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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **045RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **COMPOUND MITRE SAW** | | |
| **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**   * Damaged electrical cord * Electrical fault within the piece of machinery * Overloading power sockets | | * Electric shock * Burns * Electrocution * Fire * Equipment Damage | | * Pre operational checks are undertaken prior to use * Plant has been tested and tagged and fitted with current tag * Plant is connected to an RCD protected circuit (Fixed or Portable) * RCD has undergone testing (Push button and or trip time tested) * Plant is maintained as per manufacturers recommendations * Plant can be electrically isolated for fixing faults and maintenance work (Lock out / Tag out) * Plants power cord is routed to protect from damage / severing | | |
| **Machinery & Equipment**   * Unguarded machinery * Parts being ejected / disintegrating * Sharp edges * Lack of maintenance * Poor lighting * Noisy equipment * Lack of operator competency * Ergonomic or manual handling | | * Lacerations / amputations * Hearing loss * Tinnitus * Blindness * Fractures * Fire * Slip, trip or fall * Foreign bodies in eyes | | * Plant guarding in place and secured * Plant is maintained as per manufacturers recommendations * Tasks are rotated amongst workers / others * less exposure time on equipment * PPE is available for workers / others (Hearing protection, eye protection, safety footwear) * Workers / others trained in the use of plant * Work area is clean and free of obstructions * fire extinguishers available * First aid personnel available * First aid kit available | | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation to the lungs * Irritation to eyes * Dermatitis | | * PPE is available for workers (Respiratory protection, eye protection, protective clothing) * Dust is not blown off with compressed air * Ventilation system utilised (On tool extraction, workshop extraction) * Industrial vacuum to remove waste particles * Eye wash facilities available | | |
| **Noise**   * Sudden Exposure * Long Term Exposure | | * Hearing loss * Tinnitus * Lack of communication | | * PPE is available for workers / others (Hearing protection) * Work area is minimised for workers / others present * Workers exposed to pro longed noise exposure are sent for audiometric testing (2 yearly) * Plant is secured to appropriate work bench | | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Repetitive movement * Stacking / storage * Fatigue * Vibration | | * Incorrect lifting, pushing, pulling, holding & restraining * Sprains & strains * Overuse syndrome (RSI) * Fatigue * White Finger Syndrome | | * Effective breaks and task rotation * Trolleys / sack trucks are available * Workers / others are trained in manual handling techniques * Racking is at reasonable height for workers to access heavy items * Area is clean and tidy to prevent slips, trips and falls * Effective PPE is made available (Anti vibration gloves) | | |
| **Other** | |  | |  | | |

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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:** |  |