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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **041RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Belt Sander - Fixed** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)*) | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)*) | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Electricity**   * Frayed / loose cords / plugs * Faulty appliances * Damaged switches | | * Electric shock * Electrocution * Fire * Equipment Failure * Equipment Damage | | * Residual Current Devices (RCD’s) * Testing and Tagging * Preventative Maintenance Schedule * Emergency Stops * Lock Out / Tag Out | | |
| **Airborne Contaminants**   * Dust * Vapours | | * Asthma * Irritation * Injuries | | * Dust extraction / Local Exhaust Ventilation installed * Preventative Maintenance Schedule * Pre-operational checks * Personal Protective Equipment (PPE) * Dust Mask * Eye Protection | | |
| **Noise**   * Prolonged Exposure * Sudden Exposure | | * Hearing impairment * Hearing Loss * Poor Communication | | * Local acoustic dampening to reduce noise levels. * Training * Workplace Inspections * Preventative Maintenance * Personal Protective Equipment (PPE)  Ear PlugsEar Muffs | | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Repetitive movement * Fatigue | | * Incorrect lifting, pushing, pulling, holding & restraining * Sprains & strains * Overuse syndrome (RSI) * Fatigue | | * Raw materials are stored at appropriate heights to avoid need for bending and twisting * Ergonomic Set-up * Trolleys / sack trucks available | | |
| **Gravity**   * Wet floors * Inappropriate footwear | | * Slip, trip, fall * Concussion * Fracture | | * Hazard reporting * Wet floor signs * Appropriate footwear * Workplace Inspections | | |
| **Mechanical**   * Unguarded plant * Parts disintegrating and / or being ejected * Sharp edges – moving or stationary * Pinch points * Entanglement * Entrapment * Crushing from transmission drive | | * Amputations * Lacerations * Contusions * Dislocations * Burns * Abrasions | | * Keep clear of moving parts. * Guards fitted over belt wheels and correctly adjusted. * Preventative Maintenance * Workplace Inspections * Pre-operational checks * Information, Instruction and Training * Personal Protective Equipment (PPE) * Safety Shoes * Eye Protection * Lock Out / Tag Out * Worktabke or rest is used to guide work piece during sanding. | | |

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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |