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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **071RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **PLASMA CUTTER** | | |
| **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** | | |
| **Electrical**   * Frayed / loose cords * Cutting cords | | * Worker / others could get electrocuted or receive an electric shock from poorly maintained/damaged plant * Electrical installation could be impacted and damaged * Wiring could cause an electrical fire * Worker / other could receive a shock from the earth connection on the Plasma cutter | | The plant undergoes regular electrical inspectionsThe main power distribution board is RCD protectedWorkplace inspections are conducted to identify defective itemsWorkers / others are adequately training in the safe operation of the plantWorkers /others wear required PPE and welding shield | | |
| **Machinery & Equipment**   * Burns | | * Worker or others could receive a burn from the hot plasma cutting tip * Burns from molten metal being cut. | | PPE is provided in the form of welding gloves and apronFirst aid and cold running water is available if required. | | |
| **Radiation**   * Arc rays | | * Damage to eyes * Burns | | Protect eyes with welding masks fitted with filtered lensesProtect body with appropriate safety garmentsAdequate shields or curtains are installed. | | |
| **Airborne Contaminants**   * Fumes | | * Asthma * Irritation to the lungs | | Welding bays have fume extraction system fittedMask is available on request | | |
| **Noise**   * No hearing protection * Noisy machinery | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | Hearing protection is available if requiredWorkers/others are trained on the dangers of workplace noise | | |
| **Hazardous Manual Tasks**   * Manual Handling of the plant and moving product on/off the plant | | * Bending/stooping to pick up items * Moving projects on/off the welding table * Sprain/strains | | Trolleys are available for moving items if requiredAll workers / others are trained in safe manual handling techniques | | |
| **Other** | |  | |  | | |
| **CAUTION**  PACEMAKERS - The magnetic fields created by high currents may affect the operation of pacemakers. Wearers of vital electronic equipment (pacemakers) should consult their physician before beginning any arc welding, cutting, gouging or spot welding operations. | | | | | | |

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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:** |  |