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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **077RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Sliding Table 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 * Unable to stop the plant in an emergency (Operational controls and e-stop) | | Visual inspections before useAll faults reported immediatelyEnsure electrical equipment is in good working order (testing and tagging)Residual current device (RCD) push button tested according to legislative requirementsRCD time tested according to legislative requirementsFire wardens are trained in fire extinguisher use and emergency evacuationTrained operators only use the equipmentPlant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch | | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear * Obstructed or cluttered work area around the machine * Uneven floor surface | | * Slip, trip, fall * Concussion * Fracture | | * Good housekeeping practices * Non slip footwear * Exclusion zones around machinery * Maintain a clear work space in and around the machine * Provide non-slip floor surfaces that give a firm foothold | | |
| **Hazardous Manual Tasks**   * Bending/stooping to cut timber * Moving projects on/off the cutting table * Variation in material size, shape, weight * Poor work height due to fixed height of work table | | * Sprains & strains * Fatigue | | * Plant is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * Use of correct manual handling techniques * Limited time using machinery | | |
| **Noise**   * Noise from machinery operation and production processes | | * Potential hearing loss/impairment * Workers / others cannot communicate due to noise * Different woods creating varying noise levels when being processed * Various machines in the area operating simultaneously | | * Hearing protection is available if required * Workers have audiometric testing (hearing tests) every 2 years * Local acoustic dampening to reduce noise levels * Hearing protectors used by all people accessing the workshop * Warning signs displayed in the workshop | | |
| **Machinery & Equipment**   * Guarding is inadequate * Parts disintegrating and / or being ejected * Blade not attached correctly | | * Laceration or amputation to a worker / others fingers or hand * Worker injured while conducting maintenance on the plant * Worker / other could receive an eye injury from flying particles * Cutting blade tips could disintegrate and injure a worker / other | | * Plant has OEM guarding on cutting blade * Regular workplace inspections are conducted * Cutting blades are regularly sharpened and inspected * Worker / others are provided with personal protective equipment (PPE) * Workers are trained in plant maintenance and all equipment is “locked-out” electrically when maintenance is undertaken | | |
| **Airborne Contaminants**   * Dust, vapours | | * Asthma * Irritation to the lungs * High speed sanding * Ventilation/extraction system poorly maintained | | * Provide and maintain local exhaust ventilation * Wear protective personal equipment (PPE) such as face masks * Regularly vacuum dust and sawdust * Note: DO NOT use compressed air to remove dust from skin or clothing * Preventative Maintenance Schedule in place | | |
| **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:** |  |