

Compressors

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 as a result of electrocution.	YES	Ensure lead is well clear of working location. Use a power supply protected by a safety switch. Do not use in wet or damp conditions. Do not use with faulty leads or plugs. Ensure equipment is tested/tagged for compliance with electrical safety testing requirements.	YES
Manual handling hazard.	YES	Do not attempt a single person lift. Use correct lifting techniques. A mechanical lift is recommended.	YES
Persons could suffer eye injuries as a result of a sudden release of air pressure.	YES	Ensure all hoses and fittings are securely connected. Release air pressure before disconnecting hoses, etc. Wear eye protection.	YES
Persons could be injured if they slip, trip or fall whilst using the compressor and associated tools.	YES	Ensure the operator only operates the tool whilst in a firm stable position. Be aware of air hoses and electrical leads.	YES
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. Only operate in a well ventilated area.	YES

MANDATORY PERSONAL PROTECTIVE EQUIPMENT



Customer Signature: _____ Date: _____