|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **080RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Thicknesser** | | | | |
| 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 * Ensure equipment is appropriately maintained, and appropriate isolation procedures (i.e. lock out tags) are in place. | | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear * Trip hazards - Inappropriate placement of objects (e.g. spare materials, electrical cords, etc.) in the immediate vicinity of the plant equipment may result in a trip hazard. | | | | | * Slip, trip, fall * Concussion * Fracture | | | | | * Good housekeeping practices * Nonslip footwear * Workplace inspections * Exclusion zones around machinery | | |
| **Hazardous Manual Tasks**   * Bending/stooping to cut timber * Moving projects on/off the cutting table | | | | | * Sprains & strains * Fatigue | | | | | * Plant is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * Limited time using this piece of machinery | | |
| **Noise**   * Loud machinery in an indoor environment | | | | | * Potential hearing loss/impairment * Workers / others 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 * Blades not attached correctly | | | | | * Worker / others receiving a laceration to their fingers or hand from contact with the cutting blade. * Worker/student becoming entangled in moving parts of the plant * Timber products “kicking out” and hitting a worker/student | | | | | * Preoperational checks are completed. * The cutting blades are guarded with the OEM guard * Regular workplace inspections are conducted * No loose clothing or items worn while using machinery * Workers are trained in plant maintenance, and all equipment is “locked-out” electrically when maintenance is undertaken | | |
| **Airborne Contaminants**   * Dust | | | | | * Asthma * Irritation to the lungs * Worker/student receiving an eye injury from flying particles | | | | | * PPE is available on request * Dust is not blown off with compressed air * Plant has dust extraction system fitted. * Workplace inspections | | |
| **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 |  | |