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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:** |  |