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 | [ ]  |
|  |  |  |