##

**CNC IMPACT PRINTER**

## Scope

This document is to be completed for staff and student use of machinery, plant and equipment as a part of a school curriculum activity or program.

Refer to the [ITD Guidelines](http://education.qld.gov.au/health/pdfs/healthsafety/itd-staff-guidelines.pdf) for further staff advice on the risk management process for practical ITD curriculum activities in schools.

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| Plant/Equipment Description:  |
| Teachers/Leaders:  |
| Room Locations:  |
| Assessment Date:  | Review Date:  |

*N.B. This assessment can remain active for up to 5 years. However, an annual monitoring and review process should be undertaken and recorded – refer to the last page of this document.*

*Below are the details of the manufacturing or production processes attributed to this item of equipment categorised by their assessed inherent risk levels (refer to the Equipment/Process Risk Matrix). The actions required for approval for each level of inherent risk are mandatory.*

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| --- | --- | --- |
| **Inherent Risk Level** | **Details of Processes** |  **Action Required/Approval** |
| 🗹 | **Low** | * + - * Computer numerical control (CNC) machining makes certain manufacturing processes easier by automating complex commands and speeding up the rate at which the equipment completes machining tasks.
* The range of programming commands typically includes impact printing onto a variety of suitably sizes material “blanks” that have a measured Vickers surface hardness of 200 *HV*, or less.
* Suitable materials will include copper, brass, aluminium, stainless steel and a wide range of hard plastics such as acrylics, polycarbonates and ABS.
* Surfaces to be printed can be flat or slightly curved. Projects may include text messages on small jewellery items such as pendants, medallions, pens, key tags and plaques, or even photographic impressions.
 | * Manage through regular planning processes
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Minimum standards

| Minimum qualifications and experience *Listed below are the general “minimum” recommendations for the management of this Plant/Equipment.*🗹 *Indicate the minimum management controls.*  |
| --- |
|  [ ]  Registered teachers with experience, ability and competency in the safe use of this plant/equipment  *(indicate one or more of the following):*[ ]  Specific knowledge of the safe and correct use of this plant/equipment[ ]  Experience (i.e. previous involvement and familiarity) in the safe use of this plant/equipment[ ]  Demonstrated expertise, ability and competency with this plant/equipment[ ]  Documented qualifications relating to the use of this plant/equipment (e.g. in a staff profile) **OR** [ ]  An adult staff member or leader, other than a registered teacher, with:[ ]  Expertise in the safe and correct use of this plant/equipment[ ]  Documented qualifications that demonstrate experience, ability and competency in the safe use of this plant/equipment. |
|  [ ]  Will any ITD staff require initial and/or ongoing training for the safe use of this plant/equipment?If yes, give details:  |
|  [ ]  Will students be operating this plant/equipment?If yes, state how student use of this plant/equipment will be managed (e.g. Workshop Safety Induction)Give details:  |
|  Further information if required:  |
|  |
|  Minimum control requirements  |
|  Supporting documentation available in the school on this plant/equipment includes: [ ]  Operators Manual[ ]  Safe Operating Procedures (SOP)[ ]  Equipment Maintenance Records (EMR)[ ]  A process for recording student safety induction e.g. Student induction register [ ]  A process for recording staff training and experience, e.g. ITD Staff induction register |
|  [ ]  All guards are in place and in good working order for this plant/equipment  |
|  [ ]  Safe Working Zones are defined for this plant/equipment (e.g. yellow lines and/or appropriate signage)  |
|  [ ]  Suitable personal protective equipment (PPE) is available to be used by all operators |
|  [ ]  This plant/equipment complies with relevant safety standards |
|  Further information if required:  |

Hazards and control measures

*Listed below are indicative hazards/risks and suggested control measures. These are by no means exhaustive lists. Add details of any other hazards/risks or additional controls you intend to implement.*

🗹 *Indicate the control measures adopted. Detail their implementation and any additional controls required.*

| **Hazards/Risks** | **Hierarchy of Recommended** **Control Measures** | **Yes** | **No** | **Details of how this will be implemented***(and any additional controls)* |
| --- | --- | --- | --- | --- |
|  **Exposure to Rotating** **or Moving Parts:*** **Entanglement and**

**Entrapment**Could hair, clothing, ties, jewellery or other materials become entangled with moving parts?* **Impact and Striking**

