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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 | [ ]  |
|  |  |  |