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| Site / Area: |  | Date of Assessment |  | Risk Assessment # | 081RA |
| Completed by (name) |  | Signature | Template only MUST modify to site conditions | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | Timber Planer | | |
| 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:**  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 | |

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| **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 * Trip hazards * Obstructed or cluttered work area around the machine | * Slip, trip, fall * Concussion * Fracture | * Exclusion zones around machinery * Maintain a clear work space in and around the machine * Provide non-slip floor surfaces that give a firm foothold * Good housekeeping practices * Non slip footwear * Workplace inspections |
| **Hazardous Manual Tasks**   * Bending/stooping to cut timber * Moving projects on/off the cutting table | * Sprains & strains * Fatigue | * Store raw materials at appropriate height to avoid the need for bending or twisting * Use a second person or trolley to guide a long or large piece from the machine * 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 | * Local acoustic dampening is in place (where practicable) to reduce noise levels * Hearing protection is available if required * Warning signs displayed in the workshop * Workers have audiometric testing (hearing tests) every 2 years |
| **Machinery & Equipment**   * Guarding is inadequate * Parts disintegrating and / or being ejected * Blades not attached correctly or damaged * Crushing from transmission drive (access to internal area of machine) | * Cuts / lacerations * Worker / others becoming entangled in moving parts of the plant * Timber products “kicking out” and hitting a worker / other | * Anti-kickback device fitted to the machine and maintained * Pre operational checks are completed. * The cutting blade is guarded with the OEM guard. Fixed guarding encloses all transmission and associated moving parts * Push block of suitable proportions should be used with the heel stop. * 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 and vapours | * Asthma * Irritation to the lungs * Worker / others receiving an eye injury from flying particles | * Provide and maintain local exhaust ventilation * Regularly vacuum dust and sawdust * PPE is available on request * Dust is not blown off with compressed air * Plant has dust extraction system fitted. * Workplace inspections |

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| 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 |  |
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