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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **070RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Photocopier** | | | | |
| 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 | | |
| **Electricity**   * Flexing of cord * Damage to cord | | | | | * Electric shock * Electrocution | | | | | * Test and tagging of electrical equipment * RCDs installed and tested * Workplace inspections conducted | | |
| **Hazardous Manual Tasks**   * Inadequate lighting * Limited workspace available * Bending to stack papers / fix jams | | | | | * Musculoskeletal injuries * Sprains / strains | | | | | * Hazardous manual task training provided to staff three yearly * Sack truck/trolley provided for moving boxes of paper | | |
| **Airborne Contaminants**   * Changing toners * Exposure to fumes | | | | | * Inhalation of airborne toner dust | | | | | * Workers aware of safe handling of toners as per manufacturers recommendations * Photocopier is placed in a well-ventilated room / area. Where not possible, exhaust fans are installed. | | |
| **Machinery & Equipment**   * Touching hot parts of machine | | | | | * Burns | | | | | * Workers are aware of components that cause burns * Repair and service work is only conduct by trained service technicians | | |
| **Gravity**   * Location of electrical cords | | | | | * Slips, trips and falls | | | | | * Electrical cords secured to wall or copier to minimise tripping hazards | | |
| **Noise**   * Constant photocopier noise irritating workers/loss of ability to concentrate | | | | | * Anxiety due to constant ‘white noise’ | | | | | Where possible, photocopiers are placed away from workers (separate room or work-area) | | |
| **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 |  | |