|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **046RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **GRINDER - CORDLESS** | | |
| **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, rags and jewellery could become entangled in the moving parts of the equipment | | * Hair ties / hair nets / hats can be used to secure long hair. * Ensure jewellery and accessories are not worn or secured when operating equipment. * Ensure clean working environment, no loose rags. | | |
| **Impact and cutting injuries** | | * The exposed moving disc presents a risk to an operator’s hands and body parts * Potential for disc to fragment on use * Inappropriate accessories used on the angle grinder may result in the disintegration of the disc or work piece being ejected * Material being worked on becoming a projectile | | * Ensure operator’s hands and body parts are kept clear of moving grinding disc during operation and maintenance * Ensure worker / others check the disc prior to use for flaws or cracks * Ensure the appropriate discs are used for specific tasks * Ensure only attachments designed for the size of the angle grinder are used * Ensure the attachment centre hole matches the size of the angle grinder spindle hole * Ensure the maximum speed marked on the attachment is higher than the maximum speed of the angle grinder * Ensure guards are fitted securely in the correct position before use * Worker / others are competent in the use of cordless angle grinder * Worker / others don’t apply excessive pressure to the work piece during operation * Worker / others to ensure angle grinder has reached its speed before use * Worker / others to position their body so it is not directly behind the angle grinder * Worker / others to ensure work piece is secure * Ensure the thickness and diameter of attachments are within the angle grinder ratings * Ensure flanges and nuts are free from wear for damage before use * Ensure the auxiliary handle is attached to stop the angle grinder making contact if grinder kicks back | | |
| **Electricity** | | * Workers / others can sustain an electric shock or possible electrocution | | * Ensure battery charger does not have damaged electrical cords prior to use  Ensure battery charger and battery is safe to use, no cracks or housing is not broken or damaged  * Use of a RCD when plugged into a GPO for charging  Charger to be used only in a dry environmentCharger to be checked prior to useCharger to be tested and tagged and current tag fittedBattery to be charged in well ventilated environment | | |
| **Noise** | | * Operation of the grinder can result in high noise levels | | * Ensure appropriate PPE (Hearing protection) is worn whilst operating the equipment * Ensure personnel in vicinity are aware of usage and not exposed to operating noise * Minimise workers / others in vicinity of operation of grinder | | |
| **Vibration** | | * The worker / others could be exposed to hand and arm vibration as a result of vibration generated when operating | | * Take regular breaks from continuous operation * Wear appropriate PPE (Anti vibration gloves) especially in cold weather  Conduct periodic maintenance to ensure smoother operation and less vibration  * Use of auxiliary handle to minimise fatigue and vibration * Worker / others to take regular breaks | | |
| **Friction** | | * Friction injuries may occur from contact with grinder disc | | * Ensure workers / others hands and body parts are kept clear of moving grinding disc * Ensure grinding wheel has stopped and allowed to cool before replacing worn disc with new | | |
| **Slips, Trips, Falls** | | * Poor housekeeping practices allowing the build-up of waste materials could result in a trip hazard * Inappropriate placement of objects (electric cord, spare materials, bags, etc.) in the immediate vicinity of the work area may result in a trip hazard | | * Ensure appropriate cleaning and housekeeping practices are maintained to minimise the risk of a slip, trip or fall * Ensure work area is controlled, to prevent unnecessary personnel entering work area (Bunting) * Ensure workers / others that may be working in the vicinity are aware of work being undertaken | | |
| **Fire and Explosion** | | * Sparks created during the grinding process may become an ignition source if flammable material is in the immediate vicinity (flammable liquids, wood dust, rags) | | * Ensure the angle grinder is not used near flammable materials and good housekeeping practices are maintained * Ensure access to firefighting equipment is readily available * Emergency procedures are known | | |
| **Temperature, Moisture** | | * Work piece and grinding wheel may get hot with continuous use. | | * Do not continuously use grinding wheel  Allow grinding wheel and work piece to cool prior to handling | | |
| **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:** |  |