**Risk Assessment**

| Workplace |  | | **Department** | |  |
| --- | --- | --- | --- | --- | --- |
| Risk Assessor |  | | | | |
| Room/Area | Workshop | | | | |
| Task/Activity | Hand tools | | | | |
| Date |  | **Review Date** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Hazard Parts flying off into eye or onto foot Cut bruise hand from tools Tools Break | | | |
| Consequence of HazardMedium Medium Medium | | | |
| Persons at Risk Operator or anyone standing near by. | | | |
| **Types of accident/harm to persons at risk**  Parts flying off into eye could cause potential blindness. Parts dropping onto foot could cause bruising L=3 S=3 R=9  Cut or bruise hands from incorrect use L=3 S=2 R=6  Tools break and injure operator and/ or anyone standing near by. L=2 S=2 R=4 | | | |
| Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating | | | |
| **Likelihood :** 1 2 3 4 5 | | | **Severity :** 1 2 3 (Low, medium, high) |
| **Risk (Likelihood x Severity)** | | 4 | |
| **Risk Priority Rating** | | High (9 – 15) Medium (4 – 9) Low (1 – 4) | |
| Recommended Control MeasuresMake sure to wear correct PPE – for example safety goggles, overals and protective boots.Make sure operator is trained in the use of hand tools and uses the correct one for the correct job.Make sure that all the tools are safe to use before use. | | | |
| **Review/Evaluation** | | | |
| **Signature of Manager** |  | | |
| **Name of Manager** |  | | |
| **Date** |  | | |