|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 conditionsWhat 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 |  |