Template only MUST modify to site conditions

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| Site / Area: |  | Date of Assessment |  | Risk Assessment # | **045RA** |
| Completed by (name) |  | Signature |  | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | Compound Mitre Saw | | |
| Authorised by: |  | Signature: |  | Date: |  |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | |
| **Electricity**   * Damaged electrical cord * Electrical fault within the piece of machinery * Overloading power sockets | | * Electric shock * Burns * Electrocution * Fire * Equipment Damage | | * Pre operational checks are undertaken prior to use * Plant has been tested and tagged and fitted with current tag * Plant is connected to an RCD protected circuit (Fixed or Portable) * RCD has undergone testing (Push button and or trip time tested) * Plant is maintained as per manufacturers recommendations * Plant can be electrically isolated for fixing faults and maintenance work (Lock out / Tag out) * Plants power cord is routed to protect from damage / severing | |
| **Machinery & Equipment**   * Unguarded machinery * Parts being ejected / disintegrating * Sharp edges * Lack of maintenance * Poor lighting * Noisy equipment * Lack of operator competency * Ergonomic or manual handling | | * Lacerations / amputations * Hearing loss * Tinnitus * Blindness * Fractures * Fire * Slip, trip or fall * Foreign bodies in eyes | | * Plant guarding in place and secured * Plant is maintained as per manufacturers recommendations * Tasks are rotated amongst workers / others * less exposure time on equipment * PPE is available for workers / others (Hearing protection, eye protection, safety footwear) * Workers / others trained in the use of plant * Work area is clean and free of obstructions * fire extinguishers available * First aid personnel available * First aid kit available | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation to the lungs * Irritation to eyes * Dermatitis | | * PPE is available for workers (Respiratory protection, eye protection, protective clothing) * Dust is not blown off with compressed air * Ventilation system utilised (On tool extraction, workshop extraction) * Industrial vacuum to remove waste particles * Eye wash facilities available | |
| **Noise**   * Sudden Exposure * Long Term Exposure | | * Hearing loss * Tinnitus * Lack of communication | | * PPE is available for workers / others (Hearing protection) * Work area is minimised for workers / others present * Workers exposed to pro longed noise exposure are sent for audiometric testing (2 yearly) * Plant is secured to appropriate work bench | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Repetitive movement * Stacking / storage * Fatigue * Vibration | | * Incorrect lifting, pushing, pulling, holding & restraining * Sprains & strains * Overuse syndrome (RSI) * Fatigue * White Finger Syndrome | | * Effective breaks and task rotation * Trolleys / sack trucks are available * Workers / others are trained in manual handling techniques * Racking is at reasonable height for workers to access heavy items * Area is clean and tidy to prevent slips, trips and falls * Effective PPE is made available (Anti vibration gloves) | |
| * **Other** | |  | |  | |
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| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | | | | |
| **Step 4: Monitor & Review:** | | | | | | | | |
| Were the controls effective? | | | | Were there any unforeseen hazards / incidents? | | | | New controls |
| Yes |  | No |  | Yes |  | No |  |
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