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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **112RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **RECIPROCATING SAW (Battery Operated)** |
| **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 on charger
* Electrical fault within the piece of machinery
* Cutting through electrical wiring in building
 | * Electric shock
* Burns
* Electrocution
* Fire
* Equipment Damage
 | * Pre operational checks are undertaken prior to use
* Battery charger has been tested and tagged and fitted with current tag
* Battery charger 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
* Equipment is disconnected or isolated when not in use
* Never use saw where flammables are present
* Never use where live electrical wiring is present or ensure all electricity is isolated at mains power if conducting demolition work
* 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 are no trip hazards on the floor* Non slip footwear
* Workplace inspections
* Work area barricaded off where required
* Use approved ladders where required, maintaining good balance and flagging off the area.
 |
| **Hazardous Manual Tasks*** Bending/stooping to cut materials
* Reaching up to cut materials
 | * Sprains & strains
* Fatigue
 | Use knee pads when kneeling on the groundDo not over reach and use ladder where requiredTrolleys are available for moving items if requiredLimited time using this piece of machinery |
| **Noise*** Loud noise while cutting into materials.
 | * 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*** 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
* Work pieces “kicking out” and hitting a worker / others
 | Pre operational checks are completedSafety glasses are worn at all times while operating sawRegular workplace inspections are conducted* Correct blade is fitted, is sharp and locked into place
* Thumb safety button is depressed before trigger can be pulled to operate saw
* No loose clothing or items worn while using machinery

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
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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:** |  |