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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **059RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **METAL GUILLOTINE - FOOT OPERATED** | | |
| **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) | | * Worker / others receiving a laceration or amputation from the cutting blade * Worker / others receives a laceration from handling sheet metal * Worker / others fingers become trapped/pinched under the front clamping device * Worker injured while conducting maintenance on the plant * A worker / others foot could slip off the foot pedal and injure their shin/leg | | * Regular workplace inspections are conducted * Hands kept clear of blades at all times * Worker / others are provided with personal protective equipment (PPE) * Workers are trained in plant maintenance and all equipment is “locked-out” when maintenance is undertaken | | |
| **Hazardous Manual Tasks**   * Poor work area design | | * Bending/stooping to pick up products * Moving sections of sheet metal on/off the guillotine | | * Plant is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * Workers and others are trained in safe manual handling techniques | | |
| **Machinery & Equipment**   * Hit by moving object | | * Bruising * Sprains / strains | | * Safe working zones are clearly identified. (e.g. yellow lines and / or appropriate signage) * Protruding arms are highly visible | | |
| **Machinery & equipment**   * Metal shavings/pieces | | * Foreign body in eye | | * Personal Protective Equipment worn * Regular housekeeping | | |
| **Gravity**   * Slip trip and falls | | * Amputations * Lacerations * Sprains / stains | | * Maintain a clear work space * Non-slip floor surfaces * Regular housekeeping (sweeping / vacuuming floors). | | |

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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:** |  |