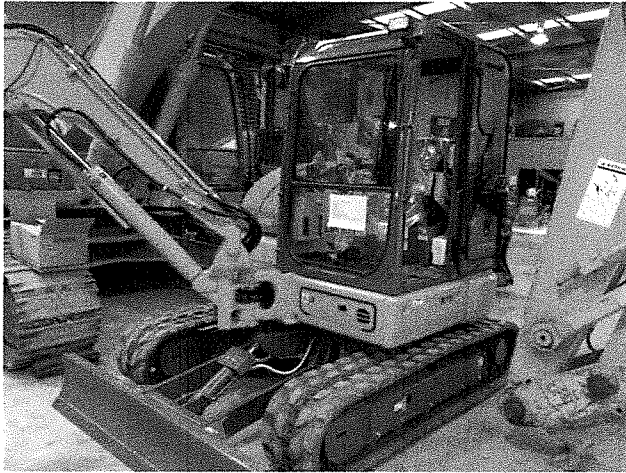


**STATIC PLANT RISK ASSESSMENT**Conducted on behalf of **CASE Victoria** for:

|                                                   |                                                                                    |                                                                               |
|---------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Clients Name:                                     |  | RA No: 245420616                                                              |
| Machine Make & Model: CASE CX55B X                |                                                                                    | Date of assessment: 27 JUNE 2016                                              |
| Serial No: PS03-07347                             |                                                                                    | Equipment Type: Tracked Excavator                                             |
| Asset/Rego No: N8742                              |                                                                                    | Engine Hours/ Km's: NEW                                                       |
| Quick Hitch (if Fitted): DOHERTY                  |                                                                                    | Max forward or rear slope is 15 degrees.<br>Max sideways slope is 10 degrees. |
| Capacity Limits: kg                               |                                                                                    |                                                                               |
| Certification of operator required: Yes=Excavator |                                                                                    |                                                                               |

Is the plant designed to perform the task as outlined in the scope?

Yes ☒ No ☐

Has the plant been modified from the original condition?

Yes ☐ No ☒

All identified action items closed out/addressed?

Yes ☒ No ☐

Is the plant safe to operate?

Yes ☒ No ☐

| STEP 1: Likelihood of Occurrence        | STEP 2: Severity of Result   |
|-----------------------------------------|------------------------------|
| 1. Expected To Occur (once per week)    | A Fatality                   |
| 2. Common (once per month)              | B Permanent Disability       |
| 3. Sometimes (once per year)            | C Lost Time Injury (LTI)     |
| 4. Rarely (once in < 20 years)          | D Medical Treatment / Damage |
| 5. Highly Unlikely (once in > 20 years) | E First Aid Injury           |

| STEP 3: | A | B | C | D | E |
|---------|---|---|---|---|---|
| 1       | H | H | H | M | M |
| 2       | H | H | M | M | L |
| 3       | H | M | M | L | L |
| 4       | M | M | L | L | L |
| 5       | M | L | L | L | L |

| STEP 4: Hazard Risk Assessment                                                          |
|-----------------------------------------------------------------------------------------|
| H = High Risk (INTOLERABLE, significant and urgent actions required - Immediate Action) |
| M = Medium Risk (ALARP, reduce risk to As Low As Reasonably Practicable).               |
| L = Low Risk (TOLERABLE, monitor and manage risk).                                      |

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 E-mail: rwill55@yahoo.com, ACN: 146 951 359  
**RAY WOLL 0414 497 580**

Signature: RAY WOLL



## STATIC PLANT RISK ASSESSMENT

Conducted on behalf of **CASE Victoria** for:

### Report Acceptance

#### General Notes

The Owner/Operator of the above Plant/Equipment should perform an inspection at regular intervals, that all procedures and control methods are maintained to an acceptable level where the level of risk to any person is increased. In particular when any alteration or modification is made to the Plant/Equipment, a review of both Control Methods and Documentation should be made.

A Plant Risk Assessment should be performed at regular intervals with a minimum of once per year.

#### Confidentiality

Information obtained from CASE Victoria in the course of producing this report will be treated as confidential. It will not be used for any purpose other than for the production of this report.

#### Disclaimer

This report has been prepared by RAYKAR Training Pty. Ltd. for the purpose of determining compliance to occupational health and safety legislation and standards.

