

Work Equipment Assessment

Company Name:	Assessment No.	
Location:		
Assessment Carried out by:		
Assessment Date:	Assessment Review Date:	
Name / Type of Equipment / Plant / Machinery:		
Provided for use:	Pre December 1998 <input type="checkbox"/>	After 5 December 1998 <input type="checkbox"/>
Is it CE Marked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 1		Persons at Risk	
Office Staff	<input type="checkbox"/>	Maintenance Personnel	<input type="checkbox"/>
		Contractors	<input type="checkbox"/>
Operators	<input type="checkbox"/>	Cleaners	<input type="checkbox"/>
		Members of the Public	<input type="checkbox"/>
Employees with disabilities	<input type="checkbox"/>	Visitors	<input type="checkbox"/>
		Inexperienced employees	<input type="checkbox"/>
Lone Workers	<input type="checkbox"/>	Others sharing the workplace	<input type="checkbox"/>
		Other (Identify)	<input type="checkbox"/>

PART 1: GENERAL

Section 2 Suitability	YES	NO
Is the equipment suitable for the work?	<input type="checkbox"/>	<input type="checkbox"/>
Is the equipment without modification/adaption?	<input type="checkbox"/>	<input type="checkbox"/>
Are there written manufacturers' specifications and instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Can the equipment be operated without over reaching/stretching?	<input type="checkbox"/>	<input type="checkbox"/>
Are highly repetitive tasks eliminated or avoided?	<input type="checkbox"/>	<input type="checkbox"/>
Can the equipment be used without excessive force?	<input type="checkbox"/>	<input type="checkbox"/>
Do operating positions, working heights and reach distances accommodate the operator?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 Place of Use	YES	NO	N/A
Is the equipment being used in a safe location/environment?	<input type="checkbox"/>	<input type="checkbox"/>	
Are particular risks presented by the work environment eliminated or controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment installed/positioned/located so as to reduce risks to other equipment users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient space between the moving parts of the equipment and other fixed or moving structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can all forms of energy or substance used or produced be supplied and/or removed safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 Purpose of Use	YES	NO
Is the equipment suitable for the process and conditions of use?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 Inspections	YES	NO	N/A
Has the equipment been installed by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are regular inspections and checks on the condition of the equipment carried out?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6 Maintenance	YES	NO	N/A
Is the equipment in a good state of repair and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	
Is regular or routine maintenance carried out for high risk equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records of maintenance kept?	<input type="checkbox"/>	<input type="checkbox"/>	
If there is a log book, is this kept up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are tests on safety features carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How is maintenance carried out on the equipment?			
● Planned?	<input type="checkbox"/>	<input type="checkbox"/>	
● Subject to condition?	<input type="checkbox"/>	<input type="checkbox"/>	
● Breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	
Can maintenance/repair be carried out with the equipment stopped?	<input type="checkbox"/>	<input type="checkbox"/>	
Is maintenance restricted to trained, authorised persons?	<input type="checkbox"/>	<input type="checkbox"/>	
Are safe systems of work in place for maintenance/repair activities?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 7 Specific Risks	YES	NO	N/A
Is use of the equipment restricted to those given this task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is maintenance/repair/servicing/modification restricted to designated personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all personnel been given adequate information, instruction and training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8 Information and Instruction	YES	NO	N/A
Are clear, written instructions available to operators and supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 9 Training	YES	NO	N/A
Are users trained in equipment use, associated risks and precautions to be taken?	<input type="checkbox"/>	<input type="checkbox"/>	
Are supervisors trained in equipment use, associated risks and precautions to be taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10 Dangerous Parts of Machinery	YES	NO	N/A
Is access to dangerous moving parts prevented? (State how below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed, enclosed guards	<input type="checkbox"/>	Information and warning	<input type="checkbox"/>
Other guards/protection (interlocks, adjustable guards etc.)	<input type="checkbox"/>	Protection appliances (push sticks, jigs, holders etc.)	<input type="checkbox"/>
Preventing movement of machinery before access to danger zone	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Section 11 Specified Hazards (Indicate)	YES	NO	N/A
Are risks from specified hazards controlled? (detail below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Article or substance falling/ejected from equipment	<input type="checkbox"/>	Explosion of any article/substance produced, used or stored	<input type="checkbox"/>
Rupture/disintegration of parts of equipment	<input type="checkbox"/>	Discharge of gas, dust, liquid, vapour or other substance used or stored	<input type="checkbox"/>
Fire/overheating	<input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>
What is the likelihood of the above occurring?			
Detail the control measures in place for the above:			

