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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:** |  |