The contents of this report are intended only for use by CASE Victoria and their clients whose name appear on the front cover. Whilst every effort has been made by RAYKAR Training Pty. Ltd. to ensure the accuracy of this report. RAYKAR Training Pty. Ltd. will not be held responsible, and extends no warranties as to the suitability of such information or for the consequence of its use. Likewise, RAYKAR Training Pty. Ltd. will not be held responsible for actions taken by third parties as a result of information contained in this report.

Ray Woll  
Assessor

**ALL HAZARDS IDENTIFIED IN THIS DOCUMENT MUST BE RECTIFIED WITHIN 21 DAYS OF DATE LISTED ON THE FRONT OF THIS FORM  
IF FAULTS NOT RECTIFIED IN 21 DAYS THIS DOCUMENT BECOMES NULL AND VOID**

**THIS RISK ASSESSMENT DOCUMENT IS VALID FOR TWELVE (12) MONTHS FROM THE DATE OF ISSUE**

**STATIC PLANT RISK ASSESSMENT**Conducted on behalf of **CASE Victoria** for:

| Hazard Type                                                                                                                                                                                         | Control Methods in Place                                                               | Yes / No | NA  | Comments / Recommended Improvements | Project ed Risk Score | Reasonably Practicable Yes /No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------|-----|-------------------------------------|-----------------------|--------------------------------|
| <b>ENTANGLEMENT</b><br>Can anyone's, hair, clothing, gloves, necktie, jewellery, cleaning brushes, rags or other materials become entangled with moving parts of the plant, or materials in motion? | Manufacturers Warning Decals Readable                                                  | Y        |     | All decals in operators cab         | M                     |                                |
|                                                                                                                                                                                                     | Guards installed                                                                       | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Warning Decals for Personal (i.e .loose clothing etc)                                  | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Engine covers fitted                                                                   | Y        |     |                                     |                       |                                |
| <b>CRUSHING</b><br>Can a person be crushed due to:                                                                                                                                                  |                                                                                        |          |     |                                     |                       |                                |
| ♦ Uncontrolled or unexpected movement of the plant or its load?                                                                                                                                     | Neutral start switch fitted                                                            | Y        |     |                                     | M                     |                                |
|                                                                                                                                                                                                     | Reversing/travel alarm                                                                 | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Crush zone warning decal                                                               | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Amber Flashing Beacon                                                                  | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Pedals-Non slip surface                                                                | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Controls have appropriate knobs                                                        | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Reversing Light/camera                                                                 |          | n/a |                                     |                       |                                |
|                                                                                                                                                                                                     | Rear view mirror                                                                       | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Control pod safety switch operational                                                  | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Rear Swing Warning Decal or Swing Lights fitted                                        | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Machine may suddenly reverse warning decal fitted                                      | Y        |     |                                     |                       |                                |
| ♦ Lack of capacity for the plant to be slowed, stopped or immobilised?                                                                                                                              | Service brake operational                                                              |          | n/a |                                     | M                     |                                |
|                                                                                                                                                                                                     | Parking brake operational                                                              |          | n/a |                                     |                       |                                |
|                                                                                                                                                                                                     | Battery Isolator fitted                                                                | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Emergency stops (if fitted)                                                            |          | n/a |                                     |                       |                                |
| ♦ The plant tipping or rolling over?                                                                                                                                                                | Rops decal fitted to rops                                                              | Y        |     |                                     | M                     |                                |
|                                                                                                                                                                                                     | Rops approved structure                                                                | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Fops approved structure                                                                |          | n/a |                                     |                       |                                |
|                                                                                                                                                                                                     | Tops/Cops approved structure                                                           |          | n/a |                                     |                       |                                |
|                                                                                                                                                                                                     | Manufacturers designed cab                                                             |          | n/a |                                     |                       |                                |
|                                                                                                                                                                                                     | Emergency Exit Identified                                                              | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                                     | Emergency Exit vandal cover removed prior to operating.<br><b>Warning Decal Fitted</b> | Y        |     |                                     |                       |                                |

