Template only MUST modify to site conditions

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| Site / Area: |  | Date of Assessment |  | Risk Assessment # | **040RA** |
| Completed by (name) |  | Signature |  | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | **GRINDER - ANGLE** | | |
| Authorised by: |  | Signature: |  | Date: |  |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | |
| **Entanglement**   * Long Hair * Loose Clothing * Jewellery * Moving Parts | | * Cuts / abrasions * Scalping * De-gloving * Friction Burns * Amputations | | * Hazard Reports * Information, Instruction and Training * Guarding * Pre-operational Checks * Suitable workspace * Personal Protective Equipment (PPE) | |
| **Mechanical**   * Unguarded blades * Parts disintegrating and / or being ejected * Sharp edges – moving or stationary * Sparks | | * Amputations * Lacerations * Contusions * Dislocations * Fire * Explosions | | * Keep clear of moving parts. * Adequate Guarding * Housekeeping * Preventative Maintenance * Workplace Inspections * Pre-operational checks * Information, Instruction and Training * Personal Protective Equipment (PPE) (Safety Shoes, Eye Protection) * Lock out / Tag Out | |
| **Electricity**   * Frayed / loose cords / plugs * Faulty appliances * Damaged switches | | * Electric shock * Electrocution * Fire * Equipment Failure * Equipment Damage | | * Hazard Reporting * Residual Current Devices (RCD’s) * Testing and Tagging * Workplace Inspections * Preventative Maintenance * Trained Personnel * Emergency Procedures * Pre-operational checks | |
| **Noise**   * Prolonged Exposure * Sudden Exposure | | * Hearing impairment * Hearing Loss * Tinnitus * Poor Communication | | * Sound Proofing * Training * Workplace Inspections * Preventative Maintenance * Hazard Reporting * Personal Protective Equipment (PPE) (Ear Plugs / Muffs) | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Repetitive movement * Stacking / storage * Fatigue * Vibration | | * Incorrect lifting, pushing, pulling, holding & restraining * Sprains & strains * Overuse syndrome (RSI) * Fatigue * White Finger Syndrome | | * Hazardous Manual Task Training * Ergonomic Set-up * Effective breaks and task rotation * Trolleys / sack trucks available * Trolleys are available for moving items if required * Plant Specific Training | |
| **Gravity**   * Wet floors * Inappropriate footwear * Poor Housekeeping | | * Slip, trip, fall * Concussion * Fracture | | * Hazard reporting * Wet floor signs * Appropriate footwear * Workplace Inspections | |
| **Other** | |  | |  | |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | |

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| **Step 4: Monitor & Review:** | | | | | | | | |
| Were the controls effective? | | | | Were there any unforeseen hazards / incidents? | | | | New controls |
| Yes |  | No |  | Yes |  | No |  |
|  | | | |  | | | |  |