Template only MUST modify to site conditions

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | |  | | Date of Assessment | |  | | Risk Assessment # | **103RA** |
| Completed by (name) | |  | | Signature | |  | | | |
| In Consultation with: | |  | | Signature | |  | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | **Cold Rooms** | | | |
| Authorised by: | |  | | Signature: | |  | | Date: |  |
| In conjunction with this risk assessment, training / education and development of a relevant SOP may be required. | | | | | | | | | |
| **Step 1:** **Identify the hazard/s / Impact:**What do you believe are the hazards? What could happen? | | | | **Step 2: Assess the potential risks:**  What do you believe are the risks?  How could this happen? | | | | **Step 3: Reducing the risk:**  What do you believe can be done to reduce the risk?  Controls | |
| **Hazardous Manual Task**   * Sustained or awkward postures;   Stacking / Unstacking / Storing items | | | | * Sprains & strains | | | | * Correct manual handling techniques * Trolleys / sack truck * Platform step ladder. | |
| **Hypothermia**   * Entrapment * Long exposure times during stocktake. | | | | * Hypothermia * Frost bite | | | | * Bells or emergency buttons fitted to alert outsiders to a trapped person * If cool room can be locked from the outside, lock override be installed and signage * Appropriate clothing e.g. jacket, gloves if extended work is required. | |
| **Gravity**   * Uneven or cracked concrete * Moisture on floor * Falling stock / shelf collapse | | | | * Slip / trip / falls * Fracture * Bruise | | | | * Wet floor signage * Spills cleaned up immediately * Non slip flooring * Racking suitable for the environment and rated * Preventative maintenance checking flooring and racking. | |
| **Biological**   * Out of date product * Mould growth | | | | * Bacteria * Infection * Food Poisoning | | | | * Temperatures monitored and recorded * Maintenance Schedule in place * Cleaning Schedule in place * Stock dated & rotated. | |
| **Other**  **• Working in isolation** | | | | * Slip / trip / falls * Bruise | | | | * Site procedures in place for working in isolation. | |
| **Other**   * Insufficient lighting | | | | * Slip / trip / falls * Bruise | | | | * Additional lighting * Maintenance schedule in place | |
| **Review hazard / risk assessment if task or circumstances change & at intervals appropriate to the level of risk (minimum 5 years)** | | | | | | | | | |
| **Step 4: Monitor & Review:** | | | | | | | | | |
| Were the controls effective? | | | | Were there any unforeseen hazards / incidents? | | | | New controls | |
| Yes |  | No |  | Yes |  | No |  |
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