

HEALTH & SAFETY ACTION POINTS VISIT - 14/12/17

COMPLETED HEALTH & SAFETY ACTION POINTS

- Fire Extinguishers now retested/inspected by Pace Fire.
- Formal written Fire Risk Assessment completed by Pace Fire.

OUTSTANDING HEALTH & SAFETY ACTION POINTS

- Recommend continual improvement programme is commenced to remove old stock, paint and general clean/tidy up of workshop areas.
- Shelving requires looking at as some of the shelving appears wobbly/weak.
- Electrical Portable Appliance Test/Inspection and Electricity at Work Inspection of all wiring/switchboards is required [some of the wiring is old, redundant and appears that there could be some overloaded electrical wiring/sockets].
- Thorough Examination/ Inspection of your local exhaust ventilating equipment and spray booth under Regulation 9 of COSHH is required. In addition spray booth wiring inspection recommended under Electricity at Work Regulations.
- This list is only prepared as a result of a brief meeting/walk around of your work areas. Other health and safety action points could result at the next Health & Safety visit.

Mike Robinson.

Mike Robinson MIRM, Dip SHEM, CMIOSH
14/12/2017

HEALTH & SAFETY ACTION POINTS VISIT - 09/11/17

- Recommend continual improvement programme is commenced to remove old stock, paint and general clean/tidy up of workshop areas.
- If required I can complete in conjunction with yourself/your company up to date 2017 Health & Safety Risk Assessments i.e. generic risk assessments for COSHH, Slips Trips & Falls, Manual Handling with specific risk assessments for woodworking machines, pillar drills, cad lathe/router, band saws, bench grinders, laser cutter, mig/tig welding units and metal working lathes. Cost would be £285[No VAT] – it includes all travel/travel costs/time on site and writing up time/costs.

OTHER HEALTH & SAFETY ACTION POINTS

- Your Fire Extinguishers require retest/inspection [last tested in 2014]. Recommend you obtain a quote to complete up to date retest/inspection from FSE Fire Safety Systems Ltd of Nottingham – 0115 9812624.
- A formal written Fire Risk Assessment with Action Plan, Emergency Evacuation Procedures & Fire Safety Management Plan is required. Recommend you obtain a quote from FSE Fire Safety Systems Ltd of Nottingham – 0115 9812624. If you wish you can of course obtain your own quotation.
- Electrical Portable Appliance Test/Inspection – Alistair Middleton of APM is a Ruddington based Electrical Contractor who could undertake your Electrical Portable Appliance Testing [he can inspect/test on a Saturday morning] & mobile details are:- 07789 594380. He normally charges £120 for test of up to fifty portable appliances. If you wish you can of course obtain your own quotation.
- Quotation for Thorough Examination/ Inspection of your local exhaust ventilating equipment and spray booth under Regulation 9 of COSHH obtained from Industrial Safety Inspections “ISI” – Jamie Inglis/Jean Davies – 01675 481779– cost £325 + VAT [Quote No Ji 081117]. NB this includes inspection of your tiffor lifting block, chain block, carriage and 35 feet of track under LOLER. If you wish you can of course obtain your own quotation.
- This list is only prepared as a result of a brief meeting/walk around of your work areas. Other health and safety action points could result at the next Health & Safety visit.

Mike Robinson.

WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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Personnel Specifically at Risk Operators

Description of work activity being assessed Circular Saw

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Contact with moving blade.
5	Information & Instruction	Y		Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

The advisor accepts no liability for any improvements mentioned or for the review assessment of the hazards/control measures identified from the statements/explanations supplied for the risk assessment.

WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
Personnel Specifically at Risk Operators	
Description of work activity being assessed Mitre Saw	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Contact with moving blade.
5	Information & Instruction	Y		Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

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WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
8	Hand operated machine with no stop/start buttons.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
Personnel Specifically at Risk Operators	
Description of work activity being assessed Radial Arm Saw	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Contact with moving blade.
5	Information & Instruction	Y		Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is extended to include this machine plus is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

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Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
Personnel Specifically at Risk Operators	
Description of work activity being assessed Scroll Saw	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Contact with moving blade.
5	Information & Instruction	Y		Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

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Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company **Nottingham Hackspace Ltd**

Date of Assessment **14th December 2017**

People Specifically at Risk **Operators**

Description of work activity being assessed **Band saw**

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions needs to be displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guard in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

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WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained and is guarded plus underneath the working table.		
5	Ensure operating instructions displayed on or near machine.		
6	Ensure that only trained operators use the equipment.		
8	Ensure appropriate brake has been retro fitted .to stop machine.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Belt Linisher
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		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y		
4	Specific Risks	Y	M	Personal injury to eyes, hands and arms. Possible vibration white finger. Respiratory problems from the inhalation of particulate matter.
5	Information & Instruction	Y	L	Operating instructions needs to be displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Guards are fitted and used.
9	Specified Hazards	Y	M	Dust may be ejected whilst finishing.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

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H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
4	Dust extraction unit can be attached to the belt finisher.

