|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** |  |