**STATIC PLANT RISK ASSESSMENT**Conducted on behalf of **CASE Victoria** for:

| Hazard Type                                                                                                                               | Control Methods in Place                                                                                                                           | Yes / No | NA  | Comments / Recommended Improvements                                      | Project ed Risk Score | Reasonably Practicable Yes /No |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|--------------------------------------------------------------------------|-----------------------|--------------------------------|
| ♦ Parts of the plant collapsing?                                                                                                          | Safety bar props fitted                                                                                                                            |          | n/a |                                                                          |                       |                                |
|                                                                                                                                           | Use safety bar when working under 'raised attachment' warning decal                                                                                |          | n/a |                                                                          |                       |                                |
| ♦ Material falling of the plant                                                                                                           | <b>Hitch Type:</b> Hydraulic with Pin                                                                                                              |          | n/a |                                                                          |                       |                                |
|                                                                                                                                           | Hydraulic without Pin                                                                                                                              | Y        |     |                                                                          |                       |                                |
|                                                                                                                                           | Mechanical                                                                                                                                         |          | n/a |                                                                          |                       |                                |
|                                                                                                                                           | Hitch ID plate fitted and readable                                                                                                                 | Y        |     |                                                                          |                       |                                |
|                                                                                                                                           | <b>HITCH DETAILS</b>                                                                                                                               |          |     | <b>Make &amp; Model:</b> Doherty                                         |                       |                                |
|                                                                                                                                           |                                                                                                                                                    |          |     | <b>Serial Number:</b> 19170.3                                            |                       |                                |
|                                                                                                                                           |                                                                                                                                                    |          |     | <b>Hitch Weight:</b> 65kg                                                |                       |                                |
|                                                                                                                                           |                                                                                                                                                    |          |     | <b>WLL of Hitch:</b> 1500kg                                              |                       |                                |
|                                                                                                                                           | Attachments                                                                                                                                        | Y        |     |                                                                          |                       |                                |
| ♦ Being thrown off or under the plant?                                                                                                    | Moving Bucket/Blade                                                                                                                                | Y        |     |                                                                          |                       |                                |
|                                                                                                                                           | Seat belt fitted                                                                                                                                   | Y        |     |                                                                          | L                     |                                |
|                                                                                                                                           | Door fitted                                                                                                                                        | Y        |     |                                                                          |                       |                                |
|                                                                                                                                           | Seat belt must be worn, warning decal fitted                                                                                                       | Y        |     |                                                                          |                       |                                |
|                                                                                                                                           | Operator Cabin fully enclosed                                                                                                                      | Y        |     |                                                                          |                       |                                |
| <b>CUT/STAB/PUNCTURE</b><br>Can anyone be cut, stabbed or punctured due to:<br>♦ Coming into contact with sharp or flying objects?        | Guarding<br>No visible signs of sharp objects                                                                                                      | Y        |     |                                                                          | L                     |                                |
| ♦ Coming into contact with moving parts of the plant during testing, inspection, operation, maintenance, cleaning or repair of the plant? | <ul style="list-style-type: none"> <li>Safe work procedures in place</li> <li>Trained persons only</li> <li>Tag out procedures in place</li> </ul> | N        |     | To be implemented by owner/hirer                                         | L                     |                                |
| ♦ The plant, parts of the plant or work pieces disintegrating?                                                                            | <b>As above</b>                                                                                                                                    | N        |     | To be implemented by owner/hirer                                         | L                     |                                |
| ♦ Work pieces being ejected?                                                                                                              | <b>As above</b>                                                                                                                                    | N        |     | To be implemented by owner/hirer                                         | L                     |                                |
| ♦ The mobility of the plant?                                                                                                              | <b>As above</b>                                                                                                                                    | N        |     | To be implemented by owner/hirer                                         | L                     |                                |
| ♦ Uncontrolled or unexpected movement of the plant?                                                                                       | <b>As above</b>                                                                                                                                    | N        |     | To be implemented by owner/hirer                                         | L                     |                                |
| <b>SHEARING</b><br>Can anyone's body parts be sheared between any two parts of the plant, or between a part of                            | <ul style="list-style-type: none"> <li>Safe work procedures in place</li> <li>Traffic management in</li> </ul>                                     | N<br>N   |     | To be implemented by owner/hirer<br><br>To be implemented by owner/hirer | L                     |                                |

