## **Risk Assessment Checklist**

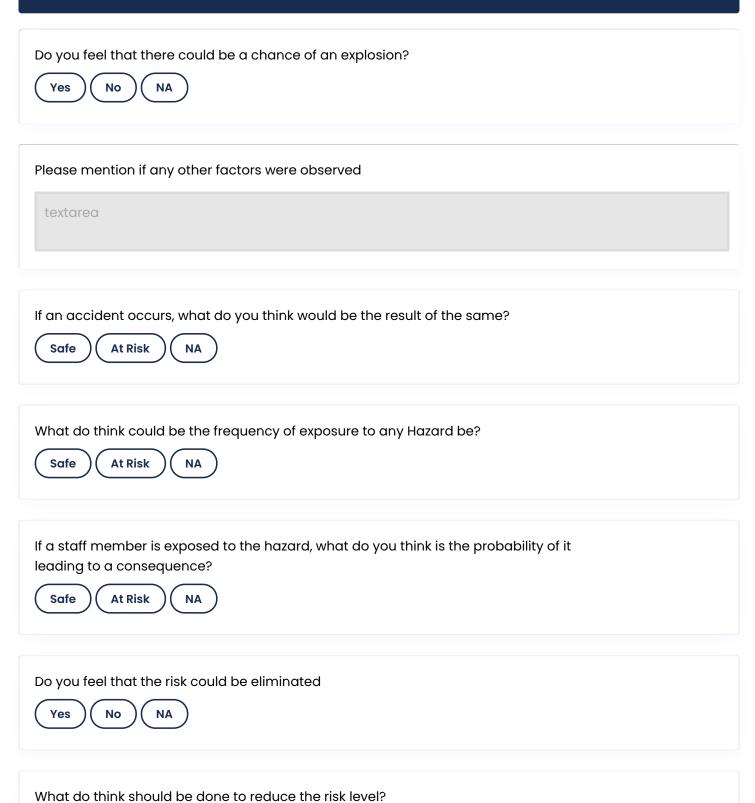
### Manufacturing

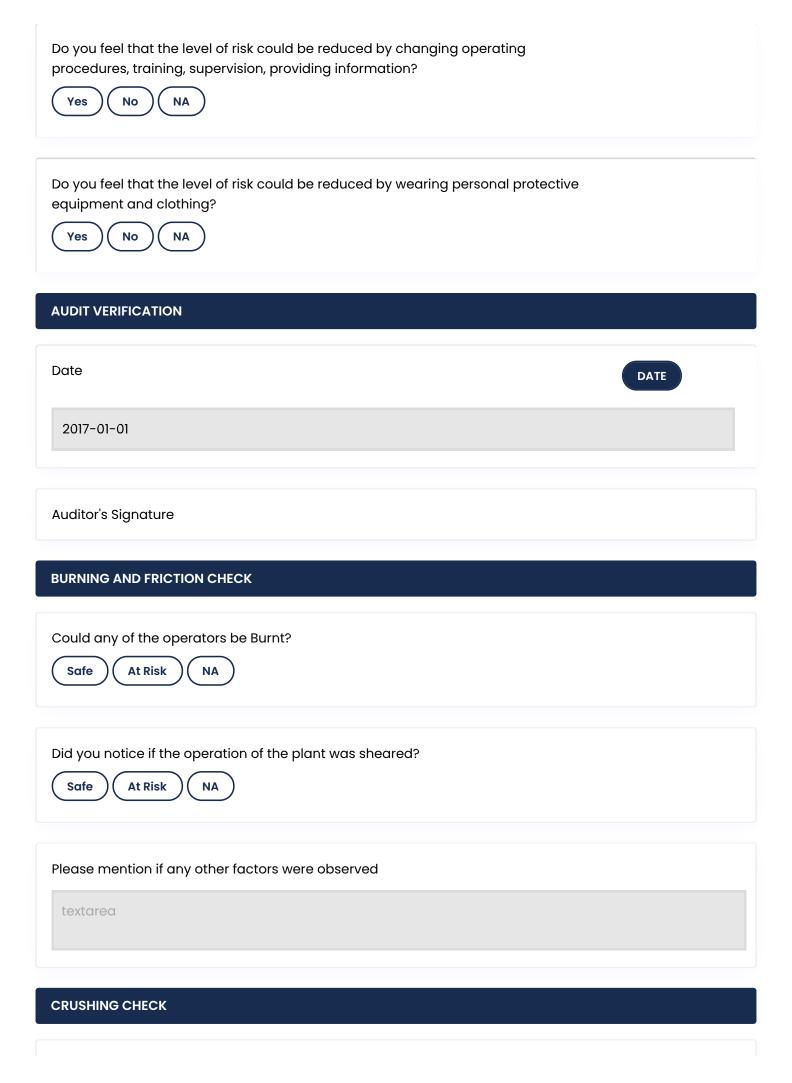
#### **ADDITIONAL INFORMATION**

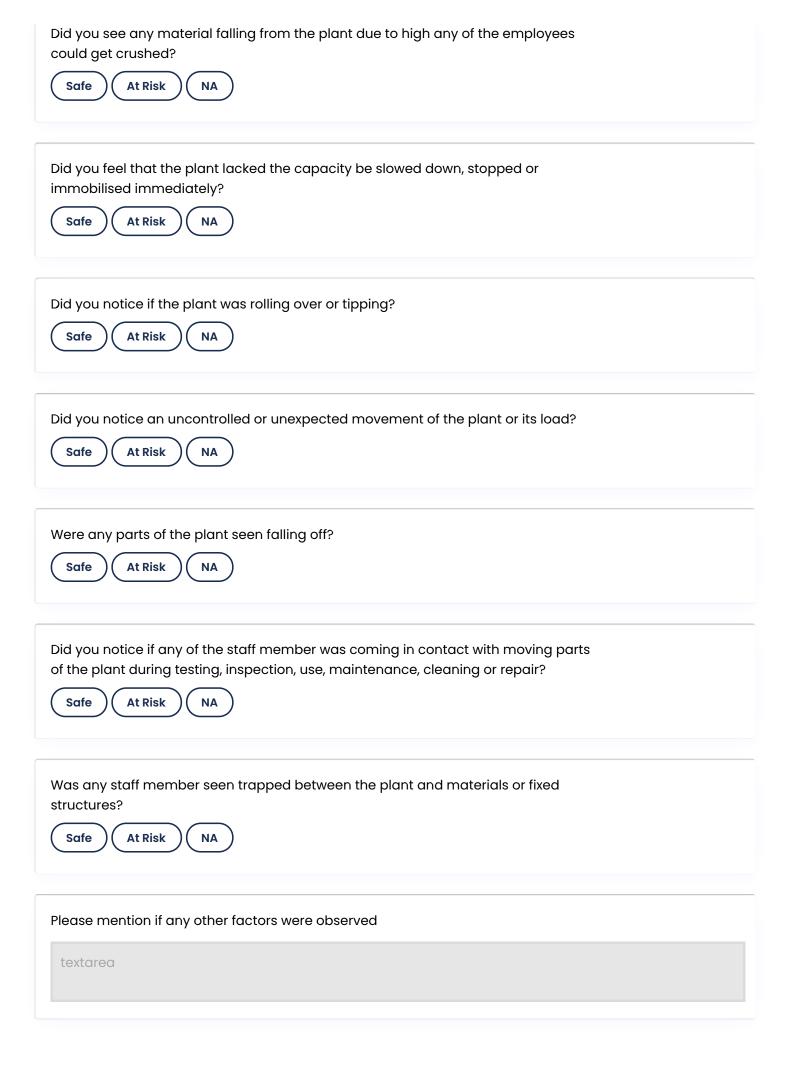
