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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **078RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Table Router** | | | | |
| 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**   * + - * Damaged electrical cord       * Electrical fault within the piece of machinery       * Overloading power sockets | | | | | * + - * Electric shock/burns * Electrocution * Fire * Equipment Damage | | | | | * 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 | | |
| **Gravity**   * + - * Slippery surfaces       * Inappropriate footwear | | | | | * Slip, trip, fall * Concussion * Fracture | | | | | * Good housekeeping practices * Nonslip footwear * Workplace inspections * Exclusion zones around machinery | | |
| **Hazardous Manual Tasks**   * + - * Bending/stooping to pick up products | | | | | * Sprains & strains | | | | | * Plant is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * All workers and students are trained in safe manual handling techniques | | |
| **Noise**   * Loud machinery in an indoor environment (classroom) | | | | | * Potential hearing loss/impairment * Workers/students cannot communicate due to noise | | | | | * Hearing protection is available if required * Workers have audiometric testing (hearing tests) every 2 years | | |
| **Machinery & Equipment**   * Guarding is inadequate * Parts disintegrating and / or being ejected * Cutting bit not attached correctly | | | | | * Laceration/amputation to a worker/student’s fingers or hand from being drawn into the cutting bit * Worker injured while conducting maintenance on the plant * Worker/student could receive an eye injury from flying particles * The cutting bit could disintegrate and injure a worker/student | | | | | * Plant has guarding over the cutting bit * Regular workplace inspections are conducted * Cutting bits are regularly inspected and old bits thrown away. * Worker/students are provided with personal protective equipment (PPE) * Preventative Maintenance Schedule in place | | |
| **Airborne Contaminants**   * Fumes/dusts | | | | | * Asthma * Irritation to the lungs | | | | | * PPE is available on request * Dust is not blown off with compressed air * Plant has dust extraction system fitted. | | |
| **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 |  | |