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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **061RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **METAL SHARPENER** |
| **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 and Equipment*** Operation of the Plant (*Mechanical Hazard)*
 | * Workers / others becoming entangled in moving parts of the plant
* Laceration or amputation to a workers / others fingers whilst sharpening tools
* Worker injured while conducting maintenance on the plant
* Workers / others could receive an eye injury from flying particles
* Friction burns to a workers / others fingers or hand
 | * Regular workplace inspections are conducted
* Workers / 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
* Maintain red emergency stop button in good working order and ensure it is checked regularly as part of the maintenance schedule.
 |
| **Electricity*** Frayed / loose cords
* Pulling out equipment from plug
 | * Worker or other could get electrocuted or receive an electric shock from 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)
 | * The plant undergoes regular electrical inspections (test & tag)
* The main power distribution board is RCD protected and checked regularly
* Workplace inspections are conducted to identify defective items
* Plant is fitted with standard on/off control panel and twist/lock-off style emergency stop switch
 |
|  **Machinery & Equipment*** Swarf
 | * Asthma
* Irritation to the lungs
* Foreign object in eye
 | * PPE is available on request
* Swarf is not blown off with compressed air
 |
| **Noise*** Noisy machinery
* No hearing protection
* Inadequate hearing protection
 | * Potential hearing loss/impairment
* Workers/others cannot communicate due to noise
 | * PPE is available on request
* Workers/others are trained on the dangers of workplace noise
 |
| **Hazardous Manual Tasks*** Repetitive movement
* Sustained or awkward postures
* Poor work area design
 | * Workers/others could receive an injury due to poor work postures
 | * Plant is set at a suitable working height
* Trolleys are available for moving items if required
* All workers are trained in safe manual handling techniques
 |
| **Airborne contaminants** * Dust
 | * Respiratory illness
* Eye irritation
 | * Local exhaust ventilation installed
* PPE is provided and worn as required
* Regular housekeeping (sweeping / vacuuming)
 |
| **Gravity*** Slips, trips and falls
 | * Sprains / strains
 | * Maintain a clear work space in and around the machine
* Non-slip floor surfaces
* Regular housekeeping (sweeping / vacuuming floors).
 |
| **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:** |  |