At Risk

NA

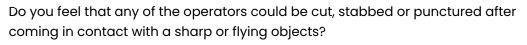
Safe







#### **CUTTING, STABBING AND PUNCTURING CHECK**



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

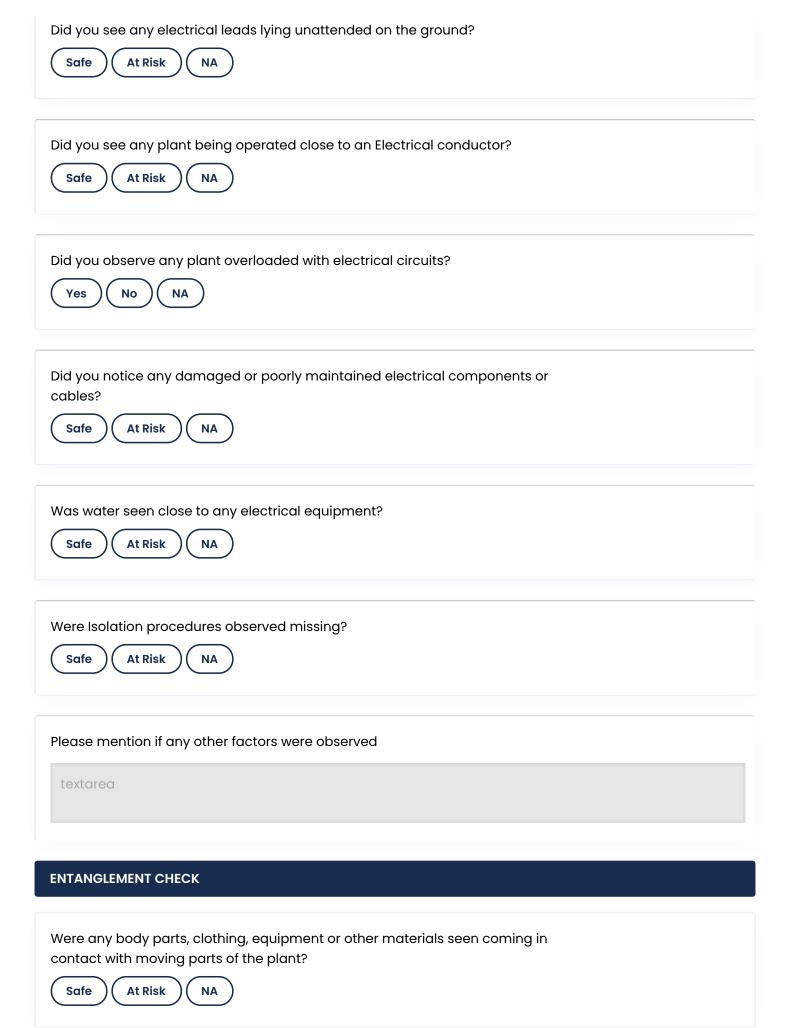
Please mention if any other factors were observed

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



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 mention if any other factors were observed

