Template only MUST modify to site conditions

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| Site / Area: |  | Date of Assessment |  | Risk Assessment # | **056RA** |
| Completed by (name) |  | Signature |  | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | Laminating Machine | | |
| 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 | |
| **Electrical**   * Electricity | | * Electric shock * Death * Electric short / fire | | * Laminator is tested and tagged * Laminator is visually inspected for any damage to on / off switch or flexible cord * RCD is fitted and operational * No liquid to be placed on top of the laminator (eg coffee/tea/water) * Fire extinguisher readily accessible. | |
| **Machinery & Equipment**   * Hot surfaces | | * Burns from the heating element * Burns from the laminated pouches when exiting the laminator | | * Heating element is covered * Ensure the laminator is maintained in a safe condition * Ensure the laminator is not hotter than required to laminate the paper | |
| **Gravity**   * Tripping hazards | | * Slips, trips and falls over flexible power cord | | * Ensure power cords are not loose and could cause a tripping hazard | |
| **Machinery & Equipment**   * Pinch hazards – infeed area of laminator | | * Burns | | * Machine guards are not to be removed. Loose fitting clothing (long sleeves) are NOT to be worn while using the laminator. | |
| **Hazardous manual tasks**   * Sustained and awkward postures * Poor work area design | | * Sprains / strains | | * Position the laminator in a location that enables the operator sufficient space to work and without risk from people walking past, trolleys, doors opening and with sufficient lighting. | |
| **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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