# **STATIC PLANT RISK ASSESSMENT**

Conducted on behalf of **CASE Victoria** for:

| Hazard Type                                                                                                                                                                         | Control Methods in Place                                                                                                                           | Yes / No | NA  | Comments / Recommended Improvements | Project ed Risk Score | Reasonably Practicable Yes /No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-------------------------------------|-----------------------|--------------------------------|
| he plant and a work piece or structure?                                                                                                                                             | <ul style="list-style-type: none"> <li>place</li> <li>Supervision in place</li> </ul>                                                              |          |     |                                     |                       |                                |
| <b>FRICITION</b><br>Can anyone be burnt due to contact with moving parts or surfaces of the plant, or material handled by the plant?                                                | As above                                                                                                                                           | N        |     | To be implemented by owner/hirer    | L                     |                                |
| <b>STRIKING</b><br>Can anyone be struck by moving objects due to: <ul style="list-style-type: none"> <li>♦ Uncontrolled or unexpected movement of the plant?</li> </ul>             | <ul style="list-style-type: none"> <li>Safe work procedures in place</li> <li>Traffic management in place</li> <li>Supervision in place</li> </ul> | N        |     | To be implemented by owner/hirer    | M                     |                                |
| ♦ The plant, parts of the plant or work pieces disintegrating?                                                                                                                      | As above                                                                                                                                           | N        |     | To be implemented by owner/hirer    | L                     |                                |
| ♦ Work pieces being ejected?                                                                                                                                                        | Guarding                                                                                                                                           | Y        |     |                                     | M                     |                                |
|                                                                                                                                                                                     | Keep clear warning decals                                                                                                                          | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | Keeper pins correct type                                                                                                                           | Y        |     |                                     |                       |                                |
| ♦ Mobility of the plant?                                                                                                                                                            | Glass safe operational condition                                                                                                                   | Y        |     |                                     | M                     |                                |
|                                                                                                                                                                                     | Reversing / travel alarm                                                                                                                           | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | Amber flashing beacon                                                                                                                              | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | Reversing decal fitted                                                                                                                             | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | Brake lights                                                                                                                                       |          | n/a |                                     |                       |                                |
|                                                                                                                                                                                     | Warning horn                                                                                                                                       | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | Front and/or Rear work lights                                                                                                                      | Y        |     |                                     |                       |                                |
| <b>High Pressure fluid</b><br>Can anyone come into contact with fluid under pressure due to plant failure or misuse                                                                 | Leakage                                                                                                                                            | Y        |     |                                     | L                     |                                |
|                                                                                                                                                                                     | All pipe clamps fitted                                                                                                                             | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | High pressure warning decals                                                                                                                       | Y        |     |                                     |                       |                                |
|                                                                                                                                                                                     | No return valve fitted (Craning/lifting valves fitted)                                                                                             |          | n/a |                                     |                       |                                |
| <b>ELECTRICAL</b><br>Can anyone be injured by electrical shock or burn due to: <ul style="list-style-type: none"> <li>♦ The plant contacting live electrical conductors?</li> </ul> | Electrical wire / overhead wires / obstructions decals fitted                                                                                      | Y        |     | Addressed by JSA. (no go zone)      | L                     |                                |