No	Action Required	Date Actioned	Signature
4	Wear eye protection, gloves and overalls.		
4	Use of finisher should be kept to small batch sizes. Where this is not possible job rotation should be adopted.		
5	Ensure operating instructions displayed on or near machine.		
6	Ensure that only trained operators use the finisher.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

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Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Bridgeport Lathe

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
8	Ensure that guard is in place prior to use.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
Employees Specifically at Risk Operators	
Description of work activity being assessed CAD Router	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Chop Saw

		Y/N	Risk Rating	Control Measures/Hazard
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y		
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation. Usage is for small batch sizes.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson.

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GENERAL RISK ASSESSMENT RECORD

Company: NOTTINGHAM HACKSPACE LTD

General RA No.1

Subject: Control of Substances Hazardous to Health

COSHH (Generic)

Evaluation:

- | | |
|---|--|
| a) What harm could be caused | (i) Respiratory problems, possible burns and dermatitis |
| b) To whom could it be caused: | (i) Maintenance Engineers, operatives, visitors. |
| c) What hazard could cause it: | (i).Use of glues, adhesive, acetone and multipurpose cleaners. |
| d) In what circumstances : | (i) During everyday working on site at own premises. |
| e) What precautions have already been taken: | (i) In house training. Nottingham Hackspace working procedures and provision of adequate personal protective equipment. Hazard safety data sheets are obtained and barrier creams are used. First Aid equipment is provided. . First aid training has been undertaken with first aiders in place. Products are stored as per manufacturers requirements. Emergency evacuation procedures are covered under Fire Risk Assessment. |

Key Sources of Information:

Health and Safety at Work etc. Act 1974

Management of Health and Safety at Work Regulations 1999

The Control of Substances Hazardous to Health Regulations 1998

Corrective and Preventative Measures:

1. **Elimination of hazard** (e.g. – use of alternatives, design improvements etc.).
2. **Substitution** (e.g. – replacement of a chemical with one or less risk, etc.).
3. **Use of barriers** (e.g. isolation and segregation).
4. **Use of procedures** (e.g. limiting exposure time, safe systems of work, mechanical lifting aids).
5. **Use of warning systems** (e.g. signs, instructions, labels etc.)
6. **Use of personal protective equipment** (e.g. – gloves, goggles, safety footwear, coveralls).

Corrective/preventative measure(s) identified for this process/job description: 1,2, 3,4,5 & 6

Assessor: M Robinson

Qualification: M.I.R.M., Dip S.H.E.M., C.M.I.O.S.H.

Designation: Health and Safety Advisor

Signature:

Mike Robinson

Date of Assessment: 14th December 2017

Reason (initial, following accident etc.): Initial

Review Date: 14th December 2018

Other Observations: 1. Ensure all personnel receive adequate formal recorded/signed for training.

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Note: This risk assessment has been carried out in order to comply with Regulation 3(4) of the Management of Health and Safety at Work Regulations 1999

WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Disc Sander
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		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y		
4	Specific Risks	Y	M	Personal injury to eyes, hands and arms. Possible vibration white finger. Respiratory problems from the inhalation of particulate matter.
5	Information & Instruction	Y	L	Operating instructions needs to be displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Guards are fitted and used.
9	Specified Hazards	Y	M	Dust may be ejected whilst sanding.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

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H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
4	Dust extraction unit is attached to the belt finisher.

