Template only MUST modify to site conditions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site / Area: |  | Date of Assessment |  | Risk Assessment # | **039RA** |
| Completed by (name) |  | Signature |  | | |
| In Consultation with: |  | Signature |  | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | **BANDSAW** | | |
| 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 | |
| **Electricity**   * Frayed / loose cords / plugs * Faulty appliances * Damaged switches | | * Electric shock * Electrocution * Fire * Equipment Failure * Equipment Damage | | * Residual Current Devices (RCD’s) tested regularly, and records retained * Testing and Tagging * Interlock fitted * Emergency stop fitted * Preventative Maintenance Schedule * Fire extinguishers / first aid kits available. * When not in use the equipment is locked out / isolated. | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation * Injuries | | * Dust extraction * Preventative Maintenance * Pre-operational checks * Personal Protective Equipment (PPE) (dust mask, eye protection) | |
| **Hazardous Manual Task**   * Sustained or awkward postures * Repetitive movement * Stacking / storage | | * Incorrect lifting, pushing, pulling, holding & restraining * Sprains & strains * Overuse syndrome * Fatigue | | * Trolleys / sack trucks available for moving the bandsaw. * Trolleys are available for moving items if required | |
| **Gravity**   * Dusty floors * Inappropriate footwear | | * Slip, trip, fall * Concussion * Fracture | | * Enclosed / Steel Capped Footwear (dependent on site requirements) * Housekeeping | |
| **Machinery & Equipment**   * Unguarded blades * Parts disintegrating and / or being ejected * Sharp edges – moving or stationary | | * Amputations * Lacerations * Contusions * Dislocations | | * Keep clear of moving parts. * Adequate guarding * Preventative Maintenance Schedule * Pre-operational checks * Personal Protective Equipment (PPE) (Safety shoes, Eye Protection) * Lock out / Tag Out * Cut resistant gloves to be used for maintenance activities. * Adequate safe work zone set up around the machine | |
| **Other** | |  | |  | |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | |

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