|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **080RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Thicknesser** |
| **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 useAll faults reported immediatelyEnsure electrical equipment is in good working order (testing and tagging)Residual current device (RCD) push button tested according to legislative requirementsRCD time tested according to legislative requirementsFire wardens are trained in fire extinguisher use and emergency evacuationEnsure equipment is appropriately maintained, and appropriate isolation procedures (i.e. lock out tags) are in place. |
| **Gravity*** Slippery surfaces
* Inappropriate footwear

Trip hazards - Inappropriate placement of objects (e.g. spare materials, electrical cords, etc.) in the immediate vicinity of the plant equipment may result in a trip hazard. | * Slip, trip, fall
* Concussion
* Fracture
 | Good housekeeping practicesNon slip footwearWorkplace inspectionsExclusion zones around machinery |
| **Hazardous Manual Tasks*** Bending/stooping to cut timber
* Moving projects on/off the cutting table
 | * Sprains & strains
* Fatigue
 | Plant is set at a suitable height to minimise stoopingTrolleys are available for moving items if requiredLimited time using this piece of machinery |
| **Noise*** Loud machinery in an indoor environment
 | * Potential hearing loss/impairment
* Workers / others 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
* Blades not attached correctly
 | * Worker / others receiving a laceration to their fingers or hand from contact with the cutting blade.
* Worker/student becoming entangled in moving parts of the plant
* Timber products “kicking out” and hitting a worker/student
 | Pre operational checks are completed.The cutting blades are guarded with the OEM guard Regular workplace inspections are conducted* No loose clothing or items worn while using machinery

Workers are trained in plant maintenance and all equipment is “locked-out” electrically when maintenance is undertaken |
| **Airborne Contaminants*** Dust
 | * Asthma
* Irritation to the lungs
* Worker/student receiving an eye injury from flying particles
 | * PPE is available on request
* Dust is not blown off with compressed air
* Plant has dust extraction system fitted.
* Workplace inspections
 |
| **Other:** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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).**

|  |
| --- |
| **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** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |