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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | | |  | | Date of Assessment | | |  | | Risk Assessment # | | **063RA** |
| Completed by (name) | | |  | | Signature | | |  | | | | |
| In Consultation with: | | |  | | Signature | | |  | | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | | | **Motorised Trolley** | | | | |
| 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:**  Template only MUST modify to site conditions  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 | | |
| **Electricity**   * Frayed / loose cords * Water on electrical equipment * Pulling out equipment from plug | | | | | * Electrocution (death) * Electric shock * Frayed cord * Burns | | | | | * Test and tag * RCD installed on switchboards * Visual Inspection before each use * Add to Workplace Inspection sheet * Test RCD’s | | |
| **Hazardous Manual Tasks**   * Pushing / pulling trolley | | | | | * Bruising * Muscular Skeletal * Permanent injury | | | | | * Trolley is not overloaded, and weight rating is displayed * Ensure load is stable  Manual Handling training yearly  * Follow Manufacturer’s instructions * Instruction on use / handling / care of trolley | | |
| **Extreme Heat** | | | | | * Burns | | | | | * Wear heat resistant gloves * Utensils * Aprons | | |
| **Gravity**   * Terrain e.g. floor covering, inclines, declines | | | | | * Slips, trips, falls * Loss of control over trolley * Slips/trips/falls | | | | | * Check manual for appropriate incline/decline * Ensure pathway is clear of obstructions (housekeeping) * Workplace Inspections * If flooring is to be replaced/installed consider use of trolley | | |
| **Equipment & Machinery**   * Crushing/Pinching | | | | | * Cuts * Bruising * Lacerations | | | | | * Crushing/pinch points are guarded * First Aid person on site * Refer to medical practitioner if required | | |
| **Equipment & Machinery**   * Movement of trolley | | | | | * Muscular skeletal * Repetitive Strain * Bruising | | | | | * Regular checks of wheels / tyres (recorded on preventative maintenance plan) * Report any injury/incident on the CSHWSA Incident reporting database | | |
| **Inappropriate storage** | | | | | * Slips/trips/falls over trolley * Blockage of access/egress | | | | | * Designated storage location incorporating safe placement of charging unit. | | |
| **Biological**   * Infection control | | | | | * Gastro * Infections * Food poisoning | | | | | * Training in safe food handling * Correct hand washing techniques * Ensure food is kept at correct temperature * Thoroughly clean & disinfect trolley after each use | | |
| **Other:** | | | | |  | | | | |  | | |
| **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 |  |
|  | | | | |  | | | | |  | | |
| Name: | |  | | | Signature | |  | | | Date |  | |