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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:** |  |