



HAZARD & RISK REGISTER

Pioneer Knitwears (BD) Ltd.

RA/2/032
Revision-01
Ath. Date: 01.08.17

Risk : Generator Room

Assessment Team Names:

Date: 07. 02. 2018

Assessment by: Md. Lutful Kabir

Controls Communicated: Workers Supervisors Others.....

Assessor Signature:

Copy of Communication Attached: Meeting Record Other.....

Check-up/Follow-up Date:

Other Notes:

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SL No		Step 1: Risk Identification /Assessment					Step 2: Risk Control						
		Area/Risky	Task/Source of Risk	Potential Risk/Hazard	Consequence (what could be harm?)	Degree of Risk		Risk Control Measures	Risk Owner	Date of Implement	Present Situation		
						P	I	R= P x I	Level	(Elimination, Substitution, Redesign, Isolation, Administration, PPE)			
01	Generator Room Operators & Spectators		Generator	Operating Generator	<ul style="list-style-type: none"> Sprains and strains Electric shock Cuts and abrasions Noise Entanglement Burns Crush 	3	3	9	Medium	<ul style="list-style-type: none"> Ensure that the generator is properly earthed Use mechanical lifting devices if possible and available Turn off when not in use Keep clear of hot parts Ensure cool down before loading When starting adopt a tripod stance, do not twist your body and do not pull cord past your body Check to make sure that generator has been certified and tagged by an electrician that the certification is current Check residual current device (RCD) and overload breaker switches are operational (if fitted) Ensure certified generator operator Use appropriate hearing protection (Ear Muff) Use appropriate footwear 	Utility Manager Head of Compliance	--	Controlled
				Refueling	<ul style="list-style-type: none"> Explosion or Fire when refueling Burns 	1	5	5	Low	<ul style="list-style-type: none"> Machine to be switched off before re-fuelling Avoid spillage especially onto hot engine parts Tightly seal fuel tank cap after filling Ensure no smoking, naked flames or ignition source Carry out visual checks for fuel leaks and repair before operation 	Utility Manager Head of Compliance	--	Controlled

P-Probability	Rare	1	Unlikely	2	Possible	3	Likely	4	Very Likely	5
I-Impact	Very Low	1	Low	2	Medium	3	High	4	Very High	5
R-Risk	Very Low	1 to 4	Low	5 to 8	Medium	9 to 12	High	13 to 16	Very High	17 to 25



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					P	I	R= P x I Level				
01	Generator Room Operators & Spectators	Generator	Fumes	Injury or ill health due to exposure or fuel fumes	1	3	3	Very Low	Utility Manager Head of Compliance	--	Controlled
			Noise	Noise from generator, leading to hearing impairment	3	3	9	Medium	Utility Manager Head of Compliance	--	Controlled

CURRENT CONTROL MEASURES	<ul style="list-style-type: none"> All engineers have attended site induction. All work is carried out by fully qualified and highly trained engineers in line with current regulations for Generator safety. All workers have been issued with all relevant PPE for tasks being carried out. Factory management provides regular up to date training of equipment to be worked on. Facility have ensured no smoking, naked flames or ignition source Checking to make sure that generator has been certified and tagged by an electrician that the certification is current All spillages are treated and cleaned up immediately Company provides regular up to date training of equipment to be worked on Generator used in separate shed, away from work site so noise disperses
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Step 3: Submission	This activity will be conducted in accordance with this risk assessment, implementing the control measure outlined in Step Three. Changes will be made to the activity, if required, to manage any emerging risk to ensure safety.	
Contact person: Md. Lutful Kabir		Date:
Indicate those others involved in the preparation of this risk assessment.		

Step 4: Monitor and Review Controls

Complete during and/or after the activity.	Yes	No			
1. Are the planned control measures sufficient and effective in minimizing the level of risk?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have there been any changes to the planned control measures?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Are further control measures required in future?	<input type="checkbox"/>	<input type="checkbox"/>			
Details:					
Review completed by:			Designation:		
Signature:			Date:		

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