## 

**METAL SHEARS**

## Metal ShearsScope

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** | * When the tool can be locked out when not in use and when it is a one person cutting or shearing operation. * When being used under teacher supervision. * When the material is a straight, round or flat bar and of a thickness well within the capacity of the shears. * When the material to be cut is longer than 350mm. * When the operator can be protected from the handle by a face shield, and all body parts are protected from any pinch points. | * Manage through regular planning processes |
| 🗹 | **Medium** | * When the material to be cut is round rod or flat bar of a thickness close to the maximum cutting capacity of the shears. | * Document controls in planning documents and/or complete this *Plant Risk Assessment*. * Consider obtaining parental permission. |
| 🗹 | **High** | * When the material is bent, very long, or awkwardly shaped. * When cutting material shorter than 100mm | * A *Plant Risk Assessment* is required to be completed. * Principal or Classified Officer   (i.e. DP, HOD, HOC, HOSES) approval prior to conducting this activity is required.   * Obtaining parental permission is recommended. |

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:**   * **Striking**   Could anyone be struck by moving objects such as the work piece being ejected, or by the unexpected or uncontrolled movement of the plant or work piece?   * **Crushing and**   **Pinching**  Could anyone be crushed or pinched due to falling uncontrolled or unexpected movement of plant or its load tipping or rolling over, or contact with moving parts during testing, inspection or maintenance?   * **Shearing**   Can body parts be cut off between two parts of the plant, or between a part of the plant and the work piece or structure?   * **Cutting, Stabbing**   **and Puncturing**  Can anyone be cut, stabbed or punctured by coming into contact with moving plant or parts, or objects such as ejected work piece or waste? | 1. Where possible, potentially hazardous plant, machinery and processes, including the bench mounted metal cutting shears, are substituted or replaced with less hazardous alternatives. |  |  |  |
| 1. All guards and safety devices are in place protecting workers from all moving parts. |  |  |  |
| 1. “Lock Out” or warning “Danger” tags are affixed to the metal cutting shears when under repair or maintenance preventing workers from using the equipment. |  |  |  |
| 1. A “Lock Out” padlock (or similar) is to be fitted to the metal cutting shears when not in use 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 metal cutting shears are available and clearly displayed. |  |  |  |
| 1. Emphasis is placed on the requirement for plant operators to remove all jewellery, tuck in loose clothing and tie back long hair. |  |  |  |
| 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?  Poorly designed work stations often necessitate teachers and students performing manual tasks involving heavy lifting and lowering, pushing, pulling or carrying, etc. Such tasks then contribute to a range of musculoskeletal sprains and strains for workers. | 1. Where possible the workbench supporting the metal cutting shears is planned and adjusted to a comfortable work height 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. |  |  |  |

| **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: | |
|  | *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 & 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 : | | |

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| **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 : | | |