|  |  |
| --- | --- |
| 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 |

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

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| --- |
| **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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