



## PROVISION AND USE OF WORK EQUIPMENT RISK ASSESSMENT

1 Assessment Details			
Item of Work Equipment: _____			
Make:		Model:	
Type:		Serial No:	
Assessor:	Name: _____	Manager's Name:	_____
	Signature: _____	Signature:	_____
	Date: _____	Date:	_____
	Date of next assessment: _____		

2 Suitability of work equipment			
		Yes	No
2.1	Is the equipment suitable for the purpose?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Is the equipment suitable to be used in the conditions available?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Who or what ensures that it is only used in suitable working conditions?		
Notes/Action to be taken ....			

3 Maintenance of work equipment			
		Yes	No
3.1	Is the equipment maintained in good working order and good repair?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Does the equipment have a maintenance log?	<input type="checkbox"/>	<input type="checkbox"/>

4 Specific risks with work equipment			
		Yes	No
4.1	Is the use of the equipment restricted to those personnel designated to use it?	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Is the repair, modification or servicing of the equipment restricted to those personnel designated to carry this out?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

5 Information and Instruction			
		Yes	No
5.1	Are those using the equipment provided with sufficient information and written instructions to do so safely?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Are those supervising the use of the equipment provided with sufficient information and written instructions to do so safely?	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Does the information supplied contain written instructions relating to the <b>conditions</b> in which the equipment may be used?	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Does the information supplied contain written instructions relating to the <b>methods</b> by which the equipment may be used?	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Does the information contain written instructions about <b>abnormal and foreseeable conditions</b> where the equipment may be used?	<input type="checkbox"/>	<input type="checkbox"/>
5.6	Are the instructions easily understood?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

6 Training			
		Yes	No
6.1	Has everyone using the equipment been adequately trained regarding safe methods of use, the risks entailed and precautions to be taken?	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Have supervisors been adequately trained regarding safe methods of use, the risks entailed and precautions to be taken?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

7 Dangerous parts of machinery			
		Yes	No
7.1	Is access to dangerous parts of machinery effectively prevented?	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Are there effective means of stopping dangerous machinery before a person enters the danger zone?	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Has this been achieved by provision of fixed guards?	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Has this been achieved by the use of interlock guards or two handled controls, etc?	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Are the operators kept remote from machinery by means of push sticks, jigs, etc?	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Has adequate information, instruction and supervision been provided to ensure effective protection?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

8 Guards and protection devices			
		Yes	No
8.1	Are these all suitable for the purpose?	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Are they of good construction, sound and of adequate strength?	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Are they maintained properly, in good working order and repair?	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Do they create any additional hazards for the user?	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Is it possible to by-pass or disable them easily?	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Are they sufficiently far from the danger zone to prevent access or injury?	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Do they restrict the view of the operating cycle of the machinery?	<input type="checkbox"/>	<input type="checkbox"/>
8.8	If so, does this restriction create additional hazards or present unnecessary risks to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

9 Protection against specific hazards			
		Yes	No
9.1	Have measures been taken to protect users from articles or substances being ejected from the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Have measures been taken to protect users from rupture or disintegration of parts of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Have measures been taken to protect users from the risk of fire or overheating in the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Have measures been taken to protect users from the risks of unintentional or early discharge of gas, dust, liquid or vapour?	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Have measures been taken to protect users from the risk of explosion in the work equipment or item being worked upon?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

10 Temperature controls			
		Yes	No
10.1	Is the work equipment or are any of the articles used, produced or stored, capable of excessive heat?	<input type="checkbox"/>	<input type="checkbox"/>
10.2	If so, are there protection measures to prevent injury from burning, scalding or searing?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

11 Control measures			
		Yes	No
11.1	Does the equipment have one or more controls for starting or re-starting after any stoppage?	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Does the equipment have one or more controls for changing the speed, pressure or other operating conditions?	<input type="checkbox"/>	<input type="checkbox"/>
11.3	If so, does the change create an increased risk to the user of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
11.4	Is it possible to start, re-start or alter the operation of the equipment by any means other than a deliberate action by the user?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

12 Stop controls			
		Yes	No
12.1	Is the equipment fitted with appropriate and accessible controls which will stop the equipment in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Do the controls bring equipment to a complete stop where necessary for health and safety reasons?	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Do the controls switch off all sources of energy after stopping, where necessary for health and safety reasons?	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Do these controls override any other which might start or change the operating conditions of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

<b>13 Emergency stop controls</b>			
		<b>Yes</b>	<b>No</b>
13.1	Is the equipment fitted with appropriate and easily accessible emergency stop controls?	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Do these emergency stop controls override any normal control?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

<b>14 Controls</b>			
		<b>Yes</b>	<b>No</b>
14.1	Are all controls clearly visible, easily identified and appropriately marked?	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Are the controls positioned so that they can be safely operated by the user?	<input type="checkbox"/>	<input type="checkbox"/>
14.3	Can anyone else be placed at risk whilst using the controls and does the user have a good view of the operational area?	<input type="checkbox"/>	<input type="checkbox"/>
14.4	Are there effective systems of work in place to ensure that no-one is placed at risk as a result of the equipment starting?	<input type="checkbox"/>	<input type="checkbox"/>
14.5	Are there any audible or visual alarms to warn that equipment is about to start?	<input type="checkbox"/>	<input type="checkbox"/>
14.6	Are there effective means to warn anyone at risk that the equipment is about to start or stop, perhaps exposing them to injury?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

<b>15 Control systems</b>			
		<b>Yes</b>	<b>No</b>
15.1	Are the systems safe?	<input type="checkbox"/>	<input type="checkbox"/>
15.2	Do they allow for failures, faults and constraints expected in the planned use of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
15.3	Do they increase the risks to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
15.4	Do they ensure that faults or damage in the control system or a loss of energy source will not increase the risk to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
15.5	Do they impede the operation of any stop control or emergency stop control?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

<b>16 Isolation from sources of energy</b>			
		<b>Yes</b>	<b>No</b>
16.1	Are there suitable and appropriate means of isolating the equipment from its source of power?	<input type="checkbox"/>	<input type="checkbox"/>
16.2	Are they clearly identifiable and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
16.3	Are measures in place to ensure that the reconnection of power will not expose the user to any risk to health or safety?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

17 Stability			
		Yes	No
17.1	Is the work equipment stable whilst in use?	<input type="checkbox"/>	<input type="checkbox"/>
17.2	Are clamps available and used to improve stability?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

18 Lighting			
		Yes	No
18.1	Is the lighting in the area where the equipment is used, sufficient and suitable for the task?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

19 Maintenance operations			
		Yes	No
19.1	Is the equipment shut down during maintenance operations?	<input type="checkbox"/>	<input type="checkbox"/>
19.2	Is the equipment suitably constructed or adapted to allow maintenance to be carried out without risk to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
19.3	If the equipment is not shut down during maintenance, are there procedures in place for this to be carried out safely?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

20 Markings			
		Yes	No
20.1	Are notices (e.g. warning of maximum speeds of abrasive wheels or safe working loads) clearly visible and marked on the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

21 Warnings			
		Yes	No
21.1	Have warnings or warning devices been incorporated into the work equipment?	<input type="checkbox"/>	<input type="checkbox"/>
21.2	Are the warnings easily understood, unambiguous and appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
21.3	Do the signs comply with the Health & Safety (Safety Signs & Signals) Regulations 1996?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken ....			

22 Overall assessment of risk				
What is your overall assessment of the risk of injury?				
Insignificant	<input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>