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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site / Area: | |  | | Date of Assessment | |  | | Risk Assessment # | 083RA |
| Completed by (name) | |  | | Signature | |  | | | |
| In Consultation with: | |  | | Signature | |  | | | |
| Identify / describe activity, equipment, area or event you are assessing: | | | | | | Vacuum Cleaner | | | |
| Authorised by: | |  | | Signature: | | Template only MUST modify to site conditions | | 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 | |
| **Electricity**   * Damaged electrical cord * Electrical fault within the piece of equipment * Overloading power sockets * Frayed cords * Overloading power-boards * Damaged power-boards * Pulling out equipment from the GPO | | | | * Electric shock/burns * Electrocution * Fire * Equipment Damage | | | | * Visual inspections before use * All faults reported immediately * Ensure electrical equipment is in good working order (testing and tagging) * Residual current device (RCD) push button tested according to legislative requirements * RCD time tested according to legislative requirements * Remove damaged, unsafe electrical equipment or cords from the workplace * Ensure tag out / isolation procedures are in place and used as required * Fire wardens are trained in fire extinguisher use and emergency evacuation | |
| **Gravity**   * Slippery surfaces * Inappropriate footwear * Trip hazards | | | | * Slip, trip, fall * Concussion * Fracture | | | | * Good housekeeping practices * Non slip footwear | |
| **Hazardous Manual Tasks**   * Bending/stooping * Repetitive movement * Unsuitable equipment * Sustained or awkward postures | | | | * Sprains & strains * Fatigue * Overuse syndrome | | | | * Plant is on wheels and does not need to picked up * Rotation of tasks * Hazardous Manual Handling training completed | |
| **Noise**   * Noisy machinery * Prolonged exposure to noise * Inadequate hearing protection | | | | * Potential hearing loss/impairment | | | | PPE is available on request  * Rotation of tasks | |
| **Airborne Contaminants**   * Dust | | | | * Asthma * Irritation to the lungs * Worker/student receiving an eye injury from flying particles | | | | PPE is available on requestIn built filter fitted to vacuumDust bag to be emptied 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 |  |
|  | | | |  | | | |  | |