Section 12 Temperatures (High and Low)	YES	NO	N/A
Are equipment/surface parts with high and low temperatures protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 13 Controls and Control Systems	YES	NO	N/A
Are controls and systems provided for:			
● Starting/re-starting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Changing speeds, pressure of operating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Stopping in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Setting up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Maintenance/cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are controls readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are controls positioned so as to prevent inadvertent operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are controls shrouded or do they have a lock-off facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where appropriate, are emergency stop controls provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all controls and emergency stops visible, identifiable and marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are controls positioned so that operators are not at risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are audible, visible or other warnings provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do control operators have a clear and full view of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are lock-off/permit to work systems in place where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are means provided for lock-off/isolation/reconnection of energy sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the control system designed so as not to increase the risk to the operator or equipment safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 14 Stability of Equipment	YES	NO	N/A
Is the equipment secured to prevent movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are risks presented by adverse conditions, e.g. weather, controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 15 Lighting	YES	NO
Is sufficient general/local lighting provided at the equipment?	<input type="checkbox"/>	<input type="checkbox"/>

Section 16 Warnings/Markings	YES	NO	N/A
Is the equipment clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are warnings/warning devices incorporated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are warnings/warning devices easily understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: MOBILE WORK EQUIPMENT

Section 17 Mobile Work Equipment	YES	NO
Is the work equipment:		
● Self propelled?	<input type="checkbox"/>	<input type="checkbox"/>
● Towed?	<input type="checkbox"/>	<input type="checkbox"/>
● Remote controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work equipment incorporate attachments that alter its characteristics?	<input type="checkbox"/>	<input type="checkbox"/>

Section 18 Drivers, Operators, Passengers	YES	NO	N/A
Are seats provided on which drivers and others can travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are features included to protect against falling out of the equipment and from unexpected movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are features incorporated to allow safe mounting and dismounting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all people being carried protected against significant risk of falling objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are restraints provided where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 19 Speed Adjustment	YES	NO	N/A
Are drivers trained and instructed in speed restrictions during use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 20 Guards and Barriers	YES	NO	N/A
Are guards or barriers fitted to prevent contact with wheels or tracks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 21 Rolling Over	YES	NO	N/A
Are devices provided to stabilise the equipment to reduce the risk of roll over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all moveable parts that could create instability during travel secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 22 Roll Over Protection Structures (ROPS)	YES	NO	N/A
Has the risk of 180° or more roll over been eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a roll-over protective structure been fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No – was the equipment in use before 5 December 1998?	<input type="checkbox"/>	<input type="checkbox"/>	
If in use before 5 December 1998, contact is required with the equipment designers for an engineering analysis			
If the equipment is a tractor, is it fitted with a cab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, then a restraining system will be required.			

Section 23 Restraining Systems	YES	NO	N/A
Is the operator working within a fully enclosed protective structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is a restraining system fitted to prevent crushing between the equipment and the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A tractor with a roll-over protective structure must have a restraining system			
Are restraining systems fitted to anchorage points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 24 Fork Lift Truck (Pre 5 December 1998)	YES	NO
Is the truck fitted with an enclosed cab?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is a restraining system fitted?	<input type="checkbox"/>	<input type="checkbox"/>
If no, can a restraining system be fitted?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is the risk of overturning and the operator being crushed considered to be Medium, Low or Insignificant?	<input type="checkbox"/>	<input type="checkbox"/>
If the risk is considered to be High, another fork lift truck with a cab or restraining system should be used.		

Section 25 Fork Lift Truck (After 5 December 1998)	YES	NO
Is the truck fitted with a roll-over protective structure?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk of overturning controlled in another way?	<input type="checkbox"/>	<input type="checkbox"/>
Is a restraining system fitted?	<input type="checkbox"/>	<input type="checkbox"/>
All fork lift trucks taken into use after 5 December 1998 which do not have enclosed cabs should be fitted with restraining systems.		

Section 26 Self Propelled Work Equipment	YES	NO	N/A
Is the use restricted to authorised personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
Are keys or other starting devices controlled to prevent unauthorised use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are adequate and maintained brakes fitted for slowing/stopping the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Are parking brakes fitted?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the driver/operator have a clear field of vision?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment fitted with lighting for use in the dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can easy exit be made from the vehicle in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, are fire extinguishers provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 27 Remote Controlled Self Propelled Equipment	YES	NO	N/A
Does the equipment stop automatically when it leaves its control range?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the presence of the equipment highlighted by warning alarms or flashing lights?	<input type="checkbox"/>	<input type="checkbox"/>	
If the controls are manual, are they the hold to run type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3: POWER PRESSES/PRESS BRAKES

Section 28	YES	NO
Is the equipment power driven, does it have a flywheel and clutch and is it being used wholly or partly to work metal or for die proving?	<input type="checkbox"/>	<input type="checkbox"/>
If no, this part does not need to be completed.		
If yes, complete the following sections.		

