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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **116RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area, or event you are assessing:** | | | | | **Cricut Maker / Machine** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.**  **Machine is not intended for use by children under 12 years of age.** | | | | | | | |
| **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** | | |
| **Electrical** | | * **Electric shock** * **Death** * **Fire** | | * All new items to be fitted with a “new to service tag” as per the electrical procedure * Tested & tagged annually * Always check cords prior to use. Do not use if cords are damaged, cut, broken, or frayed * Only use approved Cricut power adapters * Operate only as instructed, do not place fingers or other objects in the machine while connected to an electrical power, or while machine is powered on or during cutting process * To be used indoors only and in dry areas. * Always turn machine OFF before unplugging from the electrical outlet. Disconnect electrical power by unplugging the cord before cleaning and servicing * All power-points protected by RCD’s that are checked regularly * Firefighting equipment is available * Trained first aiders are available | | |
| **Gravity**   * Cords across walkways | | * Slips, trips, and falls | | * Cords are to be secured and not crossing any walkways | | |
| **Machinery & Equipment**   * Sharp blade | | * Serious cuts / lacerations | | * Only staff to operate the machine * Machine is to only be used for intended crafting purposes * Staff are aware of the procedures in changing the blade. Staff must follow SOP and not permit students to remove/replace blades. * Blade is stored in the protective housing. * Prevent blade contact with hands and body * Different blades used for different operations. | | |
| **Machinery & Equipment**   * Entrapment (tool carrier moves horizontally within the machine, could trap fingers) | | * Bruising of fingers * Serious injury through clothing being dragged in | | * Keep clothing, hair (including any relevant accessories) and jewellery away from moving parts * Keep hands free of pinch points on the machine (note symbols printed on the machine) | | |
| **Machinery & Equipment**   * High temperature of heat press | | * Burns | | * Only staff operate the machine away from students. * Always use correct operating procedures. * Staff use heat protective mat * Staff ensure the heat stand and cover is always in use * . Always use on sturdy stable surface * Avoid use on heat sensitive surface * Protect surface with Cricut pressing mat * Always return to safety base when not in use * Use in a well-ventilated area where air temperature does not exceed 35°C | | |
| **Machinery & Equipment**   * Hit by moving object (Workpiece can move quickly in and out of the machine, could hit operator) | | * Paper cut | | * Operators to stand clear when machine is in use * First aid is available | | |
| **Hazardous Manual Tasks**  Moving and carrying the Cricut Machine to different locations | | * Sprains, strains | | * It is recommended to set up in one location to eliminate the need for moving it. Cricut Machine to be placed on a flat and stable surface. Make sure your workspace has sufficient space in the front and back of the Machine to allow the cutting mat to move through the cutting Machine. * If Cricut Machine has to be moved, place in a box and move the box following correct manual handling techniques | | |
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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:** |  |