No	Action Required	Date Actioned	Signature
4	Wear eye protection, gloves and overalls.		
4	Use of disc sander should be kept to small batch sizes. Where this is not possible job rotation should be adopted.		
5	Ensure operating instructions displayed on or near machine.		
6	Ensure that only trained operators use the disc sander.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

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Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Donkey Saw

		Y/N	Risk Rating	Control Measures/Hazard
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y		
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Manual item so no guards.
9	Specified Hazards	Y	L	Dust inhalation. Usage is for small batch sizes.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

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H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the donkey saw.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Hot Melt Adhesive
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		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Possible burns or scalds.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y		
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y		
9	Specified Hazards	Y		
10	Temperature	Y	L	Contact with the hot parts of the heater.
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

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H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Ensure equipment is well maintained.		
4	Ensure all personnel are aware of the dangers from burns or scalds.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Laser Cutter [Lasery Mclaserface]
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
8	Once plastic sheet has been placed in the feed rollers, it feeds in automatically.
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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BARRATT & SWANN
MANUAL HANDLING ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk All Shop Floor Personnel

Manual handling activity being assessed General Manual Handling
--

A	Does the work activity / task involve	Yes /No	High	Med	Low	Comment
1	Holding loads away from the trunk	Y			X	
2	Stooping	Y			X	
3	Twisting	N				
4	Reaching Upwards	N				
5	Large vertical movements	N				
6	Long Carrying distances	N				
7	Strenuous pushing or pulling	N				
8	Unpredictable movement of loads	N				
9	Insufficient rest or recovery	N				
10	Repetitive handling	Y			X	
11	A work rate imposed by a process	N				
B	Are the loads					
12	Too heavy for one person to lift	Y			X	Shared lifts.
13	Bulky	Y			X	
14	Difficult to grasp	N				
15	Unstable and or unpredictable	N				
16	Are they sharp, hot, awkward	Y			X	Gloves are worn.
C	Condition of working environment					
17	Constraints on posture	N				
18	Is there restricted space	N				
19	Hot / Cold / Humid conditions	N				
20	Strong air movements	N				
21	Poor lighting conditions	N				
22	Poor floors	N				

MANUAL HANDLING ASSESSMENT FORM

D	Individuals Capabilities	Yes/No	High	Med	Low	Comment
23	Require unusual capability	N				
24	Risk to staff with health problems	Y			X	Required/need to be fit.
25	Risk to staff who are pregnant	N				Male employees.
26	Special training/information req'd	N				
27	Is movement or posture hindered	N				

No	Action Required	Date Actioned	Signature
26	All shop floor personnel should be issued with copies of 'Manual Handling'.		

Review Date:

14th December 2018

Signature:

Mike Robinson.

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Miq & Tiq Welding Units
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y		
4	Specific Risks	Y	M	Personal injury to eyes, hands and arms. Possible arc eye. Respiratory problems from the inhalation of particulate matter.
5	Information & Instruction	Y	L	Operating instructions needs to be displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Welding mask used.
9	Specified Hazards	Y	M	Sparks may be ejected whilst welding.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Wear welding mask, gloves and overalls.		
4	Use of mig and/or tig welder should be kept to small batch sizes. Where this is not possible job rotation should be adopted.		
5	Ensure operating instructions displayed on or near machine.		
6	Ensure that only trained operators use the mig/tig welding unit[s].		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Mini Lathes
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
8	Ensure that guard is in place prior to use.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
Employees Specifically at Risk Operators	
Description of work activity being assessed Morticer	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained employees use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
8	Once timber has been placed in the feed rollers, it feeds in automatically.
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
--

Description of work activity being assessed Myford Lathe

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	N	H	Moveable guard required to be fitted to the machine.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
8	Ensure that guard is in place prior to use.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
--

Description of work activity being assessed Pedestal Grinders
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y		
4	Specific Risks	Y	L	Injury to eyes and hands from dust and sparks. Eye protection worn and screens in place
5	Information & Instruction	Y		
6	Training	N	M	An operator should be trained in the mounting and dressing of abrasive wheels.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards and stops in place. View screens in place.
9	Specified Hazards	Y	L	Dust, sparks and the possibility of pieces from a bursting wheel. These are well controlled due to the above guarding etc.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Train one person in the mounting and dressing of abrasive wheels.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th DEcember 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Pillar Drills
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y		
4	Specific Risks	Y	M	Contact with cutting tool when in operation.
5	Information & Instruction	Y		
6	Training	Y	L	Only suitably trained personnel use the machine.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	M	No guards fitted to prevent operator coming into contact with cutting tool.
9	Specified Hazards	Y	M	Swarf, particularly when compressed air is used to clean down.
10	Temperature	Y	M	Machined parts can become hot.
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	No loose clothing to be worn. Only suitably trained operators must use the machine.		
4	Ensure that guards are fitted.		
5	Ensure operating instructions displayed on or near machine.		
9	Wear eye protection, barrier cream and gloves.		
10	Wear barrier cream and gloves.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
--

