|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **065RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **PAN BRAKE – HAND OPERATED** | | |
| **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 (Mechanical Hazard) | | * Crush, nip or trap injury to a persons fingers or hand * Worker injured while conducting maintenance on the plant * Worker / others receives a laceration from handling sheet metal * Eye injury from metal that may fracture / fragment from the clamping and bending process | | Regular workplace inspections are conducted  * Hands are kept clear at all times during operation of the plant  Worker/students are provided with personal protective equipment (PPE)When plant not in use, the clamping bar and bending beam actions are locked-out.Operators to removal all jewellery, tuck in loose clothing and tie back long hair. | | |
| **Hazardous Manual Tasks**   * Poor work area design * Limited work space available | | * Bending/stooping to pick up products * Moving projects on/off the cutting table | | Plant is set at a suitable height to minimise stoopingTrolleys are available for moving items if requiredAll workers and / or students are trained in safe manual handling techniques | | |
| **Machinery & Equipment**   * Hit by moving object | | * Contusions * Concussion * Sprain / strain | | Safe working zone around the plant has been clearly defined by yellow safety lines (or similar) | | |
| **Gravity**   * Slips, trips & falls | | * Sprains, strains * abrasions | | Non slip footwear wornNo cords affecting walk ways or work areas immediately around the plantProcedures are in place for the disposal of all waste materials around the pan brake. | | |
| **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:** |  |