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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **081RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Timber Planer** | | |
| **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** | | |
| **Electricity**   * Damaged electrical cord * Electrical fault within the piece of machinery * Overloading power sockets | | • Electric shock/burns   * Electrocution * Fire * Equipment Damage | | * Visual inspections before use * All faults reported immediately * Ensure electrical equipment is in good working order (testing and tagging) * Residual current device (RCD) push button tested according to legislative requirements * RCD time tested according to legislative requirements * Fire wardens are trained in fire extinguisher use and emergency evacuation | | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear * Trip hazards | | * Slip, trip, fall * Concussion * Fracture | | Good housekeeping practices  * Non slip footwear * Workplace inspections * Exclusion zones around machinery | | |
| **Hazardous Manual Tasks**   * Bending/stooping to cut timber * Moving projects on/off the cutting table | | * Sprains & strains * Fatigue | | Plant is set at a suitable height to minimise stoopingTrolleys are available for moving items if requiredLimited time using this piece of machinery | | |
| **Noise**   * Loud machinery in an indoor environment | | * Potential hearing loss/impairment * Workers / others cannot communicate due to noise | | Hearing protection is available if requiredWorkers have audiometric testing (hearing tests) every 2 years | | |
| **Machinery & Equipment**   * Guarding is inadequate * Parts disintegrating and / or being ejected * Blades not attached correctly or damaged | | * Worker / others receiving a laceration to their fingers or hand from contact with the cutting blade. * Worker / others becoming entangled in moving parts of the plant * Timber products “kicking out” and hitting a worker / other | | Pre operational checks are completed.The cutting blade is guarded with the OEM guardRegular workplace inspections are conducted  * No loose clothing or items worn while using machinery  Workers are trained in plant maintenance and all equipment is “locked-out” electrically when maintenance is undertaken | | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation to the lungs * Worker / others receiving an eye injury from flying particles | | * PPE is available on request * Dust is not blown off with compressed air * Plant has dust extraction system fitted. * Workplace inspections | | |
| **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:** |  |