# Knowledge Assessment – Task 2

## Criteria

### Unit code, name and release number

MSMWHS200 - Work safely (2)

### Qualification/Course code, name and release number

MSF31113 - Certificate III in Cabinet Making (6)

## Student details

### Student number

### Student name

## Assessment Declaration

* This assessment is my original work and no part of it has been copied from any other source except where due acknowledgement is made.
* No part of this assessment has been written for me by any other person except where such collaboration has been authorised by the assessor concerned.
* I understand that plagiarism is the presentation of the work, idea or creation of another person as though it is your own. Plagiarism occurs when the origin of the material used is not appropriately cited. No part of this assessment is plagiarised.

### Student signature and Date

Version: *1.0*

Date created: *3 July 2018*

Date modified: *23/04/2019*

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## Assessment instructions

Table 1 Assessment instructions

| Assessment details | Instructions |
| --- | --- |
| **Assessment overview** | The objective of this assessment is to assess your knowledge as would be required to work safely in the work place. |
| **Assessment Event number** | 2 of 3 |
| **Instructions for this assessment** | This is a skills assessment and will be assessing you on your ability to demonstrate skills required in the unit.  This assessment is in four parts:   1. Standard Operating Procedure (SOP) 2. Job Safety and Environment Analysis (JSEA) 3. Incident Report 4. Safety Data Sheet (SDS)   *Prior to this assessment, students must be inducted and introduced to the grinding machine for the purpose of grinding a chisel and or plane blade. This task is also performed in MSFFM2001 Hand & power tools.* |
| **Submission instructions** | On completion of this assessment, you are required to upload it or hand it to your assessor for marking.  Ensure you have written your name at the bottom of each page of this assessment.  It is important that you keep a copy of all electronic and hardcopy assessments submitted to TAFE and complete the assessment declaration when submitting the assessment. |
| **What do I need to do to achieve a satisfactory result?** | To successfully complete this assessment you must be available at the arranged time to complete all the assessment criteria as outlined in the assessment instructions.  You must perform all parts of the observable task to a satisfactory level as indicated in the criteria section of the observation checklist.  All oral questions must be answered correctly to be deemed satisfactory in this assessment task; however, assessors may ask questions to clarify understanding. |
| **What do I need to provide?** | Pens & pencil, USB flash-drive to store and download files, A4 folder and paper. |
| **Due date/time allowed/venue** | 120 minutes |
| **Assessment feedback, review or appeals** | Appeals are addressed in accordance with Every Students Guide to Assessment. |

## Specific task instructions

The instructions and the criteria in the tasks and activities below will be used by the assessor to determine whether the tasks and activities have been satisfactorily completed. Use these instructions and criteria to ensure you demonstrate the required knowledge.

If this assessment requires you to record information, your assessor will provide you with an appropriate document/template.

## Part 1: Standard Operating Procedure Assessment

On the following page is the Standard Operating Procedure (SOP) for a grinder that you would use to sharpen either a plane blade a chisel or a drill bit.

Read the SOP and answer the multiple-choice questions below it.

You are not required to carry out an actual grinding task.

# Grinder Standard Operating Procedure (SOP)

**DO NOT USE THIS MACHINE WITHOUT TEACHER INSTRUCTION AND PERMISSION.**

**DO NOT USE THIS MACHINE UNTIL YOU HAVE COMPLETED THE RELEVANT SAFETY TEST.**

**CHECK MACHINE IS ISOLATED BY THE USE OF THE KEY LOCK SWITCH.**

### SAFETY BEFORE USE

### (Pre-start check)

1. Check workspaces and walkways to ensure no slip/trip hazards are present.
2. Locate and ensure you are familiar with the operation of the ON/OFF starter and E-Stop.
3. Use wheels free from defects and are suitable for the material being ground
4. Ensure tooling conforms to machine specification.
5. Machine must be isolated while tooling is being installed.
6. Ensure machine is set up as per manufacturers/trainers instructions.
7. Follow correct clamping procedures – check the tool to be ground is secure.
8. Check tooling for clearance before starting the machine.
9. Adjust fence, guards and stops for maximum protection and efficiency.
10. Do not store tools and parts on any part of the machine.
11. Faulty equipment must not be used. Immediately report faulty machinery.
12. Make all adjustments to tool rest and tooling before activating power source.
13. Check that grinding wheel is running true and is in good condition.
14. Check that the grinder has efficient amount of coolant.
15. Tool rest is the correct distance from wheel.
16. Dress the wheel before using.

