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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:** |  |