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.
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| **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| **Biological*** Out of date product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 | [ ]  |
|  |  |  |