### SAFETY DURING USE

1. Ensure appropriate PPE is worn properly, no loose clothing and long hair is secured under a hair net or cap.
2. Ensure machine is operated as per manufacturers/trainers instructions
3. Never leave the machine running unattended.
4. Before making adjustments switch off and bring the machine to a complete standstill.
5. Feed tooling slowly into the grinding wheel using correct grinding sequence.
6. Use a safe working posture and correct hand placement.
7. Keep clear of the rotating grinding wheel.
8. Stand aside during start up.

### SAFETY AFTER USE

1. Switch off the machine.
2. Leave the machine in a safe, clean and tidy state.
3. Wait until tooling has stopped moving before clearing the table.
4. Always remove tooling from machine when finished.
5. Reset machine and all parts back to a neutral/standard setting.
6. Lock machine off after use by the key lock switch.

### POTENTIAL SAFETY HAZARDS

* Slips, trips and falls
* Contact with tooling at point of operation and during cleaning and adjustment
* Flying chips and airborne dust/fumes
* Cuts, abrasions and burns
* Noise

### PERSONAL PROTECTIVE EQUIPMENT AND SAFETY CONTROLS

|  |  |
| --- | --- |
| Safety glasses must be worn at all times in work areas. | Hair Protection circleLong and loose hair must be contained. |
| Foot Protection circleSteel cap boots must be worn at all times in work areas. | loose clothing signClose fitting/protective clothing must be worn. |
| Prohibition circleProhibition circle Jewellery below elbow must not be worn. | GlovesGloves must not be worn when using this machine. |

The answers to the following questions are found in the grinder SOP above.

Read the questions and each answer carefully.

Put an X in the table next to your chosen answer.

1. Select the first check that is carried out before operating the tool grinder.

Table 1 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Check workspaces and walkways to ensure no slip/trip or hazards are present |  |
| 1. Check the tools are sharp before you start |  |
| 1. Check the tool grinder is in a good position in the workshop |  |
| 1. Check workspaces to ensure easy access to the machine |  |

1. When checking the condition of the grinding wheel, what must it be it free from?

Table 2 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Free from backwards rotations |  |
| 1. Free from adjustable tool rest |  |
| 1. Free from defects |  |
| 1. Free from normal wear |  |

1. What check is performed before setting the tool rest in the correct position?

Table 3 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. It is clean and ready to use |  |
| 1. Ensure the machine is isolated |  |
| 1. You have the correct tool to sharpen |  |
| 1. The grinder is ready to use |  |

1. Once you have completed your pre-start check but before start up, what should be checked on the wheels?

Table 4 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. The grinding wheels have some movement |  |
| 1. The grinding wheels are the right colour |  |
| 1. The grinding wheel is running true and free |  |
| 1. The grinding wheels are touching the tool rest |  |

1. From the list below, which item(s) of PPE must an operator use when using a grinder in the workplace? Select all that apply.

Table 5 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Protective eyewear, ear wear and protective boots |  |
| 1. Close fitting protective clothing, Hair nets or contain long hair |  |
| 1. Leather gloves |  |
| 1. Shorts |  |

1. What must you not wear while using the grinder? (Select all that apply)

Table 6 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Eye protection |  |
| 1. Jewellery below the elbow |  |
| 1. Steel cap boots |  |
| 1. Gloves |  |

## Part 2: Job Safety and Environment Analysis (JSEA)

To complete this part of the assessment, you are required to fill out the JSEA supplied. This will be as a group base discussion, you will then complete the JSEA as a group and present it to your assessor. Your completed JSEA will be used as part of the overall evidence requirements of the unit.

**Note that you are not required to carry out a real grinding task.**  *(This task is performed in MSFFM2001 Hand & Power Tools)* Just use the scenario provided below and the information provided in a briefing to complete the JSEA *as if* you were going to do the task.

Prior to starting you will be briefed on the task of grinding and honing. The briefing will help you to identify hazards, how to reduce risks and how to make the task safer to accomplish.

### SCENARIO: Grinding and honing chisels or plane blades

You are asked to use a bench grinder to form an edge ready for honing.

