

Risk Assessment Checklist

Manufacturing

ADDITIONAL INFORMATION

Do you feel that there could be a chance of an explosion?

Yes

No

NA

Please mention if any other factors were observed

textarea

If an accident occurs, what do you think would be the result of the same?

Safe

At Risk

NA

What do think could be the frequency of exposure to any Hazard be?

Safe

At Risk

NA

If a staff member is exposed to the hazard, what do you think is the probability of it leading to a consequence?

Safe

At Risk

NA

Do you feel that the risk could be eliminated

Yes

No

NA

What do think should be done to reduce the risk level?

Safe

At Risk

NA

Do you feel that the level of risk could be reduced by changing operating procedures, training, supervision, providing information?

Yes

No

NA

Do you feel that the level of risk could be reduced by wearing personal protective equipment and clothing?

Yes

No

NA

AUDIT VERIFICATION

Date

DATE

2017-01-01

Auditor's Signature

BURNING AND FRICTION CHECK

Could any of the operators be Burnt?

Safe

At Risk

NA

Did you notice if the operation of the plant was sheared?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

CRUSHING CHECK

Did you see any material falling from the plant due to high any of the employees could get crushed?

Safe

At Risk

NA

Did you feel that the plant lacked the capacity be slowed down, stopped or immobilised immediately?

Safe

At Risk

NA

Did you notice if the plant was rolling over or tipping?

Safe

At Risk

NA

Did you notice an uncontrolled or unexpected movement of the plant or its load?

Safe

At Risk

NA

Were any parts of the plant seen falling off?

Safe

At Risk

NA

Did you notice if any of the staff member was coming in contact with moving parts of the plant during testing, inspection, use, maintenance, cleaning or repair?

Safe

At Risk

NA

Was any staff member seen trapped between the plant and materials or fixed structures?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

CUTTING, STABBING AND PUNCTURING CHECK

Do you feel that any of the operators could be cut, stabbed or punctured after coming in contact with a sharp or flying objects?

Safe

At Risk

NA

Do you feel that any of the operators could come in contact with moving parts of the plant during testing, inspection, operation, maintenance, cleaning or repair of the plant?

Safe

At Risk

NA

Were any parts of the plant seen breaking apart?

Safe

At Risk

NA

Could the plant easily be moved?

Safe

At Risk

NA

Did you notice an uncontrolled or unexpected movement of the plant?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

ELECTRICAL CHECK

If the plant gets in contact with a live electrical conductors, do you think that an operator could get injured?

Safe

At Risk

NA

Did you see any electrical leads lying unattended on the ground?

Safe

At Risk

NA

Did you see any plant being operated close to an Electrical conductor?

Safe

At Risk

NA

Did you observe any plant overloaded with electrical circuits?

Yes

No

NA

Did you notice any damaged or poorly maintained electrical components or cables?

Safe

At Risk

NA

Was water seen close to any electrical equipment?

Safe

At Risk

NA

Were Isolation procedures observed missing?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

ENTANGLEMENT CHECK

Were any body parts, clothing, equipment or other materials seen coming in contact with moving parts of the plant?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

FLUID AND GASES CHECK

Do you feel that any operator in normal use, could come into contact with High pressure fluids and gases?

Safe

At Risk

NA

Do you feel that any operator could come into contact with High pressure fluid and gases incase of a plant failure?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

GASES AND VAPORS CHECK

Could the health of any staff member get affected after being exposed to Gases, vapours, liquids, dusts or other hazardous substances by the operation of the plant?

Yes

No

NA

Please mention if any other factors were observed

textarea

Please upload a relevant image

UPLOAD

LIGHTING CHECK

Was the area well lit?

Yes

No

NA

Please mention if any other factors were observed

textarea

MANUAL HANDLING CHECK

Are repetitive positions involved in the usage of the plant?

Yes

No

NA

Are High force actions needed while using the plant?

Yes

No

NA

Are jerking actions involved in plant usage?

Yes

No

NA

In association with a task, has musculoskeletal disorder ever been reported?

Yes

No

NA

Does any task require the employees to work with their hands above their shoulder?

Yes

No

NA

Please mention if any other factors were observed

textarea

NOISE LEVEL CHECK

Was the area too noisy?

Yes

No

NA

Please mention if any other factors were observed

textarea

OXYGEN LEVEL CHECK

Could lack of Oxygen suffocate any of the employees?

Yes

No

NA

Please mention if any other factors were observed

textarea

REMEDIAL ACTION

Please select the date and Mention the time

DATE

2017-01-01

Responsibility

- ☐ Health and Safety Department ☐ Blending ☐ Production ☐ Maintenance ☐ Warehouse
☐ Brewhouse ☐ Managers ☐ Line Managers ☐ Contractors

Please specify the issues and provide an update on the actions taken

textarea

SLIPS AND FALLS CHECK

Did you notice any slippery or uneven work surfaces due to which anyone operating the plant could fall or trip?

Yes

No

NA

Was the area around the plant clean and free of spillage?

Yes

No

NA

Was the area around the plant clutter free?

Yes

No

NA

Please mention if any other factors were observed

textarea

STRIKING CHECK

Do you feel if any of the operators could be struck by moving objects due to an Uncontrolled or unexpected movement of the plant or material handled by the plant?

Safe

At Risk

NA

Was a plant or its parts seen breaking apart?

Safe

At Risk

NA

Did you notice of the Work pieces were being ejected?

Safe

At Risk

NA

Was the plant mobile?

Safe

At Risk

NA

Please mention if any other factors were observed

textarea

TEMPERATURE CHECK

Did you observe any objects at high temperature that could have an effect on the health of any staff member?

Yes

No

NA

Did you observe any objects at low temperature that could have an effect on the health of any staff member?

Yes

No

NA

Please mention if any other factors were observed

textarea