

Vibrator shaft (portable)

| IDENTIFIED HAZARD | RISK (YES / NO) | PROPOSED METHOD OF CONTROL MEASURE | ARE THE CONTROL METHODS PRACTICAL? |
|--|-----------------|---|------------------------------------|
| Persons could be injured if the operator performs duties that are not his responsibility and beyond the scope of his technical capabilities. | YES | The operator should be adequately trained or licensed. The operator must not carry out any work that is outside his normal duties and report any matters of concern to his supervisor. | YES |
| Persons could be injured resulting from an explosion or fire from fuel vapours. | YES | Stop the engine before refuelling. Do not refuel while hot. Avoid spillage of fuel when refuelling. Ensure the fuel cap is properly secured after refuelling. Carry out visual inspection for fuel leaks and repair before operation. Keep flammables away from the engine. Do not smoke while operating, servicing or refuelling this machine. | YES |
| Persons could be injured or experience ill health due to exposure to excessive vibration. | YES | Instruct the operator to take regular breaks to provide postural relief for safe work. | YES |
| Persons could be injured if they come into contact with hot or moving parts. | YES | The muffler is fitted with a heat shield. The Operator should let the engine cool down before attempting any maintenance. Avoid contact with hot components. | YES |
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| Persons could be injured if the machine operator is unfamiliar with typical unsafe conditions and hazards that could affect the safe operation of the unit. | YES | The operator should be trained in determining unsafe conditions and hazards that are relative to the machine's safe operation. | YES |
| Persons could be injured if personal protective equipment is not available or being used when working in an unsatisfactory environment e.g. noise, heat, fumes, etc. | YES | Instruct the operator to ensure that appropriate personal protective equipment is available and is in good condition prior to commencing work. | YES |

MANDATORY PERSONAL PROTECTIVE EQUIPMENT



Customer Signature: _____ Date: _____