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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **082RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Timber Scroll Saw** |
| **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
* 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*** Noisy machinery
* Prolonged exposure to noise
* No hearing protection worn
* Inadequate hearing protection
 | * Potential hearing loss/impairment
* Workers / others cannot communicate due to noise
 | PPE is worn* Rotation of tasks

Workers / others are trained on the dangers of workplace noise  |
| **Machinery & Equipment*** Guarding is inadequate
* Parts disintegrating and / or being ejected
* Blade not attached correctly
 | * Worker / other receiving a laceration to their fingers or hand from contact with the cutting blade.
* Worker / other becoming entangled in moving parts of the plant

  | Pre operational checks are completed.The cutting blade is guarded with the OEM guard Regular workplace inspections are conducted* No loose clothing or items worn while using machinery
* Safety glasses are worn when using this equipment

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/student receiving an eye injury from flying particles
 | * PPE is available and worn when using equipment
* Dust is not blown off with compressed air
* Plant has dust extraction system fitted.
* Workplace inspections
* Preventative Maintenance Schedule in place
 |
| **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:** |  |