="checkbox"/>
• work pieces being ejected?	<input type="checkbox"/>	<input type="checkbox"/>
• the mobility of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• uncontrolled or unexpected movement of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Shearing	Yes	No
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?	<input type="checkbox"/>	<input type="checkbox"/>
Can anyone be struck by moving objects due to:		
• uncontrolled or unexpected movement of the plant or material handled by the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• the plant, parts of the plant or work pieces disintegrating?	<input type="checkbox"/>	<input type="checkbox"/>
• work pieces being ejected?	<input type="checkbox"/>	<input type="checkbox"/>
• mobility of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• uncontrolled or unexpected movement of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
High Pressure Fluid	Yes	No
Can anyone come into contact with fluids under high pressure, due to plant failure or misuse of the plant?	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CHECKLIST CONTINUED

Electrical	Yes	No
Can anyone be injured by electrical shock or burnt due to:		
• the plant contacting live electrical conductors?	<input type="checkbox"/>	<input type="checkbox"/>
• the plant working in close proximity to electrical conductors?	<input type="checkbox"/>	<input type="checkbox"/>
• overload of electrical circuits?	<input type="checkbox"/>	<input type="checkbox"/>
• damaged or poorly maintained electrical leads and cables?	<input type="checkbox"/>	<input type="checkbox"/>
• damaged electrical switches?	<input type="checkbox"/>	<input type="checkbox"/>
• water near electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
• lack of isolation procedures?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Explosion	Yes	No
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?		
Can anyone using the plant, or in the vicinity of the plant, slip, trip or fall due to:		
• uneven or slippery work surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
• poor housekeeping e.g. offcuts, cables, hoses obstructing walkways, spills not cleaned up?	<input type="checkbox"/>	<input type="checkbox"/>
• obstacles being placed in the vicinity of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Can anyone fall from a height due to:		
• lack of a proper work platform?	<input type="checkbox"/>	<input type="checkbox"/>
• lack of proper stairs or ladders?	<input type="checkbox"/>	<input type="checkbox"/>
• lack of guardrails or other suitable edge protection?	<input type="checkbox"/>	<input type="checkbox"/>
• unprotected holes, penetrations or gaps?	<input type="checkbox"/>	<input type="checkbox"/>
• poor floor or walking surfaces, such as the lack of a slip-resistant surface?	<input type="checkbox"/>	<input type="checkbox"/>
• steep walking surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
• collapse of the supporting structure?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CHECKLIST CONTINUED

Ergonomic	Yes	No
Can anyone be injured due to:		
• poorly designed seating?	<input type="checkbox"/>	<input type="checkbox"/>
• poorly designed operator controls?	<input type="checkbox"/>	<input type="checkbox"/>
• high forces?	<input type="checkbox"/>	<input type="checkbox"/>
• repetitive movements?	<input type="checkbox"/>	<input type="checkbox"/>
• awkward body posture or the need for excessive effort?	<input type="checkbox"/>	<input type="checkbox"/>
• vibration?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Combination of hazards	Yes	No
Can anyone be injured due to unexpected start-up, unexpected over-run/over-speed (or similar malfunction) from:		
• failure/disorder of the control system, for example a hydraulic system?	<input type="checkbox"/>	<input type="checkbox"/>
• restoration of energy supply after an interruption?	<input type="checkbox"/>	<input type="checkbox"/>
• external influences on electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
• damaged or poorly maintained electrical leads and cables?	<input type="checkbox"/>	<input type="checkbox"/>
• other environmental factors (gravity, wind, etc)	<input type="checkbox"/>	<input type="checkbox"/>
• errors in the software?	<input type="checkbox"/>	<input type="checkbox"/>
• errors made by the operator?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CHECKLIST CONTINUED

Other hazards	Yes	No
Can anyone be injured due to:		
• noise?	<input type="checkbox"/>	<input type="checkbox"/>
• inadequate or poorly placed lighting?	<input type="checkbox"/>	<input type="checkbox"/>
• entry into any confined spaces of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• failure to select plant that is suitable for its intended use?	<input type="checkbox"/>	<input type="checkbox"/>
• contact with hot or cold parts of the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• exposure to hazardous chemicals, radiation or other emissions released by the plant?	<input type="checkbox"/>	<input type="checkbox"/>
• lack of operator competency?	<input type="checkbox"/>	<input type="checkbox"/>
• other factors not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>

Standard Operating Procedures (SOPs)

Register for Dairy Passport to access industry generated SOPs to tailor for your farm business – dairypassport.com.au