OHS&E Risk Assessment/SWMS – Powered Mobile Plant

Work Activity			
Principal Contractor's Name:		**Project Reference #:**	
Contractor Name:		**ABN:**	
Contractor Address:		**Foreman and contact number:**	
Prepared By:			
Name 1: **Signature:** **Position:**		**Name 2:** **Signature:** **Position:**	
Received and reviewed by:			
Name:	**Signature:**	**Position:**	**Date:**
Date work method prepared: (must be within last 12 months)		**Date work to be commenced:**	
Actions before work commences: (e.g. signage, bunting, demarcation, isolation)			
Action during work:			
Actions after work is complete:			

Supervision:	**Engineering details/certificates/ authority approval required:**
Personnel qualification & experience required:	**Permits e.g. excavation, hot work etc:**
Training and instruction:	**Warning signs and control measures:**
Plant, equipment & materials to be used and the maintenance checks to be completed (details at back of SWMS also): • Loader •	**Personal protective equipment requirements:**
Legislation, codes of practice, standards applicable:	**List of attachments (e.g. material safety data sheets, diagrams etc):**

RISK SIGNIFICANCE (Level of Risk)

C = Consequence	L = Likelihood	
5 = Catastrophic Death, disablement, significant incident, unacceptable risk, significant financial cost.	**5 = Almost Certain** Could occur in most circumstances	**Risk control legend**
4 = Major Extensive injuries leading to lost time, major risk-damage to plant and equipment, major financial cost for repairs/reinstatement.	**4 = Likely** May probably occur in most circumstances	**16-25** Cease activity immediately and implement risk controls before commencing work activities. Make the work area safe & consult with competent/qualified personnel.
3 = Moderate Medical treatment, medium risk-damage to plant and equipment, medium financial cost for repairs/reinstatement.	**3 = Possible** May occur at some time	**10-15** Plan and implement risk control measures after performing a Step Back 5 X 5 risk assessment. Seek advice from the manufacturer if any doubt exists.
2 = Minor First Aid treatment, minor risk-damage to plant and equipment, minor financial cost for repairs/reinstatement.	**2 = Unlikely** Could occur at some time	**6-9** No immediate risk. Assess overall risk in line with resources, instruction manual, and manufacturer's advice.
1 = Insignificant: No injuries, slight damage, low financial cost for repairs/reinstatement.	**1 = Rare** May occur only in exceptional circumstances	**1-4** Accept level of risk

Likelihood (L)	Consequences (C)				
	5 Catastrophic	4 Major	3 Moderate	2 Minor	1 Insignificant
5 – Almost Certain			15	10	
4 – Likely			12		
3 – Possible	15	12			
2 – Unlikely	10				
1 – Rare					

ITEM #	WHAT ARE THE BASIC STEPS (List steps in logical sequence & include materials, equipment etc)	POTENTIAL HAZARDS (What may cause an injury/illness to occur)	RAW RISK RANKING L C R	HAZARD CONTROLS (What controls will be put in place to prevent an injury/illness) N.B. Control measures must not raise or create an increased risk	RESIDUAL RISK RANKING L C R	WHO WILL MONITOR & ENSURE THAT THIS IS DONE