**STATIC PLANT RISK ASSESSMENT**Conducted on behalf of **CASE Victoria** for:

| Hazard Type                                                                                                                                                                                 | Control Methods in Place                              | Yes / No | NA  | Comments / Recommended Improvements | Project ed Risk Score | Reasonably Practicable Yes /No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------|-----|-------------------------------------|-----------------------|--------------------------------|
| ♦ Damaged or poorly maintained electrical leads and cables?                                                                                                                                 |                                                       | Y        |     |                                     | L                     |                                |
| ♦ Damaged electrical switches?                                                                                                                                                              |                                                       | Y        |     |                                     | L                     |                                |
| ♦ Lack of isolation procedures?                                                                                                                                                             |                                                       | Y        |     |                                     | L                     |                                |
| <b>EXPLOSION</b><br>Can anyone be injured by explosion of gasses, vapours, liquids, dusts or other substances, triggered by the operation of the plant or by material handled by the plant? |                                                       |          | n/a |                                     |                       |                                |
| <b>SLIP/TRIP/FALL</b><br>Can anyone using the plant, or in the vicinity of the plant, slip, trip or fall due to:<br>♦ Uneven or slippery work surfaces?                                     | Non slip surface                                      | Y        |     |                                     | L                     |                                |
| ♦ Poor housekeeping, eg. Debris in the vicinity of the plant, spillage not cleaned up?                                                                                                      |                                                       |          | n/a |                                     |                       |                                |
| ♦ 3 points of contact warning decal fitted                                                                                                                                                  | Decal fitted                                          | Y        |     |                                     | L                     |                                |
| ♦ Lack of a proper work platform?                                                                                                                                                           | Proper work platform                                  | Y        |     |                                     | L                     |                                |
| ♦ Lack of proper stairs or ladders?                                                                                                                                                         | Proper stairs or ladders                              | Y        |     |                                     | L                     |                                |
| ♦ Lack of guardrails or suitable edge protection?                                                                                                                                           | Guardrails or suitable edge protection                | Y        |     |                                     | L                     |                                |
| ♦ Unprotected holes, penetrations or gaps?                                                                                                                                                  |                                                       | Y        |     |                                     | L                     |                                |
| ♦ Poor floor or walking surfaces, such as the lack of a slip resistant surface?                                                                                                             | Non slip surface                                      | Y        |     |                                     | L                     |                                |
| ♦ Steep walking surfaces?                                                                                                                                                                   |                                                       |          | n/a |                                     |                       |                                |
| <b>ERGONOMIC</b><br>Can anyone be injured due to:<br>♦ Poorly designed seating?                                                                                                             | Seat in safe usable condition                         | Y        |     |                                     |                       |                                |
| ♦ Constrained body effort                                                                                                                                                                   | Operational control levers & pedals in operator reach | Y        |     |                                     | L                     |                                |
|                                                                                                                                                                                             | Seat adjustment controls operational                  | Y        |     |                                     |                       |                                |
| ♦ Operators controls                                                                                                                                                                        | Operators controls identified                         | Y        |     |                                     | L                     |                                |
|                                                                                                                                                                                             | All labels are readable                               | Y        |     |                                     |                       |                                |
| <b>SUFFOCATION</b><br>Can anyone be suffocated due to lack of                                                                                                                               | Engine fumes not excessive at high idle               | Y        |     |                                     | L                     |                                |

**STATIC PLANT RISK ASSESSMENT**Conducted on behalf of **CASE Victoria** for:

| Hazard Type                                                                                             | Control Methods in Place                   | Yes / No | NA  | Comments / Recommended Improvements                                                                                                                                                                                                                                      | Project ed Risk Score | Reasonably Practicable Yes /No |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------|----------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| oxygen or atmospheric contamination, refer to the Confined Spaces Regulations?                          | Door/window seals maintained               | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
| <b>TEMPERTURE / FIRE</b><br>Can anyone come into contact with objects at high temperature?              | High mounted exhaust not easily accessible | Y        |     |                                                                                                                                                                                                                                                                          | L                     |                                |
|                                                                                                         | Exhaust guard fitted                       |          | n/a |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Hot surface warning decal                  | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Fire protection supplied                   | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Fire suppression system (if fitted)        |          | n/a |                                                                                                                                                                                                                                                                          |                       |                                |
| <b>THERMAL COMFORT</b><br>Can anyone suffer ill health due to extreme temperature or change of weather? | Ventilation                                | Y        |     |                                                                                                                                                                                                                                                                          | L                     |                                |
|                                                                                                         | Air conditioning                           | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
| <b>NOISE</b><br>Can anyone suffer ill health or hearing loss due to exposure to high noise levels?      | High noise levels                          | Y        |     | To be implemented by owner/hirer                                                                                                                                                                                                                                         | L                     |                                |
|                                                                                                         | Hearing protection supplied                | N        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Hearing protection warning decal           | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | <b>CAB TYPE:</b>                           |          |     | ENCLOSED                                                                                                                                                                                                                                                                 |                       |                                |
| <b>Load Capacity</b>                                                                                    | SWL / WLL marked on boom                   | Y        |     | kg                                                                                                                                                                                                                                                                       |                       |                                |
|                                                                                                         | Lifting points approved                    | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Load capacity chart fitted (showing)       | Y        |     |                                                                                                                                                                                                                                                                          |                       |                                |
| <b>DOCUMENTATION</b>                                                                                    | Operator's Manual                          | N        |     | To be implemented by owner/hirer<br>Must be in cab at all times<br>To be implemented by owner/hirer<br>Must be in cab at all times<br>To be implemented by owner/hirer<br>Must be in cab at all times<br>To be implemented by owner/hirer<br>Must be in cab at all times | L                     |                                |
|                                                                                                         | Attachment instructions                    | N        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Plant daily checklist in place             | N        |     |                                                                                                                                                                                                                                                                          |                       |                                |
|                                                                                                         | Maintenance records up to date             | N        |     |                                                                                                                                                                                                                                                                          |                       |                                |

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