|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **061RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **METAL SHARPENER** | | |
| **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 and Equipment**   * Operation of the Plant (*Mechanical Hazard)* | | * Workers / others becoming entangled in moving parts of the plant * Laceration or amputation to a workers / others fingers whilst sharpening tools * Worker injured while conducting maintenance on the plant * Workers / others could receive an eye injury from flying particles * Friction burns to a workers / others fingers or hand | | * Regular workplace inspections are conducted * Workers / 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 * Maintain red emergency stop button in good working order and ensure it is checked regularly as part of the maintenance schedule. | | |
| **Electricity**   * Frayed / loose cords * Pulling out equipment from plug | | * Worker or other 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 * Unable to stop the plant in an emergency (Operational controls and e-stop) | | * The plant undergoes regular electrical inspections (test & tag) * The main power distribution board is RCD protected and checked regularly * Workplace inspections are conducted to identify defective items * Plant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch | | |
| **Machinery & Equipment**   * Swarf | | * Asthma * Irritation to the lungs * Foreign object in eye | | * PPE is available on request * Swarf is not blown off with compressed air | | |
| **Noise**   * Noisy machinery * No hearing protection * Inadequate hearing protection | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | * PPE is available on request * Workers/others are trained on the dangers of workplace noise | | |
| **Hazardous Manual Tasks**   * Repetitive movement * Sustained or awkward postures * Poor work area design | | * Workers/others could receive an injury due to poor work postures | | * Plant is set at a suitable working height * Trolleys are available for moving items if required * All workers are trained in safe manual handling techniques | | |
| **Airborne contaminants**   * Dust | | * Respiratory illness * Eye irritation | | * Local exhaust ventilation installed * PPE is provided and worn as required * Regular housekeeping (sweeping / vacuuming) | | |
| **Gravity**   * Slips, trips and falls | | * Sprains / strains | | * Maintain a clear work space in and around the machine * Non-slip floor surfaces * Regular housekeeping (sweeping / vacuuming floors). | | |
| **Other** | |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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).**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | | | |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |