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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **044RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **COLD 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** |
| **Machinery & Equipment*** Operation of the Plant
 | * Worker / others injured whilst changing blade
* Worker injured while conducting maintenance on the plant
 | * Regular workplace inspections are conducted
* Worker / 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
 |
| **Machinery & Equipment*** Unguarded blades
* Parts disintegrating and / or being ejected
* Sharp edges – moving or stationary
 | * Amputations
* Lacerations
* Contusions
 | * Keep clear of moving parts
* Guarding in place
* Housekeeping
* Preventative Maintenance Schedule
* Pre-operational checks
* Worker / others have PPE available (Eye protection, Safety footwear)
* Lock out / Tag out available
 |
| **Electricity*** Frayed / loose cords / plugs
* Faulty appliances
* Damaged switches
 | * Electric shock
* Electrocution
* Fire
* Equipment Failure
* Equipment Damage
 | Visual inspection* Pre-operational checks
* The plant undergoes regular electrical inspections (test & tag)
* The main power distribution board is RCD protected and RCD’s checked regularly
* Plant is fitted with standard on / off control and hand switch is operational
 |
| **Noise*** Prolonged Exposure
* Sudden Exposure
 | * Hearing impairment
* Hearing Loss
* Tinnitus
* Poor Communication
 | Plant is maintained as per manufacturers recommendations (Preventative maintenance Schedule) Personal Protective Equipment (PPE) is available (ear plugs, muffs)Workers exposed to excessive / prolonged noise levels undertake audiometric testing (2 yearly) |
| **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)
 |
| **Gravity*** Wet floors
* Inappropriate footwear
* Poor Housekeeping
 | * Slips, trips and falls
* Concussion
* Fracture
 | * Wet floor signs to be used in area when spills occur
* Appropriate PPE is available for workers / others (enclosed footwear)
* Anti-slip matting in place
* Work area is maintained / cleaned to prevent slips, trips and falls
 |
| **Lubricant*** Disease
* Spills
* Wet Floors
* Skin reactions
* Inhalation
* Slippage
 | * Slips, trips and falls
* Fractures
* Dermatitis
* Dizziness
* Allergic reaction
* Death
* Poisoning
 | * Wet floor signs to be used in area when spill occurs
* Regular maintenance to ensure lubricant is clean and free of swarf
* Pre-operational checks
* Appropriate PPE available for workers / others (Gloves, enclosed footwear, glasses / googles / face shield)
* Spill kit available for any spills
* Well ventilated area
* Washing facilities available
* Eye wash facilities available
* Lubricant is stored as per manufacturers recommendations
 |
| **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:** |  |