

**University College Dublin  
Machinery/Equipment Risk Assessment Template**

**1. General Information**

<b>Name of Person(s) carrying out assessment and their position</b>	
<b>Principal Investigator / Supervisor / Head of School or Unit</b> <i>(Person responsible for ensuring safety)</i>	
<b>Date of assessment</b>	
<b>Location of equipment</b> <i>(If machinery is to be used as part of fieldwork or offsite, please complete a <a href="#">Fieldwork Risk Assessment</a> and refer to the <a href="#">Fieldwork Guidance Manual</a>)</i>	

**2. Detail the Function and Usage Of The Equipment In Question**– *indicate the frequency and duration of the use, the function / use of the equipment, the materials to be worked on, who will be using the equipment, etc.*

<b>Name and function of equipment:</b>
<b>Details:</b>

**3. Equipment Operating Guidelines**

<b>a) Detail how to safely start equipment</b>
<b>b) Detail how to safely stop equipment</b>
<b>c) Detail how to stop equipment in an emergency</b>
<b>d) Detail how to deal with blockages / malfunctions in equipment</b>
<b>e) Detail how equipment can be isolated from the power supply</b>

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**4. Further details on equipment use**

	Select as appropriate	
	Yes	No
a) a. Does the work involve the use of a chemical agent? <i>If yes complete a <a href="#">Chemical Agents Risk Assessment</a> in addition to this assessment.</i>		
b) b. Is specialist training required by users of this equipment? <i>If yes detail the type of training and who is authorised to provide such training.</i>		
c) c. Will the machinery be used as part of fieldwork or offsite? <i>If yes then please complete a <a href="#">Fieldwork Risk Assessment</a> and refer to the <a href="#">Fieldwork Guidance Manual</a>.</i>		

**5. PPE Required to Operate Equipment Safely**

<b>List the Personal Protective Equipment in use:</b>	Protective Clothing: <input type="checkbox"/> (give details) _____ Safety Glasses: <input type="checkbox"/> Gloves: <input type="checkbox"/> (indicate type) _____ Hearing Protection: <input type="checkbox"/> (give details) _____ Face Shield: <input type="checkbox"/> Other: <input type="checkbox"/> (give details) _____
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**6. Hazard Details and Risk Control Measures**

	Select as appropriate	
	Yes	No
<b>a) Entanglement Hazards</b>		
<b>Are there any moving parts in which clothing, body parts or any other items can become entangled in?</b> <i>If yes, such moving parts must be suitable isolated, guarded and or signed.</i>		
<b>Control Measures:</b>		
<b>b) Crushing Hazards</b>		
<b>Is it possible for any body parts to become crushed during operations of the equipment or for equipment loads or parts to become unstable and to topple over onto a person?</b> <i>If yes danger areas must be suitable isolated or guarded and / or clearly marked and if possible not accessible.</i>		
<b>Control Measures:</b>		
<b>c) Cutting, Stabbing and Puncturing Hazards</b>		
<b>Is it possible for stabbing, puncturing or cutting injuries to be suffered during operation?</b> <i>If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented</i>		
<b>Control Measures:</b>		
<b>d) Shearing Hazards</b>		

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Can body parts be caught between two parts of the equipment or a part of the equipment and an external object? <i>If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented.</i>		
<b>Control Measures:</b>		
<b>e) Striking / Disintegration Hazards</b>		
Is it possible to be struck by moving parts of the equipment or by equipment components / product in the event of a malfunction? <i>If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented.</i>		
<b>Control Measures:</b>		
<b>f) Electrical Hazards</b>		
<ul style="list-style-type: none"> <li>• Is the equipment suitably earthed, fused, and connected to the power supply via an RCD?</li> <li>• Are all cables in good condition? Are all live parts isolated? <i>If yes, then measures must be taken to ensure that the equipment is made electrically safe.</i></li> </ul>		
<b>Control Measures:</b>		
<b>g) Temperature Issues Hazards</b>		
Do any accessible parts of the equipment get excessively hot or cold? <i>If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented.</i>		
<b>Control Measures:</b>		
<b>h) Noise Hazards</b>		
Is the equipment noisy? <i>If yes equipment must be isolated and / or hearing protection must be worn and signage to that effect must be visible.</i>		
<b>Control Measures:</b>		
<b>i) Vibration Hazards</b>		
Are users required to come into contact with vibrating parts? <i>If yes, then work processes must be designed to minimise contact with such parts and / or equipment should be mounted on shock absorbers or similar.</i>		
<b>Control Measures:</b>		
<b>j) Dust Hazards</b>		
Does use of the equipment generate dusty atmospheres? <i>If yes then work processes must be isolated; local exhaust ventilation may be required, wet systems of work may be required, etc.</i>		
<b>Control Measures:</b>		

