

Floor grinder

IDENTIFIED HAZARD	RISK (YES / NO)	PROPOSED METHOD OF CONTROL MEASURE	ARE THE CONTROL METHODS PRACTICAL?
Persons could be injured if the operator performs duties that are not his responsibility and beyond the scope of his technical capabilities.	YES	The operator should be adequately trained or licensed. The operator must not carry out any work that is outside his normal duties and report any matters of concern to his supervisor.	YES
Persons could be injured as a result of electrocution.	YES	Ensure lead is well clear of grinding location. Use a power supply protected by a safety switch. Do not use in wet or damp conditions. Do not use with faulty leads or plugs. Ensure equipment is tested/tagged for compliance with electrical safety testing requirements.	YES
Persons could be injured if they come into contact with moving parts.	YES	Keep body parts well away from the grinding disc when in use. When not in use turn the machine off. Ensure that all protective guards are in place.	YES
Persons could be injured if they slip, trip or fall whilst using the grinder.	YES	Ensure the operator only operates the grinder whilst in a firm stable position. Grip the machine firmly with both hands.	YES
Persons could be injured as a result of entanglement of hair, clothing, gloves, necktie, jewellery, cleaning brushes, rags or other materials.	YES	Keep all foreign materials and objects clear of grinder during operation. Do not wear loose fitting clothing.	YES
Persons could be injured if the machine operator is unfamiliar with typical unsafe conditions and hazards that could affect the safe operation of the unit.	YES	The operator should be trained in determining unsafe conditions and hazards that are relative to the machine's safe operation.	YES
Persons could be injured if personal protective equipment is not available or being used when working in an unsatisfactory environment e.g. noise, heat, fumes, etc.	YES	Instruct the operator to ensure that appropriate personal protective equipment is available and is in good condition prior to commencing work. Only operate in a well ventilated area.	YES

MANDATORY PERSONAL PROTECTIVE EQUIPMENT



Customer Signature: _____ Date: _____