Could anyone be struck by moving objects such as the work piece being ejected, or by the unexpected movement of the plant or work piece? **Note:** CNC robotics may move in a direction not anticipated or planned, at high speed in linear or rotary directions.The CNC may also eject work pieces, off-cuts or metal fragments. Workers are at risk from being struck by such objects. | 1. All necessary CNC Impact Printer guards and safety devices are in place protecting workers from all moving parts.
 | [ ]  | [ ]  |  |
| 1. Micro switches are fitted that cut off power when covers or guards are opened.
 | [ ]  | [ ]  |  |
| 1. “Lock Out” or warning “Danger” tags are affixed to the CNC Impact Printer when under repair or maintenance preventing workers from using the equipment.
 | [ ]  | [ ]  |  |
| 1. Staff and student training is provided to minimise exposure to these hazards.
 | [ ]  | [ ]  |  |
| 1. Safe operating procedures (SOPs) for the CNC Impact Printer are available and clearly displayed.
 | [ ]  | [ ]  |  |
| 1. All appropriate and approved personal protective equipment (PPE) is used where required. Emphasis is placed on the requirement for operators to remove all jewellery, etc.
 | [ ]  | [ ]  |  |
| **Slips, Trips, Falls** **and Abrasions:**Can anyone using the plant or in the vicinity of the plant, slip, trip or fall due to the working environment or other factors?e.g. Poor housekeeping, slippery or uneven work surfaces, power cables across work areas causing injuries and abrasions? | 1. Slip resistant flooring is encouraged. Regular checks are made for unsafe wear and damage. Inspections are made for any power leads, etc.
 | [ ]  | [ ]  |  |
| 1. Procedures are in place for the disposal of all waste materials around the CNC Impact Printer.
 | [ ]  | [ ]  |  |
| 1. Staff training is provided to minimise exposure to these hazards.
 | [ ]  | [ ]  |  |
| **Environmental:*** **Noise**

Is it likely that the normal operation of this plant will produce excessive noise levels?* **Dust, Fumes and Vapours**

Is it likely there will be airborne dust particles, toxic fumes or volatile vapours produced and therefore be present in the workspace?* **Lighting**

Is there insufficient lighting to operate this plant in a safe manner? Is there a possible strobe lighting effect caused by faulty fluorescent tubes in the workspace? | 1. The CNC Impact Printer is regularly maintained to help reduce exposure to these hazards.
 | [ ]  | [ ]  |  |
| 1. All CNC Impact Printer maintenance is documented in a register (EMRs).
 | [ ]  | [ ]  |  |
| 1. Exposure to noisy ITD workshop environments is monitored and evaluated regularly for all workers.
 | [ ]  | [ ]  |  |
| 1. Engineering controls (or physical changes) such as mandatory machinery guarding or any protective safety screens and enclosures are in place in all workspaces and all in good working condition.
 | [ ]  | [ ]  |  |
| 1. Staff and student training is provided to minimise exposure to these hazards.
 | [ ]  | [ ]  |  |
| 1. All ducted dust, waste and fume extraction systems are fully maintained, cleaned and emptied, connected and operational.
 | [ ]  | [ ]  |  |
| 1. Good lighting is provided to all workspaces and this is maintained on a regular basis. Fluorescent tubes are checked and replaced as required.
 | [ ]  | [ ]  |  |
| 1. All appropriate and approved personal protective equipment (PPE) is used where required.
 | [ ]  | [ ]  |  |
| **Electrical:**Can the operator be injured by electrical shock due to working near or contacting with damaged or poorly maintained live electrical conductors such as power outlets, extension leads, safety switches, starters and isolators or casual water on the floor near plant and machinery?  | 1. The CNC Impact Printer has a 240v power cable and isolating switch that disconnects all motive power.
 | [ ]  | [ ]  |  |
| 1. “Lock Out” or warning “Danger” tags are affixed to the CNC Impact Printer when under repair or maintenance preventing workers from using the equipment.
 | [ ]  | [ ]  |  |
| 1. Visually checks are made of all electrical switches and power leads, etc.
 | [ ]  | [ ]  |  |
| 1. Electrical safety inspections, testing and tagging, etc. are completed regularly as per guidelines for the CNC Impact Printer.
 | [ ]  | [ ]  |  |
| 1. Electrical maintenance on all plant and equipment, including the CNC Impact Printer, is documented in EMRs.
 | [ ]  | [ ]  |  |
|  **Exposure:*** **Hazardous**

 **Substances**Is it likely that the plant operator or others nearby in the workspace could be exposed to hazardous or toxic chemicals such volatile vapours, fumes or airborne particulates? | 1. The CNC Impact Printer is regularly maintained to help minimise the risk of exposures to these hazards.
 | [ ]  | [ ]  |  |
| 1. All CNC Impact Printer maintenance is documented in a register (EMRs).
 | [ ]  | [ ]  |  |
| 1. Any hazardous waste material or toxic dust and gases resulting from this machining process are monitored and managed.
 | [ ]  | [ ]  |  |
| 1. Staff and student training is provided to minimise exposure to these hazards.
 | [ ]  | [ ]  |  |
| 1. All appropriate and approved personal protective equipment (PPE) is used where required.
 | [ ]  | [ ]  |  |
|  **Ergonomics and** **Manual Handling:**Can the plant be safely operated, in a suitable location, providing clear and unobstructed access?  | 1. The CNC Impact Printer and work bench is planned and adjusted to a comfortable work height (where possible) thus minimising any unsafe or excessively strenuous manual tasks.
 | [ ]  | [ ]  |  |
| 1. Sufficient workspace is provided in all practical classrooms to help ensure unobstructed, safe operation.
 | [ ]  | [ ]  |  |
| 1. Staff training is provided with regard to manual handling techniques and procedures to minimise exposure to these hazards.
 | [ ]  | [ ]  |  |
|  **Explosion and Fire:**As a consequence of using this particular item of plant and equipment, could anyone be injured by the release of stored energy triggered by volatile, explosive substances such as stored gasses, vapours or liquids?  | 1. Fire extinguishers of the correct type are readily available in all workspaces and positioned near exit doorways.
 | [ ]  | [ ]  |  |
| 1. Staff training is provided regarding procedures for the correct and appropriate use of fire safety equipment.
 | [ ]  | [ ]  |  |
| 1. Exits from buildings and other work areas are defined and access to them kept clear of obstructions.
 | [ ]  | [ ]  |  |
| 1. Safety signage is posted clearly denoting the location of all fire safety items and emergency exits.
 | [ ]  | [ ]  |  |

| **Other Hazards/Risks** | **Additional Control Measures***These would relate to the specific student needs, locations and conditions in which you are conducting your activity.* |
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| **Approval** |
| Submitted by:       | Date:       |
| **[ ]**  | Approved as submitted. |
| **[ ]**  | Approved with the following condition(s):      |
| **[ ]**  | Not Approved for the following reason(s):      |
| By:       | Designation:       |
| Signed: | Date:        |

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| ITD staff members involved in the use of this risk assessment and the associated plant and equipment: |
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 | *Signature:*  ……………………………….. *Date:**Signature:*  ……………………………….. *Date:* *Signature:*  ……………………………….. *Date:* *Signature:*  ……………………………….. *Date:* *Signature:*  ……………………………….. *Date:* *Signature:*  ……………………………….. *Date:* *Signature:*  ……………………………….. *Date:* *Signature:*  ……………………………….. *Date:*  |

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| **Monitoring and Review***This Plant and Equipment Risk Assessment is to be monitored and reviewed annually for a further four (4) years.* |

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| **Review 1:** | **Yes**  | **No** |
| * Are allocated risk levels and “Actions required” unchanged over the past 12 months?
* Are Minimum Standards and Recommended Control Measures unchanged over 12 months?
* ITD staffing details at this school have remained unchanged over the past 12 months?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| If the responses are “NO” for any question, record current details here, and list all staff changes *(with signatures)* |
| Reviewed by:  | Designation:  |
| Signed: | Review Date :  |

|  |  |  |
| --- | --- | --- |
| **Review 2:** | **Yes**  | **No** |
| * Are allocated risk levels and “Actions required” unchanged over the past 12 months?
* Are Minimum Standards and Recommended Control Measures unchanged over 12 months?
* ITD staffing details at this school have remained unchanged over the past 12 months?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| If the responses are “NO” for any question, record current details here, and list all staff changes *(with signatures)* |
| Reviewed by:  | Designation:  |
| Signed: | Review Date :  |

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| --- | --- | --- |
| **Review 3:** | **Yes**  | **No** |
| * Are allocated risk levels and “Actions required” unchanged over the past 12 months?
* Are Minimum Standards and Recommended Control Measures unchanged over 12 months?
* ITD staffing details at this school have remained unchanged over the past 12 months?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| If the responses are “NO” for any question, record current details here, and list all staff changes *(with signatures)* |
| Reviewed by:  | Designation:  |
| Signed: | Review Date :  |

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| **Review 4:** | **Yes**  | **No** |
| * Are allocated risk levels and “Actions required” unchanged over the past 12 months?
* Are Minimum Standards and Recommended Control Measures unchanged over 12 months?
* ITD staffing details at this school have remained unchanged over the past 12 months?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| If the responses are “NO” for any question, record current details here, and list all staff changes *(with signatures)* |
| Reviewed by:  | Designation:  |
| Signed: | Review Date :  |