Template only MUST modify to site conditions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site / Area: |  | Date of Assessment |  | Risk Assessment # | **059RA** |
| Completed by (name) |  | Signature |  | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | Metal Guillotine – Foot Operated | | |
| 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 | |
| **Machinery & Equipment**  Operation of the Plant (Mechanical Hazard) | | * Worker / others receiving a laceration or amputation from the cutting blade * Worker / others receives a laceration from handling sheet metal * Worker / others fingers become trapped/pinched under the front clamping device * Worker injured while conducting maintenance on the plant * A worker / others foot could slip off the foot pedal and injure their shin/leg | | * Regular workplace inspections are conducted * Hands kept clear of blades at all times * Worker / others are provided with personal protective equipment (PPE) * Workers are trained in plant maintenance and all equipment is “locked-out” when maintenance is undertaken | |
| **Hazardous Manual Tasks**   * Poor work area design | | * Bending/stooping to pick up products * Moving sections of sheet metal on/off the guillotine | | * Plant is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * Workers and others are trained in safe manual handling techniques | |
| **Machinery & Equipment**   * Hit by moving object | | * Bruising * Sprains / strains | | * Safe working zones are clearly identified. (e.g. yellow lines and / or appropriate signage) * Protruding arms are highly visible | |
| **Machinery & equipment**   * Metal shavings/pieces | | * Foreign body in eye | | * Personal Protective Equipment worn * Regular housekeeping | |
| **Gravity**   * Slip trip and falls | | * Amputations * Lacerations * Sprains / stains | | * Maintain a clear work space * Non-slip floor surfaces * Regular housekeeping (sweeping / vacuuming floors). | |
| **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 |  |
|  | | | |  | | | |  |