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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **072RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **POLISHING MACHINE** | | |
| **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 becoming entangled in moving parts of the plant * Laceration or friction burn to a worker / others fingers or hand * Worker injured while conducting maintenance on the plant * Worker / others could receive an eye injury from flying particles and/or swarf | | Regular workplace inspections are conductedWorker / others are provided with personal protective equipment (PPE)Workers are trained in plant maintenance and all equipment is “locked-out” electrically when maintenance is undertakenGuarding is fitted and maintained to minimise access to moving partsEye guards are fittedLong hair and loose clothing should be secured so as to not come into contact with moving parts. Jewellery should also be removed. Gloves should not be worn when using this machine. | | |
| **Machinery & Equipment**   * **Ejected work pieces**   work pieces, wires from brushes and particles from the polishing process can be ejected from the machine. | | * Lacerations * Foreign body in eye | | Machinery inspected prior to use to ensure no obvious faults.  * PPE is worn (safety glasses/goggles) | | |
| **Electricity**   * Poorly maintained/damaged plant * Electrical installation could be impacted and damaged * Wiring could cause an electrical fire * Unable to stop the plant in an emergency (Operational controls and e-stop) | | * Death * Electric Shock * Burns | | The plant undergoes regular electrical inspections (test & tag)The main power distribution board is RCD protectedWorkplace inspections are conducted to identify defective itemsPlant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch | | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation to the lungs | | PPE is available on requestDust is not blown off with compressed air | | |
| **Machinery & Equipment**   * Heat | | * Burns to workers/others fingers or hands from grinding | | Items being ground or sharpened are cooled with waterSafe operating procedure in place | | |
| **Machinery & Equipment**   * Vibration | | * White finger syndrome | | Plant is not used for long periods of timeSafe operating procedure in place | | |
| **Noise**   * Inadequate hearing protection | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | PPE is available on requestWorkers/others are trained on the dangers of workplace noise | | |
| **Hazardous Manual Tasks** | | * Workers/others could receive an injury due to poor work postures | | Plant is set at a suitable working heightTrolleys are available for moving items if requiredAll workers and students are trained in safe manual handling techniques | | |
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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:** |  |