Plant pre- purchase assessment checklist

**Plant - Acquisition / Purchase**

Prior to the acquisition, purchase or introduction of new plant or equipment into the workplace, a documented hazard assessment is required to ensure any associated WHS risks are adequately identified and controlled.

In making a pre-purchase decision, the following factors should be considered:

* whether the task or process is required (possibly eliminating the need for plant to be introduced to the workplace);
* whether the task can be undertaken in a different way (possible substitution of less hazardous plant);
* task requirements - define the expected task / operation / process and how the plant or equipment will assist in this (e.g. develop a business case);
* Any environmental or work practice issues (e.g. wet areas, flammable gases, work at heights)?
* If there is no suitable equipment on the market, can the plant/equipment be manufactured? If so, see the relevant guidance material.

# Equipment specifications

Identify appropriate plant or equipment available (on the market) that has the attributes / specifications required.

# Choosing a supplier

Most reputable suppliers, manufacturers and retailers of plant may assist in completing the checklist and may provide a demonstration or trial of plant to ascertain the suitability to workplace requirements.

When choosing a supplier of plant or equipment, do not rely on the name and reputation of a supplier. Confirm the supplier can provide:

* Choice and availability of plant;
* Compliance with WHS requirements;
* Plant demonstration arranged by the supplier for a local area;
* Service and warranty agreements;
* Training and technical support;
* Maintenance schedules of the plant;
* Availability of serviceable components;
* The geographical location of service outlets;
* Supplier information; and
* Availability of recall or defect notices.

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| Checklist | |
| **File reference:** | **Purchase Order Number:** |
| **Person requesting plant purchase:** | |
| **Manufacturer:** | **Supplier:** |
| **Plant item to be purchased:** | |
| **Detail the plant function/s (affix additional page/s if required):** | |
| **List any known relevant legislation, Act’s or Codes of practice requirements regarding construction, installation, use and disposal of the plant, as well as University procedure the purchased plant must meet (affix additional page/s if required):** | |
| **Is design registration or notification required?** Refer to WHS (Managing Risks of Plant in the Workplace) Code of Practice  **NO   YES – Complete the** [**Comcare form**](https://www.comcare.gov.au/preventing/hazards/physical_hazards/plant_and_structures/plant_and_plant_design_registration)  **If Yes, list Responsible person:** | |
| **Is Registration or licensing required?** Refer to WHS (Managing Risks of Plant in the Workplace) Code of Practice  **NO**  **YES – Complete** [**Comcare form**](https://www.comcare.gov.au/preventing/hazards/physical_hazards/plant_and_structures/plant_and_plant_design_registration) **If Yes, list Responsible person:** | |
| **WHS Pre purchase considerations** | |
| **Are specifications required for any of the following**  **Operator licence, permit, or certificate of competency**  **Training - operation, maintenance, installer**  **Noise legislation**  **Workplace layout, access and storage**  **Manual handling code of practice**  **Safe guarding of machinery**  **Stop/warning devices**  **Emergency operator controls**  **Signage / authorised access**  **Other (please specify):** | |
| **Do any of the following require specification?** | |
| Instructions – operational and maintenance manuals  Approved plans/calculations  Hazard assessment documentation  Installation instructions  Applicable Australian Standard please indicate AS number/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (please specify) | |

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| **I confirm the information provided in this document is true and accurate.** |
| Person completing this form:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Delegate’s approval:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |