|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **074RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Electric Sander (Handheld)** | | | | |
| 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?  Template only MUST modify to site conditions  How could this happen? | | | | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | | |
| **Electricity**   * Faulty or damaged cable * Electrical fault within the piece of machinery * Overloading general power outlets (GPO’s) | | | | | * Electric shock / burns * Electrocution * Fire * Equipment Damage | | | | | * Visual inspections before use * All faults/damaged equipment is reported immediately * Ensure electrical equipment is in good working order (testing and tagging) * Residual current device (RCD) push button tested according to legislative requirements * RCD time tested according to legislative requirements * Fire wardens are trained in fire extinguisher use and emergency evacuation | | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear * Trip hazards | | | | | * Slip, trip, fall * Concussion * Fracture | | | | | * Good housekeeping practices * Nonslip footwear * Workplace inspections * Exclusion zones around work areas | | |
| **Hazardous Manual Tasks**   * Bending / stooping to pick up products * Sustained or awkward postures * Poor work area design * Repetitive movement * High speed movement * Vibration and muscle injuries from using sander | | | | | * Sprains & strains * Fatigue * Overuse syndrome (RSI) | | | | | * Workbench is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * Correct body and arm posture while sanding. * Work pieces to be clamped where necessary | | |
| **Noise**   * Loud machinery in an indoor environment (classroom) * No hearing protection worn * Prolonged exposure | | | | | * Potential hearing loss / impairment * Workers / others cannot communicate due to noise | | | | | * Hearing protection is available if required * Workers have audiometric testing (hearing tests) every 2 years * Rotation of tasks | | |
| **Machinery & equipment**   * Parts disintegrating and / or being ejected * Sanding pad not attached correctly * Equipment not maintained | | | | | * Laceration/friction burn to a worker / other fingers or hand * Timber products could dislodge causing an injury to workers or others * Worker injured while conducting maintenance on the plant * Worker / others could receive an eye injury from flying particles | | | | | * Guarding is installed and maintained on the plant * Regular workplace inspections are conducted * Worker / others are provided with personal protective equipment (PPE) * Preventative Maintenance Schedule in place | | |
| **Airborne contaminants**   * Dust | | | | | * Asthma * Irritation to the lungs | | | | | * PPE is available on request * Dust bag attached to sander correctly * Dust is not blown off with compressed air | | |
| **Other:** | | | | |  | | | | |  | | |
| **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 |  |
|  | | | | |  | | | | |  | | |
| Name: | |  | | | Signature | |  | | | Date |  | |