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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **072RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Polishing Machine** | | | | |
| 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) | | | | | * Worker / others becoming entangled in moving parts of the plant * Laceration or friction burn to a worker / others fingers or hand * Worker injured while conducting maintenance on the plant * Worker / others could receive an eye injury from flying particles and/or swarf | | | | | * Regular workplace inspections are conducted * Worker / 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 * Guarding is fitted and maintained to minimise access to moving parts * Eye guards are fitted * Long hair and loose clothing should be secured so as to not come into contact with moving parts. Jewellery should also be removed. Gloves should not be worn when using this machine. | | |
| **Machinery & Equipment**   * Ejected work pieces (work pieces, wires from brushes and particles from the polishing process can be ejected from the machine.) | | | | | * Lacerations * Foreign body in eye | | | | | * Machinery inspected prior to use to ensure no obvious faults. * PPE is worn (safety glasses/goggles) | | |
| **Electricity**   * 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) | | | | | * Death * Electric Shock * Burns | | | | | * The plant undergoes regular electrical inspections (test & tag) * The main power distribution board is RCD protected * 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 | | | | | PPE is available on request  * Dust is not blown off with compressed air | | |
| **Machinery & Equipment**   * Heat | | | | | * Burns to workers/others fingers or hands from grinding | | | | | * Items being ground or sharpened are cooled with water * Safe operating procedure in place | | |
| **Machinery & Equipment**   * Vibration | | | | | * White finger syndrome | | | | | * Plant is not used for long periods of time * Safe operating procedure in place | | |
| **Noise**   * 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** | | | | | * 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 and students 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 |  | |