



PUMP STATIONS & FUEL STORAGE



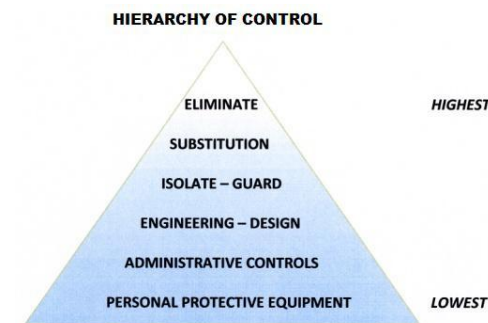
Business Name & Address: _____ **Property Name/PIC:** _____

Audit Team: _____ **Audit Date:** ____/____/____

Description: _____ **Make / Model:** _____ **Asset ID # (if applicable)** _____

RISK CALCULATOR	LIKELIHOOD – The likelihood of the exposure causing injury to a person given the frequency of exposure				
	ALMOST CERTAIN <i>Is expected to occur in most circumstances</i>	LIKELY <i>Will probably occur in most circumstances</i>	POSSIBLE <i>Might occur at sometime</i>	UNLIKELY <i>Could occur at sometime</i>	RARE <i>May occur in exceptional circumstances</i>
CATASTROPHIC <i>Death or permanent disability</i>	EXTREME	EXTREME	EXTREME	EXTREME	HIGH
MAJOR <i>Serious bodily injury</i>	EXTREME	EXTREME	EXTREME	HIGH	HIGH
MODERATE <i>Casualty Treatment</i>	EXTREME	HIGH	HIGH	MODERATE	MODERATE
MINOR <i>First aid only, no lost time</i>	HIGH	HIGH	MODERATE	LOW	LOW
INSIGNIFICANT <i>No injuries</i>	HIGH	MODERATE	LOW	LOW	LOW

RISK CLASS	ACTION REQUIRED
OK or Not Applicable	No Foreseeable Risk - OK for now; Review if any equipment/people/materials/work methods or procedures change. Or this particular inspection item is Not Applicable to this workplace
EXTREME	Extreme Risk - Act Now Do something about these risks immediately. Stop the task until the hazard is controlled and the risk managed.
HIGH	High Risk - Act As Soon As Possible. Do something to manage these risks as soon as possible. Consultant with Management
MODERATE	Moderate Risk - Develop a PLAN to manage these risks / note any suggestions on how the risk might be managed.
LOW	OK for now Review if any equipment/people/materials/work methods or procedures change.



IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
IRRIGATION PUMP STATIONS					
1. Are all moving parts (belts, pulleys, chains, shafts, etc) protected and guards kept in place?					
2. Are operator manuals readily available for the machine? Are operators adequately trained?					
3. Are all fittings clean and in working order?					
4. Are suitable earmuffs or plugs available to plant operators if noise levels generated are assessed as harmful?					
5. Is the condition of steps, catwalks and handrails on plant adequate to allow safe access and egress?					
6. Are daily checks made on oil, coolant, belt tension, vacuum pump, fuel and hoses?					

IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
7. Are operators able to make minor adjustments?					
8. Is approved protection available for operators undertaking Repairs & Maintenance?					
9. Are lockout and tag-out procedures used?					
10. Is there a Permit system for confined space entry?					
11. Is safety and rescue equipment available?					
12. Is the exhaust system functional to protect the operator from noise and exhaust gas exposure?					
13. Are all hydraulic hoses sound and undamaged with no fluid leaks from hoses or couplings?					
14. Is there a first aid kit available to operators in the work environment?					
15. Is there a major breakdown procedure in place?					
FUEL STORAGE AND DELIVERY					
16. Are operator safety instructions readily accessible to all operators? Operators hand book.					
17. Has eye, dermal and other necessary PPE been provided to operators of such pumps and fuel storage?					
18. Has adequate training and instruction been provided for the correct use and maintenance of PPE provided?					
19. Are all fittings clean and in working order?					
20. Is the storage and delivery tanks adequately labelled with required placarding/signage?					
21. Are al leaks and spillages reported to Management?					
22. Have workers received training and instruction in the safe use and maintenance of mobile fuel trailers?					
23. Are routine services and maintenance undertaken on all high risk plant and are records kept? i.e. the Fuel Truck					

IDENTIFIED HAZARDS	OK or NA	EXTREME (Act Now)	HIGH (Act ASAP)	MODERATE (Plan)	LOW (Review)
24. Is an appropriate fire extinguisher available in the operating environment and regularly maintained?					
ADDITIONAL HAZARDS					
25.					
26.					
27.					
28.					
29.					

RISK ASSESSMENT AND MANAGEMENT RECORD									
HIERARCHY OF CONTROLS PLANNED OR IMPLEMENTED									
Item #	Date	Identified Hazard	Assessed Risk Level	Control 1 Eliminate	Control 2 Substitute	Control 3 Isolate or Guard	Control 4 Redesign or Engineering	Control 5 Administration	Control 6 PPE

IMPLEMENTATION AND CONTROL SHEET						
Item #	RISK MANAGEMENT ACTION REQUIRED	Responsible Person	Cost \$	Target Date	Date Actioned	Revised Risk Level after Action