Section 29 Training	YES	NO	N/A
Have all operators been trained?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all those appointed to inspect and set equipment been trained?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all managers and supervisors been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 30 Marking	YES	NO
Is the maximum permissible flywheel speed clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>
Is the direction of flywheel rotation clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>
Are presses, guards, protection devices and closed tools clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>

Section 31 Thorough Examination (Press, Guards, Protection Devices)	YES	NO	N/A
Has the press been recently installed for the first time/assembled at a new site/re-sited?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, has there been a thorough examination and test undertaken on the press before use?	<input type="checkbox"/>	<input type="checkbox"/>	
Have guards, protection devices and closed tools been thoroughly examined and tested?	<input type="checkbox"/>	<input type="checkbox"/>	
Is periodic examination arranged and carried out at the following frequencies?			
● 12 monthly for presses with fixed guards only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● 6 monthly for all other presses and safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any defects identified and reported been rectified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 32 Inspection of Guards/Protection Devices	YES	NO
Is there a trained, competent person for inspecting guards and protection devices?	<input type="checkbox"/>	<input type="checkbox"/>
Has this person been appointed in writing?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections carried out after any setting, re-setting, or adjusting of the tools?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections carried out either:		
● Within 4 hours of the start of the working period? or	<input type="checkbox"/>	<input type="checkbox"/>
● At any time before the start of the working period after the press was last used?	<input type="checkbox"/>	<input type="checkbox"/>
Are records of inspections kept?	<input type="checkbox"/>	<input type="checkbox"/>
Do records contain the following information?		
● Identification of guards/protection devices inspected/tested	<input type="checkbox"/>	<input type="checkbox"/>
● The press to which the guards and/or protection devices are fitted	<input type="checkbox"/>	<input type="checkbox"/>
● Statement that all guards and/or protection devices are in place and effective	<input type="checkbox"/>	<input type="checkbox"/>
● Date and time of the inspection and test	<input type="checkbox"/>	<input type="checkbox"/>
● The signature or initials of the appointed person	<input type="checkbox"/>	<input type="checkbox"/>

PART 4: WOODWORKING MACHINES

Section 33 Suitability	YES	NO	N/A
Is the most suitable machine selected for each job?	<input type="checkbox"/>	<input type="checkbox"/>	
Is only limited cutter projection tooling used on hand fed machines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, are there plans to change over to this by 5 December 2003?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where limited cutter projection tooling has already been introduced, only this should be used. Otherwise, the changeover should be made when replacement tooling is obtained, or by 5 December 2003, whichever is sooner.			
Is the safe working speed marked on the machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a circular saw, is the machine marked with the smallest size of blade that should be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the safe working speed clearly marked on each tool?	<input type="checkbox"/>	<input type="checkbox"/>	
Are only cylindrical cutter blocks used on hand-fed planing machines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 34 Maintenance	YES	NO
Do maintenance programmes cover all parts of the machine and any attachments?	<input type="checkbox"/>	<input type="checkbox"/>
Have those who maintain the machine been adequately trained?	<input type="checkbox"/>	<input type="checkbox"/>

Section 35 Training	YES	NO	N/A
Is adequate training given to machine operators?	<input type="checkbox"/>	<input type="checkbox"/>	
Do training programmes incorporate both general safety and machine specific issues?	<input type="checkbox"/>	<input type="checkbox"/>	
Are jigs and stops used with spindle moulders when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are push sticks available and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are wood machinists adequately trained by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 36 Specified Hazards	YES	NO	N/A
If a saw is used for ripping, is a riving knife fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a spindle moulder, is a demountable power feed device available and used for straight work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 37 Stop Controls	YES	NO	N/A
Are braking devices fitted to the machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, and the machine is a circular saw, dimension saw, cross-cut saw, tenon machine, or combined machine which incorporates a circular saw and/or tenoning attachment, are plans in place to fit braking devices by 5 December 2003?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, and the machine is a narrow band saw, re-saw, vertical spindle moulder, hand fed router, thicknesser, planer/thicknesser or surfacer, are plans in place to fit braking devices by 5 December 2005?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, and the machine is another type, are plans in place to fit braking devices by 5 December 2008?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braking devices are not considered necessary when machines have a rundown time of 10 seconds or less; where braking would be detrimental to the integrity of the machine; or where the machine has been built in conformity with a harmonised European Standard which does not require braking devices			

Section 38 Information and Instruction	YES	NO	N/A
If a thicknesser, is it fitted with sectional feed rollers or other anti kickback device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is a sign displayed to warn that only one workpiece at a time should be fed into the machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5: MANAGEMENT ACTION PLAN

Section No	Priority	Action Recommended	Responsibility/ Action by	Completion Date

PART 6: RESIDUAL RISK AND RISK ASSESSMENT RATING