Description of work activity being assessed Planer/Thicknesser

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained employees use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place. Push sticks used.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
8	Push sticks used when the machine is in planer mode.
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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Personnel Specifically at Risk Operators

Description of work activity being assessed Portable hand sanders/drills – electrical & compressed

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the portable hand tools.
4	Specific Risks	Y	M	Personal injury to eyes, hands, arms and legs. Possible vibration white finger.
5	Information & Instruction	Y		
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	M	Ensure guards are fitted and used.
9	Specified Hazards	Y	M	Bursting discs. Dust and small pieces of timber may be ejected whilst sanding.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Wear eye protection, gloves and overalls.		
4	Use low vibratory hand tools, wear gloves and ensure equipment is well maintained.		
6	Ensure that only trained operators use the grinders.		
8	Ensure that guards are fitted and always used.		
9	Discs should only be mounted by qualified persons.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th Decemberr 2018

Signature:

Mike Robinson

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
---	---

People Specifically at Risk Operators
--

Description of work activity being assessed Routers
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:


14th December 2018

Signature:

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RISK ASSESSMENT RECORD									
Company: NOTTINGHAM HACKSPACE LTD						Ref. No. 2			
Subject: Slips, trips & falls in the Workplace						Slips, trips & falls (Generic)			
Significant Hazards	Who might be harmed	Risk Rating S x L = R			Measure to preclude, control or mitigate. Hazard to an acceptable low level of risk	Additional control measures	Risk Rating S x L = R		
Slips, trips and falls	Operatives, Office Staff, Visitors & Customers	2	3	6	All walkways to be clear of debris, stock, spillages, obstructions etc. Carpeted areas to be kept in good condition. Any stairs and landings to be kept clean, tidy and clear. All walkway surfaces to be dry and slip free. All personnel to wear suitable footwear. Only approved and checked equipment to be used etc. No running within the premises.	Care to be taken when working on premises. Recommend suitable footwear is worn.	2	1	2

Assessor's Signature:		Assessment Date:	14/12/17	Review Date:	14/12/18
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Risk estimation code: Severity of Hazard(S). Major(3). Serious (2). Slight (1). Likelihood of occurrence (L). High (3). Medium (2). Low (1).
Risk Rating (R) = S x L. Risk rating 6 to 9 are unacceptable. 3 to 4 may require additional control measure. 1 to 2 are generally acceptable.

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WORK EQUIPMENT ASSESSMENT FORM

Company **Nottingham Hackspace Ltd**

Date of Assessment **14th December 2017**

People Specifically at Risk **Operators**

Description of work activity being assessed **Small CAD Lathe [Novaturn]**

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
8	Ensure that guard is in place prior to use.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
People Specifically at Risk Operators	
Description of work activity being assessed Small CNC CAD Router	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Small Cross Cut Saw
--

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Contact with moving blade.
5	Information & Instruction	Y		
6	Training	Y	L	Only suitably trained personnel use the machine.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation. Usage is for small batch sizes.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
People Specifically at Risk Operators	
Description of work activity being assessed Table Router	

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Spray Booth
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		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y		
4	Specific Risks	Y	M	Personal injury to eyes, hands and arms. Respiratory problems from the inhalation of particulate matter.
5	Information & Instruction	Y	L	Operating instructions needs to be displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Spraying mask used.
9	Specified Hazards	Y	M	Spray paint particles are ejected whilst spraying.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information

No	Action Required	Date Actioned	Signature
3.	Ensure that the Local Exhaust Ventilation system at the back of the spray booth is examined and tested every 14 months as required by Regulation 9 of COSHH.		
4	Wear spraying mask, gloves and overalls.		
4	Use of spray booth should be kept to small batch sizes. Where this is not possible job rotation should be adopted.		
5	Ensure operating instructions displayed on or near machine.		
6	Ensure that only trained operators use the spray booth.		
9.	Ensure that the spray booth electrical wiring is tested under the Electricity at Work Act. Any recommendations following this inspection should be completed and logged.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Table Saw
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		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	L	Contact with moving blade.
5	Information & Instruction	Y		Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained operators use the equipment.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Low