Using the grinder SOP at the top of this document, as a guide, you are to prepare a sharp cutting edge on a chisel with a damaged blade. The **grinding angle** is formed on a grinding wheel. It should be between 25° to 30° to the face of the chisel blade.

The steps for this scenario would be:

* Carry out pre-start checks
* Ensure wheels are at operating speed
* Position the chisel to be ground on the tool rest.
* Move the chisel on the tool rest up into the face edge of the grinding wheel.
* Start on one side of the wheel.
* Move the tool across the face of the wheel while staying flat on the tool rest: do not drop off the edge of the grinding wheel.
* To remove the tool from the tool rest and machine, retract the tool downwards to remove.
* Cool with water as required.
* Repeat this process until you have the grinding angle and edge you require.

Based on this scenario, prepare a JSEA using the form provided below. When complete, present your form to your trainer/assessor before continuing to Part 3 of this assessment.

**Job Safety & Environment Analysis**

**Activity/ Task:**  **Location:**

**Conducted by:**

**In Consultation with:**

**Date Conducted:**

**Reviewed by**:

**Comments:**

**Date Reviewed:**

**Reason for this risk assessment**– *refer to the* [*Procedure for WHS Risk Management*](https://staff.tafensw.edu.au/employee-essentials/work-health-and-safety/policies-and-procedures/)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace Change  Work task / activity  New building/ facility | | Procure new plant  Commission new plant  Decommission plant | | | | New chemical or storage  Maintenance activity  Lease or contract | | Staff work travel  Remote or lone working  Public event | Student excursion  Student off-site activity  Student work placement | | Other *(specify)* - |
| **RISK ASSESSMENT SUMMARY** | | | | | | | | | | | |
| **Plant / vehicles / substances involved** | | | | **licenses / permits**  Driver’s licence  High Risk Work License  Plant operators license  Work at heights  Confined space entry permit  Hot work / permit to work  Other - | | | *What are the top 5 risks for this activity / task?*  1.  2.  3.  4.  5. | | | *What are the top 5 safety controls?*  1.  2.  3.  4.  5. | |
| **Required Protective Clothing and PPE** | | | | | | | **Other documents needed to manage the risks** | | |  | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Eye.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Foot.jpg | | **T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Head.jpg** | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hearing.jpg | | *e.g. Procedure / SOP / work instruction, safety data sheet (SDS), inspection checklists, health declarations etc* | | | | |
| T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Protective clothing.jpg | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Respiratory.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Apron.jpg | | T:\ADMINISTRATION OH&S UNIT\Safety Symbols\%OH&S Safety Symbols Australian\Mandatory symbols\Hand.jpg | | **Arrangements for First Aid and Emergencies** | | | | |
| **Other** *(specify) -* | | | | | | |

|  |  |  |
| --- | --- | --- |
| HAZARD CHECKLIST | | RISK ASSESSMENT MATRIX |
| **Environment**  Weather  Hot or cold conditions  Air quality  Noise  UV exposure  Slip/trip hazards  Drowning  **Substances**  Hazardous chemicals  Explosives  Flammable substances  Toxic substances/ pesticides  Inhalable / respirable dust  Exhaust or other fumes  **Physical**  Pressure  Stored energy – mechanical  Stored energy - electrical  Stored energy – chemical  Confined spaces  Fall from height  Manual tasks / ergonomic  **Electrical**  Overhead power lines  Underground power lines  Arc welding  Power tools / leads  Electrical work  Portable power generators  Wet environments | **Psychological and Social**  Stress  Fatigue  Violence / aggression  Drugs and alcohol  Isolation  Bullying and/or harassment  Communication barriers  **Biological**  Animal or insect bite  Riding or handling  Zoonosis  Infectious agents  Needle-stick / sharps  Bodily fluids  Contaminated waste  **Mechanical**  Traffic  Driving  Forklifts, Cranes etc.  Rotating / moving parts  Crushing  Shearing, cutting, stabbing  Vibration  **Environmental**  Air emissions  Release to stormwater  Chemical spill  Soil/groundwater contamination  Asbestos  Radioactive waste  Waste disposal | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **CONSEQUENCE** | | | | | | ***LIKELIHOOD*** | **Negligible** | **Minor** | **Medium** | **Major** | **Severe** | | ***Almost Certain*** | **9** Medium | **15** High | **18** High | **23 Critical** | **25 Critical** | | ***Likely*** | **7** Low | **12** Medium | **17** High | **20** High | **24** **Critical** | | ***Possible*** | **4** Low | **10** Medium | **13** Medium | **19** High | **22** High | | ***Unlikely*** | **2** Very low | **5** Low | **11** Medium | **14** Medium | **21** High | | ***Rare*** | **1** Very low | **3** Very low | **6** Low | **8** Low | **16** Medium | |
| |  |  | | --- | --- | | Likelihood description | | | Almost certain | Expected to occur in most circumstances. | | Likely | Can be expected to occur several times in the life of the particular work practice. | | **Possible** | Might occur occasionally in the life of the particular work practice. | | **Unlikely** | Not likely to occur, but could happen at some time. | | **Rare** | May happen but only in exceptional circumstances. | | **Consequence description** | | | **Severe** | Fatality and/or severe injury resulting in amputation or life support. | | **Major** | Hospital admission, and / or long periods off work and/or permanent impairment. | | **Medium** | Injury/illness requiring minor medical treatment, short duration lost time. | | **Minor** | First Aid treatment only. No lost time. | | **Negligible** | Does not require first aid. Minor discomfort. | |

