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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **040RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Grinder – Angle (Cord)** |
| **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** |
| **Entanglement*** Long Hair
* Loose Clothing
* Jewellery
* Moving Parts
 | * Cuts / abrasions
* Scalping
* De-gloving
* Friction Burns
* Amputations
 | * Hazard Reports
* Information, Instruction and Training
* Guarding
* Pre-operational Checks
* Suitable workspace
* Personal Protective Equipment (PPE)
 |
| **Mechanical*** Unguarded blades
* Parts disintegrating and / or being ejected
* Sharp edges – moving or stationary
* Sparks
 | * Amputations
* Lacerations
* Contusions
* Dislocations
* Fire
* Explosions
 | * Keep clear of moving parts.
* Adequate Guarding
* Housekeeping
* Preventative Maintenance
* Workplace Inspections
* Pre-operational checks
* Information, Instruction and Training
* Personal Protective Equipment (PPE)
* Safety Shoes
* Eye Protection
* Lock out / Tag Out
 |
| **Electricity*** Frayed / loose cords / plugs
* Faulty appliances
* Damaged switches
 | * Electric shock
* Electrocution
* Fire
* Equipment Failure
* Equipment Damage

  | * Hazard Reporting
* Residual Current Devices (RCD’s)
* Testing and Tagging
* Workplace Inspections
* Preventative Maintenance
* Trained Personnel
* Emergency Procedures
* Pre-operational checks

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| **Noise*** Prolonged Exposure
* Sudden Exposure
 | * Hearing impairment
* Hearing Loss
* Tinnitus
* Poor Communication
 | * Sound Proofing
* Training
* Workplace Inspections
* Preventative Maintenance
* Hazard Reporting
* Personal Protective Equipment (PPE)

Ear PlugsEar Muffs  |
| **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
 | * Hazardous Manual Task Training
* Ergonomic Set-up
* Effective breaks and task rotation
* Trolleys / sack trucks available
* Trolleys are available for moving items if required
* Plant Specific Training
 |
| **Gravity*** Wet floors
* Inappropriate footwear
* Poor Housekeeping
 | * Slip, trip, fall
* Concussion
* Fracture
 | * Hazard reporting
* Wet floor signs
* Appropriate footwear
* Workplace Inspections
 |

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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:** |  |