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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **071RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Plasma Cutter** | | | | |
| 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 | | |
| **Electrical**   * Frayed / loose cords * Cutting cords | | | | | * Worker / others 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 * Worker / other could receive a shock from the earth connection on the Plasma cutter | | | | | * The plant undergoes regular electrical inspections * The main power distribution board is RCD protected * Workplace inspections are conducted to identify defective items * Workers / others are adequately training in the safe operation of the plant * Workers /others wear required PPE and welding shield | | |
| **Machinery & Equipment**   * Burns | | | | | * Worker or others could receive a burn from the hot plasma cutting tip * Burns from molten metal being cut. | | | | | * PPE is provided in the form of welding gloves and apron * First aid and cold running water is available if required. * Complete Hot Work Permit. | | |
| **Radiation**   * Arc rays | | | | | * Damage to eyes * Burns | | | | | * Protect eyes with welding masks fitted with filtered lenses * Protect body with appropriate safety garments * Adequate shields or curtains are installed. | | |
| **Airborne Contaminants**   * Fumes | | | | | * Asthma * Irritation to the lungs | | | | | Welding bays have fume extraction system fittedMask is available on request | | |
| **Noise**   * No hearing protection * Noisy machinery | | | | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | | | | Hearing protection is available if requiredWorkers/others are trained on the dangers of workplace noise | | |
| **Hazardous Manual Tasks**   * Manual Handling of the plant and moving product on/off the plant | | | | | * Bending/stooping to pick up items * Moving projects on/off the welding table * Sprain/strains | | | | | Trolleys are available for moving items if requiredAll workers / 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 |  | |