**Risk Assessment**

| Activity / Situation / Location | Hazards | Risk Score | Controls | New Score |
| --- | --- | --- | --- | --- |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
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|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |

## Acknowledgement by Teachers / Other Staff

I have read and understood and/or been instructed in this risk management assessment and will implement all the requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Role | Date |
|  |  |  |  |

## Part 3: Incident Report

You are provided with a scenario below for an accident in the work place that you have witnessed.

You are required to fill out an incident report form because the person involved in the accident is not able complete it.

An incident report form is a part of this document and is below the scenario description. You need to complete it and submit it to your Trainer/Assessor.

**SCENARIO**:

It is 1/10/2019 at 9:30 in the morning in RB Holding construction company workshop. It has been a busy morning and lots of complete and partially-finished items are scattered around the workshop, but other than that, it is neat and tidy.

Your work colleague, Rudi Dodson, has been working on this particular job on her own since 8:00am. She carried out a prestart check, put on all correct PPE and made sure the dust extractor was working. She has picked up a piece of white melamine board to cut to size on the panel saw. After placing the sheet on the saw, Rudi starts cutting it down to the component sizes required. She moves the smaller components from the saw onto a trolley ready to go to the edge bander for edging. Two larger pieces are placed on top of the smaller pieces because they are needed first.

Rudi proceeds to move the trolley and components towards the edge bander. In the process, the trolley wheels run over an offcut and dislodge the components and they start sliding off the trolley. She tries to catch some pieces and receives deep cuts on her left hand. In addition, some of the pieces cause grazing to her legs as she was wearing shorts.

Incident Details/Description section of the report form below, include your initial actions to assist the work colleague until appropriate first aid is applied in your incident report.

**Using the incident report form below, or as provided by your trainer/assessor, fill it out and submit it for assessment.**

**Incident report FORM**

**Details of person reporting the incident**

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to injured person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Injured person details**

**Please tick one:**

Staff Student Apprentice/Trainee Visitor Contractor Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee / Student ID number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Addresss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region/Section/Faculty/Business Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident details**

* Incident Only – an incident occurred but no first aid or medical treatment was required.
* Injury – the incident resulted in an injury and may have resulted in the need for first aid, treatment by a medical practitioner or may even have required the injured worker to have time off work to recover (lost time).
* Near Miss – an event happened but did not result in any injury or property damage. An Incident where no person is injured, but could have been injured.
* Hazard – No event happened. However, something was identified as a possible source of injury but has not yet caused an injury or incident.

**Type of Incident**

**Near Miss Hazard Incident only Injury/Illness**

**Type of Injury (if applicable)**

First Aid Medical Treatment Lost Time

Date of Occurrence: / \_/ Time of Occurrence: \_: AM/PM

Specific Location/Room:

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Off-site or other location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Details/Description**

**Describe what was happening at the time of the incident and how the incident occurred, including details if emergency services or police attend the scene:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Injury and Treatment Details**

**Describe the nature of the injury (eg. cut, burn, abrasion, sprain) and how the injury occurred (eg. slips & trips, using machinery & equipment, driving a vehicle etc). Advise the type of treatment provided if any (eg. First aid, ambulance called etc)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has the relevant Line Manager/Supervisor/Teacher been informed of this incident? Yes/No

