|  |  |
| --- | --- |
| Job Task:Use of Office Equipment – Computer, Printer, Photocopier, Shredder and Facsimile Unit | **Masters Swimming Branch** –SA |
| **Applicable Positions (Typical)** – State or Club Secretary, Recorder, Website Manager, etc. |
| **Location** – State Association House (SAH), Home Office or Temporary Site Location |

# RISK IDENTIFICATION AND CONTROLS

 **NOTE:** PPE for each chemical must be listed as per the relevant MSDS

 **R1** Risk without controls **R2** Risk with controls

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedural Step(s)** | **Possible Hazard(s)** | **R1** | **Safety Control(s)** | **R2** |
| Preparation of work area and machine installation* Check cables
* Check guards
* Set-up computer
 | * Sprains, strains and trips
* Cuts/abrasions/superficial injuries
* Crush injuries
* Paper cuts/lacerations
* Electrocution
* Manual handling injuries
 | L | * Locate equipment on flat, secure and stable surface at a comfortable working height to reduce manual handling and crush injuries
* Ensure cables are secured in place to reduce slip/trip and falls, and reduce wear and tear
* Check cables for frayed or bare wires and that the plug is not damaged
* Check all guards are in place and are undamaged
* Report damage to cables, equipment and guarding via Incident Report Form to Branch Safety Officer. Do not use if damaged
* Ensure all electrical connections are completely plugged in and secured, if necessary. Do not overload circuitry with multiple power boards in single power points
 | L |
| Operate the machines* Switch on
* Load paper
* Print, copy or fax
 | * Sprains and strains
* Cuts/abrasions/superficial injuries
* Crush injuries
* Paper cuts/lacerations
* Electrocution
* Exposure to chemicals
* Screen radiation (low risk)
 | S | * Operate the machines according to manufacturer’s instructions, including loading and retrieval of paper and clearing paper jams
* Only undertake maintenance of machines as detailed in manufacturer’s instructions for operators. Contact authorised service provider for repairs and other maintenance
* Keep lid down when using the photocopier
* Do not wear loose clothing, scarves, ties, dangling jewellery, long hair, etc. around the equipment
* Read toner safety data sheets and machine operating instructions prior to installing new cartridges. Follow manufacturer’s instructions and wear appropriate personal protective equipment (PPE)
* Ensure room containing machines is suitably ventilated (e.g. open windows, extraction fans) with appropriate lighting
* Consider the height and positioning of equipment and work surfaces to avoid operators sustaining awkward postures
* Visually check that circuits are protected and operating (e.g. earth leakage circuit breakers)
* Vary tasks during periods of long operation
 | L |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedural Step(s)** | **Possible Hazard(s)** | **R1** | **Safety Control(s)** | **R2** |
|  |  |  | * Take regular breaks from computer work
* Exercise after every hour of keyboarding
* Use correctly adjusted ergonomic furniture with well-adjusted screen, keyboard, mouse and chair
* Where possible, connect laptop to separate keyboard
 |  |
| After use* Clear paper
* Switch off
 | * Sprains and strains
* Cuts/abrasions/superficial injuries
* Paper cuts/lacerations
* Electrocution
 | L | * Operate the machine according to manufacturer’s instructions, including loading and retrieval of paper and clearing paper jams
* Clear paper from output paper trays
* Visually check that circuits are protected and operating (e.g. earth leakage circuit breakers)
* Test and tag electrical equipment on a regular basis
 | L |
|  | **Overall Risk Rating** | **S** | **Overall Risk Rating** | **L** |

**RISK RATING GUIDE**

|  |  |  |
| --- | --- | --- |
|  |  | **Consequence** |
|  |  | **Death**Catastrophic Illness/Injury | **Major**Extensive Injuries | **Moderate**Medical Treatment Required | **Minor**No Injuries |
| **Likelihood** | **Almost Certain**Occurred Before/Expected | H | H | S | S |
| **Likely**Probably Will Occur | H | S | S | S |
| **Moderate**May Occur At Some Time | H | S | L | L |
| **Unlikely**Unusual or Rare Situation | S | L | L | L |
|  |  | **High (H)** – Cease exposure immediately until protection, approved at senior management level, implemented |
|  |  | **Significant (S)** – Procedures alone may not be enough, senior management attention required |
|  |  | **Low (L)** – May be managed by routine procedures, some risks in this category may be acceptable |

**SPECIFIC TASK REQUIREMENTS**

|  |
| --- |
| **Qualifications or Experience** |
| * Workplace induction
 |
| **Training** |
| * In-house training in use of machines
* Manual handling training
 |
| **Engineering Details, Certificates and WorkCover Approvals** |
| * Ensure that testing and tagging of all 240 volt equipment has been completed and recorded within the past two years
* (**NOTE:** AS/NZS 3760 – *2010 In-service Safety Inspection and Testing of Electrical Equipment* sets out indicative inspection and testing intervals for certain electrical equipment, including RCD’s used in a variety of different operating environments)
 |
| **Relevant Codes of Practice, Legislation and Standards** |
| * Manufacturer’s Operators Manuals
* Work Health and Safety Act 2012 (SA)
* Work Health and Safety Regulations 2012 (SA)
* Code of Practice: Hazardous Manual Tasks (December 2011)
* Code of Practice: Managing Electrical Risks in the Workplace (July 2012)
* Officewise: A Guide to Health and Safety in the Office; WorkSafe Victoria (January 2006)
* AS/NZS 1680.1:2006 & AS 1680.2:1994 Interior Lighting codes
* National Standard for Manual Tasks (August 2007)
* National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work (2007)
 |
| **Plant/Equipment** |
| * Computer CPU, screen, mouse, keyboard and adjustable chair
* Document holders (optional)
* Ergonomic furniture
* Printer/Photocopier
* Facsimile unit
* Paper shredder
 |
| **Maintenance Checks and Site/Workplace Inspections** |
| * Refer to manufacturer’s operators manual
* Check that building owner has maintained electrical circuits safely (e.g. with circuit breakers/fuses, earth leakage devices, etc.)
 |

# Suggested Improvements (in order of priority)

**Additional Comments**

**Assessment Dates**

|  |  |  |
| --- | --- | --- |
| **Initial Assessment Date** | **Current Assessment Date** | **Reassessment Date** |
|  |  |  |

**Assessors**

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

**Recommendation** 🞎 Follow up required

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

**Approval**

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

*I have read and understood this Safe Work Method Statement*

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