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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **063RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **MOTORISED TROLLEY** | | |
| **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**   * Frayed / loose cords * Water on electrical equipment * Pulling out equipment from plug | | * Electrocution (death) * Electric shock * Frayed cord * Burns | | Test and tag  * RCD installed on switchboards * Visual Inspection before each use * Add to Workplace Inspection sheet * Test RCD’s | | |
| **Hazardous Manual Tasks**   * Pushing / pulling trolley | | * Bruising * Muscular Skeletal * Permanent injury | | Trolley is not overloaded and weight rating is displayed  * Ensure load is stable  Manual Handling training yearly  * Follow Manufacturer’s instructions * Instruction on use / handling / care of trolley | | |
| **Extreme Heat** | | * Burns | | Wear heat resistant gloves  * Utensils * Aprons | | |
| **Gravity**   * Terrain eg. floor covering, inclines, declines | | * Slips, trips, falls * Loss of control over trolley * Slips/trips/falls | | Check manual for appropriate incline/decline  * Ensure pathway is clear of obstructions (housekeeping)  Workplace Inspections  * If flooring is to be replaced/installed consider use of trolley | | |
| **Equipment & Machinery**   * Crushing/Pinching | | * Cuts * Bruising * Lacerations | | Crushing/pinch points are guardedFirst Aid person on site  * Refer to medical practitioner if required | | |
| **Equipment & Machinery**   * Movement of trolley | | * Muscular skeletal * Repetitive Strain * Bruising | | Regular checks of wheels / tyres (recorded on preventative maintenance plan)Report any injury/incident on the CSHWSA Incident reporting database | | |
| **Inappropriate storage** | | * Slips/trips/falls over trolley * Blockage of access/egress | | Designated storage location incorporating safe placement of charging unit. | | |
| **Biological**   * Infection control | | * Gastro * Infections * Food poisoning | | Training in safe food handling  * Correct hand washing techniques * Ensure food is kept at correct temperature * Thoroughly clean & disinfect trolley 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:** |  |