Line Manager/Supervisor/Teacher Name and Contact details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness/other people involved**

Staff Student Apprentice/Trainee Visitor Contractor Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Person completing this form:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Part 4 : Safety Data Sheet (SDS) *(This is a sample SDS for the purpose of this assessment)*



**Material Safety Data Sheet**

This is not a controlled document. To obtain the most recent MSDS please go to [www.bostik.com.au](http://www.bostik.com.au/)

**NON-Hazardous Substance, NON-Dangerous Goods**

**1. MATERIAL AND SUPPLY COMPANY IDENTIFICATION**

**Product name: Anchor-WeldTM 3500 Laminating Adhesive**

Synonyms: Mancode

Anchor-WeldTM 3500 Laminating Adhesive, 1,000 Kg 502510

**Recommended use:** A high solids synthetic resin adhesive designed for high speed laminating where good tack and final bond strength are required.

**Supplier:** Bostik Australia Pty Ltd Bostik New Zealand Limited

**ABN:** 79 003 893 838

**Street Address:** 51-71 High Street 19 Eastern Hutt Road Thomastown VIC 3074 Wingate Lower Hutt

Australia New Zealand

**Telephone:** +613 9279-9333 +644 567-5119

**Facsimile:** +613 9279-9342 +644 567-5412

**Website:** [www.bostik.com.au](http://www.bostik.com.au/) [www.bostik.co.nz](http://www.bostik.co.nz/)

Emergency telephone number: Australia – 1800 033 111 New Zealand – 0800 243 622

**2. HAZARDS IDENTIFICATION**

**AUSTRALIA CLASSIFICATION**

Based on available information, this material is not classified as hazardous according to criteria of Safe Work Australia.

**Poisons Schedule (Aust):** Not applicable

NEW ZEALAND CLASSIFICATION

Based on available information, this material is not classified as hazardous according to criteria of ERMA New Zealand.

DANGEROUS GOODS CLASSIFICATION

Not classified as Dangerous Goods by the criteria of the “Australian Code for the Transport of Dangerous Goods by Road & Rail” and the “New Zealand NZS5433: Transport of Dangerous Goods on Land”.

|  |  |  |
| --- | --- | --- |
| **3. COMPOSITION INFORMATION** |  | |
| CHEMICAL ENTITY | CAS NO. | PROPORTION |
| Ingredients determined to be non-hazardous | - | 100% |
|  |  | 100% |

**4. FIRST AID MEASURES**

If poisoning occurs, contact a doctor or Poisons Information Centre (Phone Australia 131 126, New Zealand 0800 764 766).

**Inhalation:** Remove victim from exposure - avoid becoming a casualty. Remove contaminated clothing and loosen remaining clothing. Allow patient to assume most comfortable position and keep warm. Keep at rest until fully recovered. Seek medical advice if effects persist.

**Skin contact:** If skin or hair contact occurs, remove contaminated clothing and flush skin and hair with running water. If swelling, redness, blistering or irritation occurs seek medical assistance.

**Eye contact:** If in eyes wash out immediately with water. In all cases of eye contamination it is a sensible precaution to seek medical advice.

**Ingestion:** Rinse mouth with water. If swallowed, do NOT induce vomiting. Give a glass of water to drink. Never give anything by the mouth to an unconscious patient. If vomiting occurs give further water. Seek medical advice.

**Notes to physician:** Treat symptomatically.

**5. FIRE-FIGHTING MEASURES**

Specific hazards:Non-combustible liquid.

**Fire fighting further advice:** Not combustible, however following evaporation of aqueous component residual material can burn if ignited. On burning may emit toxic fumes. Fire fighters to wear self-contained breathing apparatus and suitable protective clothing if risk of exposure to vapour or products of combustion.

Hazchem Code:Not applicable.

**Suitable extinguishing media:** Not combustible, however, if material is involved in a fire use water fog (or if unavailable fine water spray), foam, dry agent (carbon dioxide, dry chemical powder).

**6. ACCIDENTAL RELEASE MEASURES**

SMALL SPILLS

Wear protective equipment to prevent skin and eye contamination. Avoid inhalation of vapours. Wipe up with absorbent (clean rag or paper towels). Collect and seal in properly labelled containers or drums for disposal.

