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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **024RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **CLEANING** |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G) | **Step 2: Assess the risks:**What do you believe are the risks?(Refer *Risk Assessment Guideline (015G)* | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?(Refer *Risk Assessment Guideline (015G)* |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| **Hazardous Manual Tasks*** Pulling, pushing
* Carrying, lifting
* Repetitive movements, awkward postures
* Unsuitable equipment
 | * Sprains & strains
* Contusions
 | * Appropriate mechanical aids are available (e.g. trolley)
* Team lifting is encouraged where required
* Good housekeeping and workplace layout
* Heavy items are stored at waist level
 |
| **Hazardous Chemicals*** Escape of fumes
* Escape of gases
* Spills
* Incorrect storage
* Incorrect labelling, combustibles
* Bleaches, acids
 | * Leaks
* Spills
* Inhalation
* Burns
* Contact with skin
* Contact with eye
* Fire/explosion
* Fume/vapour build up
* Asphyxiation
* Sprains/strains
 | Storage:* Chemicals to be stored in original containers that are appropriately labelled.
* Chemicals to be stored in designated cleaners cupboards / rooms and locked at all times
* Ventilation is available where required
* Chemicals are stored out of direct sunlight
* Incompatible chemicals are not stored together
* Appropriate spill containment / bund is available
* Appropriate shelving is available
* Fire extinguisher available
* Housekeeping: Regular inspections are undertaken to ensure containers are stored appropriately and stock is managed (Do not store too many containers on top of each other. Ensure they are secure / stable)

Decanting:* Processes for pumping / decanting / dispensing / filling / diluting / using the chemical are implemented
* When decanting chemicals, appropriate PPE to be worn (as per Safety Data Sheet)
* Decanting to be done in a well ventilated area
* Containers to be appropriately labelled
* Food & beverage containers are NOT to be used
* Appropriate clean up equipment (spill kit, mop & bucket etc.) is available

Transport:* Bulk hazardous chemical containers are not to be transported in lifts unless exemptions obtained
* Avoid transport of chemicals in private vehicles where possible
* Avoid transporting chemicals in enclosed spaces
 |
| **Electrical*** Frayed cords
* Faulty appliances
* Water on electrical equipment
* Overheating
* Overloading power sockets
* Damaged power boards
 | * Electric shocks
* Electrocution
* Burns
 | * Pre-use check to be conducted by users to ensure cords are OK and not damaged
* Testing & tagging done on a regular basis
* RCD’s installed and tested on a regular basis
* Trailing leads kept to a minimum. Use extension leads and adaptors only where necessary
* Use nearest socket to reduce need for extension leads
* Mains powered portable equipment to be protected by RCD’s in higher risk situations (e.g. equipment used outside or in wet conditions, and for equipment where there is a risk of cables being severed)
 |
| **Gravity*** Uneven pavers
* Inappropriate footwear
* Steps, stairs
* Cords, cables lying on floor
* Wet floors
* Slippery surfaces
* Working at heights
 | * Fractures
* Sprains & strains
* Bruising
* Fractures
* Lacerations
 | * Non slip material placed on external areas
* Hand rails installed on ramps
* Workers wear closed in foot wear with non-slip soles
* Spills cleaned up immediately
* Wet floor signs placed where floors have been mopped
* Floor surfaces unobstructed and slip free
* Adequate lighting is available
* External lights are on for the evening work
* Australian Standard approved industrial rated ladders are used to access areas (To be used only for low-level short duration work)
* Use of long handled window squeegees / washers to access high areas
 |
| **Biological*** Exposure to sharps,
* Exposure to communicable diseases e.g. blood / bodily fluids
* Exposure to micro-organisms
 | * Lacerations
* Cuts
* Diseases
* Infections
 | * Gloves to be worn when handling rubbish
* Tongs to be used for picking up any syringes and to be disposed of in an approved sharps disposal container
* Potential hazardous waste e.g. vomit / bodily fluids must be disposed of correctly and surfaces properly disinfected
* Disposable gloves and aprons used for all activities that may result in contamination of clothing with blood, body fluids or faeces
* PPE is double bagged and disposed of appropriately after a single use
* Waste collections for clinical waste (HEALTH)
* Adequate provision for hand washing (soap / hot water) readily available
* All wounds on exposed skin are suitably covered
 |
| **Noise*** Prolonged exposure to noise
* Inadequate hearing protection
* Hearing protection not worn
 | * Hearing loss
* Deafness
 | * Personnel Protective Equipment (PPE) – ear plugs / ear muffs
* Rotation of jobs
* Audiometric testing only if they are required to wear PPE and / or exposed to noise levels above the exposure standard
 |
| **Other*** Working in isolation
 | * Workers could suffer injury or ill health while working alone and may not be able to get help
 | * Follow worksites working alone policy / procedure.
* Reduce time spent working alone
* Workers must let someone know they are working on site
* On site security system, controlled access to building (e.g. coded doors etc.)
* Mobile phone carried
* External lights are on around the worksite
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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**(Refer to hazard sheet)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |