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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **059RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **METAL GUILLOTINE - FOOT 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)
 | * Worker / others receiving a laceration or amputation from the cutting blade
* Worker / others receives a laceration from handling sheet metal
* Worker / others fingers become trapped/pinched under the front clamping device
* Worker injured while conducting maintenance on the plant
* A worker / others foot could slip off the foot pedal and injure their shin/leg
 | * Regular workplace inspections are conducted
* Hands kept clear of blades at all times
* Worker / others are provided with personal protective equipment (PPE)
* Workers are trained in plant maintenance and all equipment is “locked-out” when maintenance is undertaken
 |
| **Hazardous Manual Tasks*** Poor work area design
 | * Bending/stooping to pick up products
* Moving sections of sheet metal on/off the guillotine
 | * Plant is set at a suitable height to minimise stooping
* Trolleys are available for moving items if required
* Workers and others are trained in safe manual handling techniques
 |
| **Machinery & Equipment*** Hit by moving object
 | * Bruising
* Sprains / strains
 | * Safe working zones are clearly identified. (e.g. yellow lines and / or appropriate signage)
* Protruding arms are highly visible
 |
| **Machinery & equipment*** Metal shavings/pieces
 | * Foreign body in eye
 | * Personal Protective Equipment worn
* Regular housekeeping
 |
| **Gravity*** Slip trip and falls
 | * Amputations
* Lacerations
* Sprains / stains
 | * Maintain a clear work space
* Non-slip floor surfaces
* Regular housekeeping (sweeping / vacuuming floors).
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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:** |  |