LARGE SPILLS

Slippery when spilt. Avoid accidents, clean up immediately. Wear protective equipment to prevent skin and eye contamination and the inhalation of vapours. Work up wind or increase ventilation. Contain - prevent run off into drains and waterways. Use absorbent (soil, sand or other inert material). Collect and seal in properly labelled containers or drums for disposal.

**Dangerous Goods – Initial Emergency Response Guide No:** Not applicable.

**7. HANDLING AND STORAGE**

**Handling:** Avoid eye contact and repeated or prolonged skin contact.

**Storage:** Store in a cool, dry, well-ventilated place and out of direct sunlight. Store away from incompatible materials described in Section 10. Keep containers closed when not in use - check regularly for leaks.

**8. EXPOSURE CONTROLS / PERSONAL PROTECTION**

**National occupational exposure limits:**

No value assigned for this specific material by Safe Work Australia or Department of Labour New Zealand.

**Biological Limit Values:** As per the “National Model Regulations for the Control of Workplace Hazardous Substances (Safe Work Australia)” the ingredients in this material do not have a Biological Limit Allocated.

**Engineering measures:** Natural ventilation should be adequate under normal use conditions.

**Personal protection equipment:** OVERALLS, SAFETY SHOES, SAFETY GLASSES, GLOVES.

Wear overalls, safety glasses and impervious gloves. Available information suggests that gloves made from nitrile rubber should be suitable for intermittent contact. However, due to variations in glove construction and local conditions, the user should make a final assessment. Always wash hands before smoking, eating, drinking or using the toilet. Wash contaminated clothing and other protective equipment before storing or re- using.

**9. PHYSICAL AND CHEMICAL PROPERTIES**

**Form / Colour / Odour:** White milky liquid with faint acetic odour.

**Solubility:** Miscible with water.

**Specific Gravity (20 °C):**  1.03-1.09

Relative Vapour Density (air=1): >1

**Vapour Pressure (20 °C):** N Av

**Flash Point (°C):** N App

Flammability Limits (%): N App

**Autoignition Temperature (°C):** N App

**Melting Point/Range (°C):** N Av

**Boiling Point/Range (°C):** approx. 100

**pH:** N Av

(Typical values only - consult specification sheet)

N Av = Not available N App = Not applicable

**10. STABILITY AND REACTIVITY**

Chemical stability:This material is thermally stable when stored and used as directed.

Conditions to avoid:No information available.

Incompatible Materials:No information available.

Hazardous decomposition products:Oxides of carbon and nitrogen, smoke and other toxic fumes.

Hazardous reactions:No information available.

**11. TOXICOLOGICAL INFORMATION**

No adverse health effects expected if the product is handled in accordance with this Safety Data Sheet and the product label. Symptoms or effects that may arise if the product is mishandled and overexposure occurs are:

Acute Effects

**Inhalation:** Material may be irritant to mucous membranes and respiratory tract.

**Skin contact:** Repeated or prolonged skin contact may lead to irritation.

Eye contact:May be an eye irritant.

**Ingestion:** Swallowing can result in nausea, vomiting and irritation of the gastrointestinal tract.

Long Term Effects:No information available for product.

Acute toxicity / Chronic toxicity

No LD50 data available for the product.

**12. ECOLOGICAL INFORMATION**

Avoid contaminating waterways.

Ecotoxicity:No information available.

Persistence and degradability: No information available.

Mobility:No information available.

**13. DISPOSAL CONSIDERATIONS**

Refer to State/Territory Land Waste Management Authority.

**14. TRANSPORT INFORMATION**

ROAD AND RAIL TRANSPORT

Not classified as Dangerous Goods by the criteria of the “Australian Code for the Transport of Dangerous Goods by Road & Rail” and the “New Zealand NZS5433: Transport of Dangerous Goods on Land”.

MARINE TRANSPORT

Not classified as Dangerous Goods by the criteria of the International Maritime Dangerous Goods Code (IMDG Code) for transport by sea.

AIR TRANSPORT

Not classified as Dangerous Goods by the criteria of the International Air Transport Association (IATA) Dangerous Goods Regulations for transport by air.

**15. REGULATORY INFORMATION**

Poisons Schedule (Aust):Not applicable

All the constituents of this material are listed on the Australian Inventory of Chemical Substances (AICS).

**16. OTHER INFORMATION**

Literary reference

This Material Safety Data Sheet has been prepared by Chemical Data Services Pty Ltd (chemdata.com.au) on behalf of its client.

