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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **066RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Panel Saw** | | | | |
| 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:**  Template only MUST modify to site conditions  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) | | | | | * Laceration or amputation to a worker/others fingers or hand on the cutting blade * Worker/other becoming entangled in moving parts of the plant * Worker/other being struck by the moving table | | | | | * The plant is fitted with the manufacturers guarding * Exclusion zones around machinery are marked on the floor * Regular workplace inspections are conducted * Workers are trained in plant maintenance, and all equipment is “locked-out” electrically when maintenance is undertaken | | |
| **Electricity**   * 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) | | | | | * Electrocution * Electric shock * Fire | | | | | * The plant undergoes regular electrical inspections * 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 | | |
| **Airborne Contaminants**   * Dust | | | | | * Asthma * Irritation to the lungs * Worker/other receiving an eye injury from flying particles | | | | | The panel saw is connected to the main extraction system and unit is regularly maintainedPaper dust masks are available on request  * Eye protection is worn by all workers and others when using the plant | | |
| **Noise** | | | | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | | | | Hearing protection is available if required  * Workers/others are trained on the dangers of workplace noise | | |
| **Hazardous Manual Tasks**   * Sustained or awkward postures * Limited work space available * Poor work area design Bending/stooping to cut timber * Moving projects on/off the cutting table | | | | | * Sprains/strains | | | | | Plant is set at a suitable height to minimise stoopingTrolleys are available for moving items if requiredAll workers and others are trained in safe manual handling techniques | | |
| **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 |  | |