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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **051RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Edge Banding Machine** |
| **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** |
| **Machinery & Equipment** * Operation of the Plant (Mechanical Hazard)
* Crushing from transmission drive
* Entangled in moving parts (rotating shafts and buffing heads)
* Entrapment in chain sprocket drives, pressure rollers, conveyor pads
 | * Laceration/ amputation to a worker/other fingers
* Crushing
 | Fixed or interlocked guarding encloses all transmission and associated moving parts (rotating cutters and saws)The front of the edge bander is guarded to minimise the risk of a worker being drawn into the rollersRegular workplace inspections are conducted* Lock out / tag out procedures implemented and maintained.

Workers are trained in plant maintenance and all equipment is “locked-out” electrically when maintenance is undertaken  |
| **Electricity*** Frayed / loose cords
* Electrical installation could be impacted and damaged
* Wiring could cause an electrical fire
* Unable to stop the plant in an emergency (Operational controls and e-stop)
 | * Electric shock
* Electrocution
* Serious injury
* Fire
 | The plant undergoes regular electrical inspectionsThe main power distribution board is RCD protectedWorkplace inspections are conducted to identify defective items Plant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch – tested regularlyFire fighting equipment available |
| **Noise*** Inadequate hearing protection
 | * Potential hearing loss/impairment
* Workers/Other cannot communicate due to noise
 | Guarding that encloses moving parts contains acoustic dampening to reduce noise levelsHearing protection is available if required Warning signs displayed in the workshop.  |
| **Hazardous Manual Tasks*** Incorrect storage of equipment
* Inadequate lighting
* Sustained or awkward postures
* Vibrating equipment
* Moving projects on/off the cutting table
* Limited work space available
 | * Bending/stooping to cut timber
* Muscular skeletal injuries
* Sprains / strains
 | Store raw materials at appropriate height to avoid the need for bending or twistingUse an unpowered roller conveyor to support large boards as they pass through the edge bander.Plant is set at a suitable height to minimise stoopingTrolleys are available for moving items if required |
| **Gravity*** Slips, trips and falls
* Obstructed or cluttered work area around the machine
* Slippery and uneven floor surface
 | * Sprains / strains
* Fractures
 | Maintain a clear work space in and around the machine* Provide non-slip floor surfaces that give a firm foothold
* Appropriate non-slip footwear to be worn
* Regular housekeeping
 |
| **Airborne Contaminants*** Dust & vapours (poorly maintained ventilation / extraction system)
 | * Respiratory illnesses
* Eye irritation
 | Provide and maintain local exhaust ventilation. Ensure fumes from hot glue are extracted away from the operator* Wear personal protective equipment (PPE) such as face masks, safety glasses
* Regularly vacuum dust and sawdust

NOTE: DO NOT use compressed air to remove dust from skin or clothing |

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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:** |  |