textarea

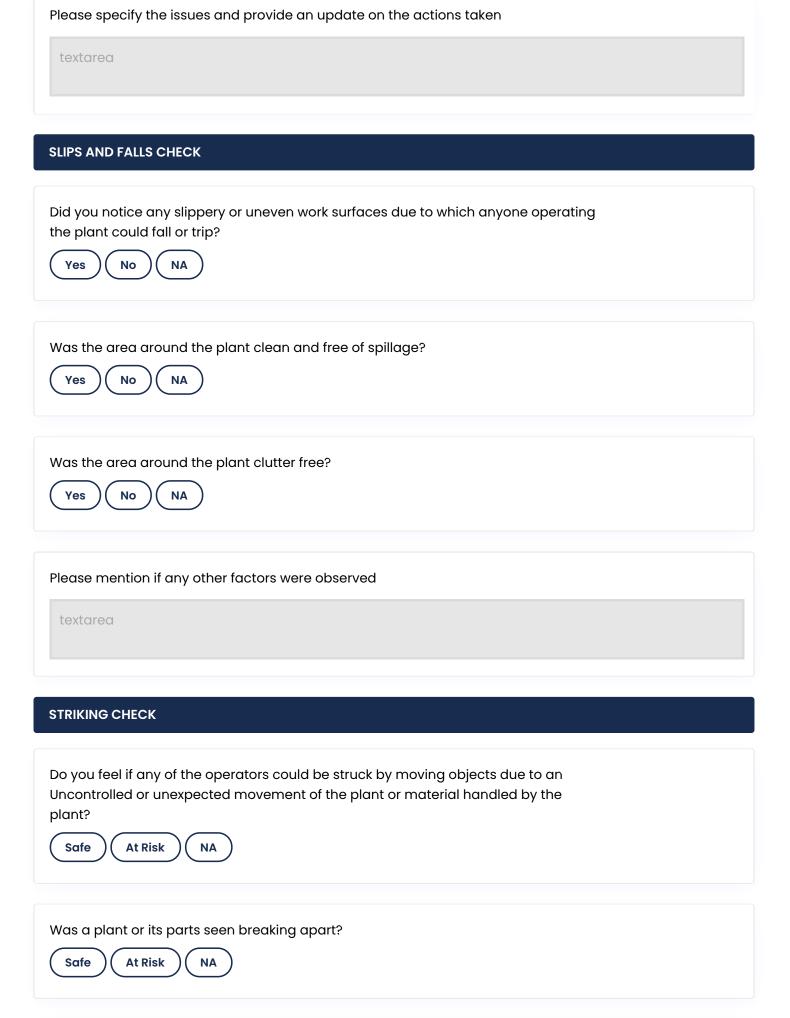
# LIGHTING CHECK Was the area well lit? Yes No NA Please mention if any other factors were observed textarea MANUAL HANDLING CHECK Are repetitive positions involved in the usage of the plant? Yes No NA Are High force actions needed while using the plant? Yes No NA Are jerking actions involved in plant usage? No Yes In association with a task, has musculoskeletal disorder ever been reported? No NA Yes

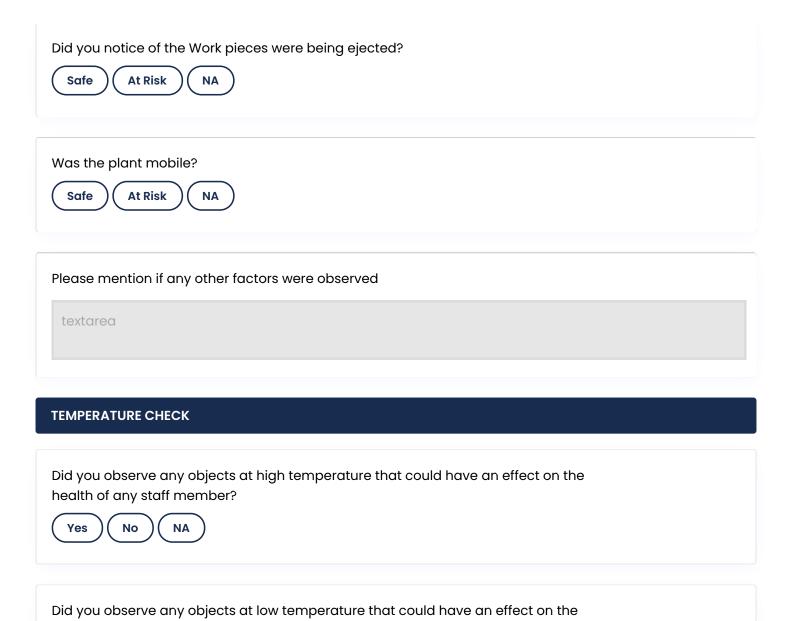
Does any task require the employees to work with their hands above their shoulder?

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
2017-01-01
Responsibility  Health and Safety Department Blending Production Maintenance Warehouse  Brewhouse Managers Line Managers Contractors





health of any staff member?

NA

Please mention if any other factors were observed

No

Yes

textarea