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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **061RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Metal Sharpener** | | | | |
| Authorised by: | | |  | | Signature:  Template only MUST modify to site conditions | | |  | | 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 and Equipment**   * Operation of the Plant (Mechanical Hazard) | | | | | * Workers / others becoming entangled in moving parts of the plant * Laceration or amputation to a workers / others fingers whilst sharpening tools * Worker injured while conducting maintenance on the plant * Workers / others could receive an eye injury from flying particles * Friction burns to a workers / others fingers or hand | | | | | * Regular workplace inspections are conducted * Workers / others are provided with personal protective equipment (PPE) * Workers are trained in plant maintenance, and all equipment is “locked-out” electrically when maintenance is undertaken * Maintain red emergency stop button in good working order and ensure it is checked regularly as part of the maintenance schedule. | | |
| **Electricity**   * Frayed / loose cords * Pulling out equipment from plug | | | | | * Worker or other could get electrocuted or receive an electric shock from poorly maintained/damaged plant * Electrical installation could be impacted and damaged * Wiring could cause an electrical fire * Unable to stop the plant in an emergency (Operational controls and e-stop) | | | | | * The plant undergoes regular electrical inspections (test & tag) * The main power distribution board is RCD protected and checked regularly * Workplace inspections are conducted to identify defective items * Plant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch | | |
| **Machinery & Equipment**   * Swarf | | | | | * Asthma * Irritation to the lungs * Foreign object in eye | | | | | * PPE is available on request * Swarf is not blown off with compressed air | | |
| **Noise**   * Noisy machinery * No hearing protection * Inadequate hearing protection | | | | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | | | | * PPE is available on request * Workers/others are trained on the dangers of workplace noise | | |
| **Hazardous Manual Tasks**   * Repetitive movement * Sustained or awkward postures * Poor work area design | | | | | * Workers/others could receive an injury due to poor work postures | | | | | * Plant is set at a suitable working height * Trolleys are available for moving items if required * All workers are trained in safe manual handling techniques | | |
| **Airborne contaminants**   * Dust | | | | | * Respiratory illness * Eye irritation | | | | | * Local exhaust ventilation installed * PPE is provided and worn as required * Regular housekeeping (sweeping / vacuuming) | | |
| **Gravity**   * Slips, trips and falls | | | | | * Sprains / strains | | | | | * Maintain a clear work space in and around the machine * 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 |  |
|  | | | | |  | | | | |  | | |
| Name: | |  | | | Signature | |  | | | Date |  | |