Reason(s) For Issue: Revised

Material Safety Data Sheets are updated frequently. Please ensure that you have a current copy.

This MSDS summarises at the date of issue our best knowledge of the health and safety hazard information of the product, and in particular how to safely handle and use the product in the workplace. Since Bostik Australia Pty Ltd cannot anticipate or control the conditions under which the product may be used, each user must, prior to usage, review this MSDS in the context of how the user intends to handle and use the product in the workplace.

If clarification or further information is needed to ensure that an appropriate assessment can be made, the user should contact this company.

Our responsibility for product as sold is subject to our standard terms and conditions, a copy of which is sent to our customers and is also available upon request.

The sample Safety Data Sheet (SDS) above will provide you with the information to answer the following questions.

Read the questions and each answer carefully.

Put an X in the table next to your chosen answer.

1. What is the full name of the product?

Table 7 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Anchor Weld 3500 Laminating Adhesive |  |
| 1. Bostik Adhesive |  |
| 1. Contact glue |  |
| 1. Poly vinyl Acetate |  |

1. Who is the Australian supplier of the product?

Table 8 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Anchor Weld Australia |  |
| 1. Polytech Australia |  |
| 1. Bostik Australia |  |
| 1. Laminex New Zealand |  |

1. What is the product’s recommended use?

Table 9 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. For gluing furniture joints together |  |
| 1. For high speed laminating |  |
| 1. To join timber together |  |
| 1. To glue paper |  |

1. What is the product’s hazard Identification for Australia?

Table 10 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. This material is part of the Poisons Schedule |  |
| 1. It is only hazardous in NSW |  |
| 1. This material is not classified as hazardous according to Safe Work Australia |  |
| 1. The Australian Hazardous Groups |  |

1. In the event of a poisoning in Australia, what is the Poisons Information Centre phone number?

Table 11 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. 55531254 |  |
| 1. 0800764766 |  |
| 1. 131126 |  |
| 1. 02265543 |  |

1. If this product is ingested (swallowed) what should you do?

Table 12 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Induce vomiting |  |
| 1. Give them food to soak it up |  |
| 1. Nothing, it will pass |  |
| 1. Rinse mouth with water and do NOT induce vomiting |  |

1. If the material is involved in a fire, what method(s) can be used to extinguish it? Select all that apply.

Table 13 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Foam extinguisher |  |
| 1. Lay a board on it |  |
| 1. Water fog or fine water spray |  |
| 1. Dry agent (carbon dioxide, dry chemical powder) extinguisher |  |
| 1. Apply water with a high pressure hose |  |

1. In what way can you contain a large spill of this material?

Table 14 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Apply soil, sand or other inert material to the spill |  |
| 1. Let it dry then scrape it up |  |
| 1. Throw some rags on it |  |
| 1. Build a wall around it |  |

1. What personal protective equipment is required when handling this product?

Table 15 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Gloves, safety glasses, overalls, safety shoes |  |
| 1. Boots and shorts |  |
| 1. Work uniform |  |
| 1. Eyewear only |  |

1. Where should this product be stored?

Table 16 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. On a crate in the workshop |  |
| 1. Outside the building |  |
| 1. In a cool, dry, well-ventilated place and out of direct sunlight |  |
| 1. In a container that has no ventilation to contain the fumes |  |

1. Whom should you contact for disposal considerations?

Table 19 Multiple choice

| Answer choices | Put X next to your answer |
| --- | --- |
| 1. Work Safe Queensland |  |
| 1. Local Council |  |
| 1. Refer to State/Territory Land Waste Management Authority |  |
| 1. Hazmat NSW |  |

## Part 5: Assessment Feedback

*NOTE: This section* ***must*** *have the assessor signature and student signature to complete the feedback.*

### Assessment outcome

Satisfactory

Unsatisfactory

### Assessor Feedback

Was the assessment event successfully completed?

If no, was the resubmission/re-assessment successfully completed?

Was reasonable adjustment in place for this assessment event?  
*If yes, ensure it is detailed on the assessment document.*

Comments:

### Assessor name, signature and date:

### Student acknowledgement of assessment outcome

Would you like to make any comments about this assessment?

### Student name, signature and date

***NOTE: Make sure you have written your name at the bottom of each page of your submission before attaching the cover sheet and submitting to your assessor for marking.***