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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** | | |
| **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** | | |
| **Electricity**   * Damaged electrical cord * Electrical fault within the piece of equipment * Overloading power sockets * Frayed cords * Overloading powerboards * Damaged powerboards * 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 - cords on floor | | * Slip, trip, fall * Concussion * Fracture | | Good housekeeping practices  * Non slip footwear | | |
| **Hazardous Manual Tasks**   * Repetitive movement * Unsuitable equipment * Sustained or awkward postures | | * Bending/stooping to pick up products or handling vacuum cleaner * Strains, sprains * Overuse syndrome | | Plant is on wheels and does not need to picked upRotation of tasks  * Hazardous Manual Handling training completed | | |
| **Noise**   * Noisy cleaner * Prolonged exposure * Inadequate hearing protection | | * Potential hearing loss / impairment | | PPE is available on request  * Rotation of tasks | | |
| **Airborne Contaminants**   * Dust | | * Asthma * Irritation to the lungs | | PPE is available on request  * In built filter fitted to vacuum  Dust bag to be emptied after each use | | |
| **Other:** | |  | |  | | |

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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:** |  |