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| --- | --- | --- | --- | --- | --- |
| Site / Area: |       | Date of Assessment |       | Risk Assessment # | **077RA** |
| Completed by (name) |       | Signature |       |
| In Consultation with: |       | Signature |       |
| Identify / describe activity, equipment, area or event you are assessing: | **Sliding Table 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 conditionsWhat 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*** Damaged electrical cord
* Electrical fault within the piece of machinery
* Overloading power sockets
 | * Electric shock/burns
* Electrocution
* Fire
* Equipment Damage
* Unable to stop the plant in an emergency (Operational controls and e-stop)
 | * Visual inspections before use
* All faults reported immediately
* Ensure electrical equipment is in good working order (testing and tagging)
* Residual current device (RCD) push button tested according to legislative requirements
* RCD time tested according to legislative requirements
* Fire wardens are trained in fire extinguisher use and emergency evacuation
* Trained operators only use the equipment
* Plant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch
 |
| **Gravity*** Slippery surfaces
* Inappropriate footwear
* Obstructed or cluttered work area around the machine
* Uneven floor surface
 | * Slip, trip, fall
* Concussion
* Fracture
 | * Good housekeeping practices
* Nonslip footwear
* Exclusion zones around machinery
* Maintain a clear workspace in and around the machine
* Provide non-slip floor surfaces that give a firm foothold
 |
| **Hazardous Manual Tasks*** Bending/stooping to cut timber
* Moving projects on/off the cutting table
* Variation in material size, shape, weight
* Poor work height due to fixed height of worktable
 | * Sprains & strains
* Fatigue
 | * Plant is set at a suitable height to minimise stooping
* Trolleys are available for moving items if required
* Use of correct manual handling techniques
* Limited time using machinery
 |
| **Noise*** Noise from machinery operation and production processes
 | * Potential hearing loss/impairment
* Workers / others cannot communicate due to noise
* Different woods creating varying noise levels when being processed
* Various machines in the area operating simultaneously
 | * Hearing protection is available if required
* Workers have audiometric testing (hearing tests) every 2 years
* Local acoustic dampening to reduce noise levels
* Hearing protectors used by all people accessing the workshop
* Warning signs displayed in the workshop
 |
| **Machinery & Equipment*** Guarding is inadequate
* Parts disintegrating and / or being ejected
* Blade not attached correctly
 | * Laceration or amputation to a worker / others fingers or hand
* Worker injured while conducting maintenance on the plant
* Worker / other could receive an eye injury from flying particles
* Cutting blade tips could disintegrate and injure a worker / other
 | * Plant has OEM guarding on cutting blade
* Regular workplace inspections are conducted
* Cutting blades are regularly sharpened and inspected
* 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
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| **Airborne Contaminants*** Dust, vapours
 | * Asthma
* Irritation to the lungs
* High speed sanding
* Ventilation/extraction system poorly maintained
 | * Provide and maintain local exhaust ventilation
* Wear protective personal equipment (PPE) such as face masks
* Regularly vacuum dust and sawdust
* Note: DO NOT use compressed air to remove dust from skin or clothing
* Preventative Maintenance Schedule in place
 |
| **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 |  |