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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **117RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **CIRCULAR 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 | | * Pre operational checks are undertaken prior to use * Plant has been tested and tagged and fitted with current tag * Plant is connected to an RCD protected circuit (Fixed or Portable) * RCD has undergone testing (Push button and or trip time tested) * Plant is maintained as per manufacturers recommendations * Cord is kept clear of cutting blade at all times. * Equipment is disconnected or isolated when not in use * 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 ensure there is no build-up of saw dust or materials on the floor  * Non slip footwear * Workplace inspections * Work is not undertaken in high traffic areas | | |
| **Hazardous Manual Tasks**   * Bending/stooping to cut timber * Moving projects on/off the work surface | | * Sprains & strains * Fatigue | | Work bench/saw horse 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 cutting into timber | | * Potential hearing loss/impairment * Workers/others cannot communicate due to noise | | Hearing protection is worn at all times while operating sawWorkers have audiometric testing (hearing tests) every 2 years | | |
| **Machinery & Equipment**   * Guarding is inadequate * Parts disintegrating and / or being ejected * Blade not attached correctly * Contact with blade * Kick Back * Flying fragments | | * Worker / others receiving a laceration to their fingers/hand from contact with the cutting blade. * Worker/others becoming entangled in moving parts of the plant * Saw kickback occurs resulting in moving blade coming into contact with the operator * Timber products “kicking out” and hitting a worker / others | | Pre operational checks are completedSafety glasses are worn at all times while operating sawThe cutting blade is guarded with the retractable OEM guard  * Blade is secured and correctly fitted with saw teeth turning the correct way  Worker/others to ensure that work pieces are secured, and 2 hands are on the saw at all timesRegular workplace inspections are conducted  * No loose clothing or items worn while using machinery * Worker/others stand to one side of the saw never behind where Kick back can force the saw backwards.  Workers are trained in plant maintenance and all equipment is isolated electrically when maintenance is undertaken | | |
| **Airborne Contaminants**   * Dust * Respiratory problems * Eye irritation | | * Asthma * Irritation to the lungs * Worker / others receiving an eye injury from flying particles | | * Safety glasses worn at all times while operating saw * Dust masks are worn when required * Dust is not blown off with compressed air * Workplace inspections * Good housekeeping practices ensure there is no build-up of sawdust | | |
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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:** |  |