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<b>k) Chemicals / Exhausts / Fumes Hazards</b>		
<b>Does operation of the equipment give rise to the generation of airborne contaminants?</b> <i>If yes then work processes must be isolated; local exhaust ventilation may be required, wet systems of work may be required, etc.</i>		
<b>Control Measures:</b>		
<b>l) Pressurised / Hydraulic Systems Hazards</b>		
<b>Are pressurised or hydraulic systems in use on the equipment that could give rise to injury if they failed?</b> <i>If yes then work processes must be isolated, regular maintenance of equipment is required, etc.</i>		
<b>Control Measures:</b>		
<b>m) Lifting Task Hazard</b>		
<b>Is the equipment required to engage in lifting tasks, the failure of which could lead to user injury or persons in the vicinity?</b> <i>If yes then work processes must be isolated, lifting plant must be inspected regularly, safe working loads must not be exceeded, users must be trained, etc.</i>		
<b>Control Measures:</b>		
<b>n) Slipping, Tripping and Falling Hazards</b>		
<b>Can anyone using the equipment or in the vicinity slip, trip or fall due to the operation of the equipment e.g. poor housekeeping, dust / oil on the floor, etc.?</b> <i>If yes then measures must be taken to ensure good housekeeping.</i>		
<b>Control Measures:</b>		
<b>o) Ergonomics Hazards</b>		
<b>Can anyone using the equipment be subjected to poor posture, repetitive movements, undue physical strain, etc.?</b> <i>If yes, then measures must be taken to ensure good ergonomic practices and modification of the working environment may be required.</i>		
<b>Control Measures:</b>		
<b>p) Other Hazards</b>		
<b>Are there any other risk factors that can be associated with the operation of this equipment?</b> <i>If yes, then outline additional control measures.</i>		
<b>Control Measures:</b>		

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**7. Risk Rating and Document Approval by Supervisor/ Manager / Head of School**

**Risk Rating = Likelihood of risk occurring x Severity of outcome**

		Severity		
		Low	Medium	High
Likelihood	Low	Trivial	Acceptable	Moderate
	Medium	Acceptable	Moderate	Substantial
	High	Moderate	Substantial	Intolerable

**Assessment of Likelihood and Severity**

	Severity of Outcome	Likelihood of Exposure
Low	Slightly Harmful	Unlikely
Medium	Harmful	Likely
High	Very Harmful	Very Likely

1. **Trivial Risk:** No further action needed
2. **Acceptable Risk:** No additional risk control measures required
3. **Moderate Risk:** Implement further risk control measures if possible
4. **Substantial Risk:** Further control measures must be implemented. If this is not possible then work must be strictly managed to ensure safety.
5. **Intolerable:** Work must be prohibited until further control measures are implemented.

**Is the risk rating acceptable:** Yes  No

*If yes sign and date below and ensure all risk control measures have been implemented.  
If no identify further control measures and reassess risk. If the risk cannot be reduced to an acceptable level then the process cannot be carried out.*

**Is this work suitable for lone working:** Yes  No

*If yes, a [lone worker risk assessment](#) must be completed and attached to this document.*

**Signed:**

**Date:**

**Position:**

\_\_\_\_\_

\_\_\_\_\_

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**Signed:**

**Date:**

**Position:**

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*This document must be signed by the person carrying out the assessment and their academic supervisor / manager / head of school (person responsible for ensuring safety).*