Template only MUST modify to site conditions

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| 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
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| **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
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| **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
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| **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:** |  |  |

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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 | [ ]  |
|  |  |  |