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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WORK EQUIPMENT ASSESSMENT FORM

Company Nottingham Hackspace Ltd	Date of Assessment 14th December 2017
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People Specifically at Risk Operators
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Description of work activity being assessed Wood Lathe

		Y/N	Risk Rating	Hazard/Control Measures
1	Suitability	Y		
2	Maintenance	Y		
3	Inspection	Y	L	Carry out visual inspection before operating the equipment.
4	Specific Risks	Y	M	Contact with moving blade.
5	Information & Instruction	Y	L	Operating instructions displayed on or near machine.
6	Training	Y	L	Only suitably trained personnel use the machines.
7	CE Conformity	Y		
8	Guards (fixed, interlock etc)	Y	L	Fixed guards in place.
9	Specified Hazards	Y	L	Dust inhalation.
10	Temperature	Y		
11	Starting Controls	Y		
12	Stop Controls	Y		
13	Emergency Stop Controls	Y		
14	Controls	Y		
15	Control Systems	Y		
16	Isolation from Energy	Y		
17	Stability	Y		
18	Lighting	Y		
19	Maintenance Operations	Y		
20	Markings	Y		
21	Warnings	Y		

Y=Acceptable, N=Not acceptable

H=High, M=Medium, L=Low

WORK EQUIPMENT ASSESSMENT FORM

No	Additional Information
9	Dust extraction system in place.

No	Action Required	Date Actioned	Signature
4	Wear suitable personal protective equipment.		
4	Ensure equipment is well maintained.		
6	Ensure that only trained personnel use the equipment.		
8	Ensure that guard is in place prior to use.		
9	Ensure that the Local Exhaust Ventilation system is examined and tested every 14 months as required by Regulation 9 of COSHH.		

Risk rating before action – Medium

Risk rating after action – Low

Review period – Low

(High=Immediate, Medium=6 months, Low=1 year)

Review Date:

14th December 2018

Signature:

Mike Robinson

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RISK ASSESSMENT RECORD

Company: NOTTINGHAM HACKSPACE LTD

Ref No. 2

Subject: Slips, trips and falls in the workplace

Slips, trips and falls (Generic)

Evaluation:

- | | |
|---|---|
| a) What harm could be caused | (i) Serious injury, muscular or skeletal damage. |
| b) To whom could it be caused: | (i) Service Engineers & visitors/customers. |
| c) What hazard could cause it: | (i) Areas not kept clear and tidy, clean. |
| d) In what circumstances : | (i) Slip, trip and fall during normal office and workplace activities. |
| e) What precautions have already been taken: | (i) In house training. Nottingham Hackspace working procedures and provision of adequate personal protective equipment. Adequate tidy housekeeping practices adopted. Following designated walkways. Tidying up after a spillage or working in a particular area. Electrical cables correctly routed. Correct positioning of racking. |

Key Sources of Information:

Health and Safety at Work etc. Act 1974
Management of Health and Safety at Work Regulations 1999
Provision and Use of Work Equipment Regulations 1998

Corrective and Preventative Measures:

1. **Elimination of hazard** (e.g. – use of alternatives, design improvements etc.).
2. **Substitution** (e.g. – replacement of a chemical with one or less risk, etc.).
3. **Use of barriers** (e.g. isolation and segregation, use of designated walkways, setting up an inspection/work area with barrier tape).
4. **Use of procedures** (e.g. limiting exposure time, safe systems of work).
5. **Use of warning systems** (e.g. signs, instructions, labels etc.).
6. **Use of personal protective equipment** (e.g. – gloves, safety footwear).

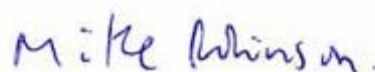
Corrective/preventative measure(s) identified for this process/job description: 3,4,5 & 6

Assessor: M Robinson

Qualification: M.I.R.M., Dip S.H.E.M., C.M.I.O.S.H.

Designation: Health and Safety Advisor

Signature:



Date of Assessment: 14th December 2017

Reason (initial, following accident etc.): Initial

Review Date: 14th December 2018

Other Observations:

1. See page 2.

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Note: This risk assessment has been carried out in order to comply with Regulation 3(4) of the Management of Health and Safety at Work Regulations 1999

Note: This risk assessment has been carried out in order to comply with Regulation 3(4) of the Management of Health and Safety at Work Regulations 1999