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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **078RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Table Router** | | |
| **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       * Electrical fault within the piece of machinery       * Overloading power sockets | | * + - * Electric shock/burns * Electrocution * Fire * Equipment Damage | | * Visual inspections before use * All faults reported immediately * Ensure electrical equipment is in good working order (testing and tagging) * Residual current device (RCD) push button tested according to legislative requirements * RCD time tested according to legislative requirements * Fire wardens are trained in fire extinguisher use and emergency evacuation | | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear | | * Slip, trip, fall * Concussion * Fracture | | * Good housekeeping practices * Non slip footwear * Workplace inspections * Exclusion zones around machinery | | |
| **Hazardous Manual Tasks**   * Bending/stooping to pick up products | | * Sprains & strains | | * Plant is set at a suitable height to minimise stooping * Trolleys are available for moving items if required * All workers and students are trained in safe manual handling techniques | | |
| **Noise**   * Loud machinery in an indoor environment (classroom) | | * Potential hearing loss/impairment * Workers/students cannot communicate due to noise | | * Hearing protection is available if required * Workers have audiometric testing (hearing tests) every 2 years | | |
| **Machinery & Equipment**   * Guarding is inadequate * Parts disintegrating and / or being ejected * Cutting bit not attached correctly | | * Laceration/amputation to a worker/students fingers or hand from being drawn into the cutting bit * Worker injured while conducting maintenance on the plant * Worker/student could receive an eye injury from flying particles * The cutting bit could disintegrate and injure a worker/student | | * Plant has guarding over the cutting bit * Regular workplace inspections are conducted * Cutting bits are regularly inspected and old bits thrown away. * Worker/students are provided with personal protective equipment (PPE) * Preventative Maintenance Schedule in place | | |
| **Airborne Contaminants**   * Fumes/dusts | | * Asthma * Irritation to the lungs | | * PPE is available on request * Dust is not blown off with compressed air * Plant has dust extraction system fitted. | | |
| **Other:** | |  | |  | | |

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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:** |  |