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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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).**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |