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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | |  | | Date of Assessment | |  | | Risk Assessment # | 101RA |
| Completed by (name) | |  | | Signature | | Template only MUST modify to site conditions | | | |
| In Consultation with: | |  | | Signature | |  | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | Specialised Chairs | | | |
| 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 | |
| * Twisting, bending, reaching, lifting and pulling when moving chair and positioning client | | | | * Twisting, bending, reaching, lifting and pulling when moving chair and positioning client | | | | * Work Instruction * Adjustable wings and drop down arms to allow for easy client transfer. * Directional castors fitted. | |
| **Gravity**   * Slip / trip / fall * Pressure sores | | | | * Fall from chair * Mechanical failure * Chair moves | | | | * Chair has adjustable tilt and recline positions. * Scheduled maintenance. * Chair fitted with directional locking castors. * Surface of chair has air pressure seating system. * Adjustable tilt, recline settings. * Electrical cords setup away from movement area of persons. | |
| **Biological**   * Infection * Bacteria | | | | * Exposure to bacteria * Exposure to unclean surfaces | | | | * Cleanable covering types to be used. * Chair cleaned after use. | |
| **Machinery & Equipment**   * Lack of maintenance * Chairs weight capacity overloaded | | | | * Chair breaks * Chair hard to move * Fall from chair | | | | * Chair visually checked before use. * Safe working load (SWL) adhered to. * Scheduled maintenance. * Servicing of chair by a competent person. Repairs & modifications by competent person only. | |
| **Electrical**   * Cut/frayed cords | | | | * Electric shock * Electrocution * burns | | | | * Chair is regularly tested and tagged (if fitted with motorised movement) * RCD installed at main switchboard and checked regularly – push button and operating time tests * Servicing of chair by a competent person. Repairs & modifications by competent person only. * Chair is isolated from the power supply prior to maintenance work * Electrical Certificate of Compliance (COC) provided where electrical work undertaken. * Electrical cord setup so movement of chair will not catch / crush cord. | |
| **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 |  |
|  | | | |  | | | |  | |