|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **011RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **CLOTHES DRYER** | | |
| **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** | | |
| **Gravity**   * Incorrect installation | | * Dryer could dislodge from wall / support structure causing serious injury | | * Dryer installed by competent person, used and maintained in accordance with manufacturer’s instructions and safety guards and warning signs are in place | | |
| **Electricity**   * Faulty Equipment | | * Disruption to power supply * Electric shock * Burns * Electrocution | | * Dryer is regularly tested and tagged (if not hard wired) * RCD installed at main switchboard and checked regularly – push button and operating time tests * Regular servicing of dryer by a competent person. Repairs & modifications by competent person only * Dryer is isolated from the power supply prior to maintenance work * Electrical Certificate of Compliance (COC) provided where electrical work undertaken * If a Commercial Dryer – hard wired through an isolating switch | | |
| **Hazardous Manual Tasks**   * repetitive or sustained force (carrying/pushing/pulling items) * high or sudden movement (a struggling patient) * repetitive movement * sustained or awkward posture * vibration | | * Musculoskeletal injuries * Sprains * Strains * Repetitive Strain Injury (RSI) * Slips, trips, falls | | * Dust, lint, water is cleaned up regularly * Mop and bucket available to clean spills * Dryer located at a reasonable height to make it easier to put clothes in and remove them * Trolleys and baskets are available to place laundry into and move * Ensure workers have attended manual handling training | | |
| **Airborne Contaminants**   * Dusts | | * Respiratory illness i.e. asthma, allergies etc. | | * Dust, lint is cleaned up regularly * Lint filters are cleaned before each use * Dryer is on preventative maintenance plan to ensure vents are cleaned at least annually * Conduct inspections of hoses and vents to check for blockages (at least 6 monthly) | | |
| **Machinery & Equipment**   * Caught in moving parts * Build-up of Lint * Incorrect cycle or materials * Incorrect use of dryer | | * Fractures * Bruises * Dislocations * Permanent injuries * Burns * Death | | * Check that the door interlock is working i.e. door cannot be opened when in use or dryer stops operating when door is opened * Lint filters are cleaned before each use * Dryer is on preventative maintenance plan to ensure vents are cleaned at least annually * Conduct inspections of hoses and vents to check for blockages (at least 6 monthly) * Ensure area around the dryer is clean and free of clutter * Only place suitable materials in the dryer * Never put items contaminated with flammables in the dryer e.g. solvents, oils, fats. Items must be pre-washed with detergent in hot water. * Dryer is not overloaded * Cool down cycle is adequate to reduce the temperature of the items. Once cycle is finished, clothes should be removed and separated (not piled up) * Check weight of items being placed into dryer to ensure dryer is not overloaded. * NEVER run the dryer without anybody checking on it. * Fire extinguisher is readily available | | |
| **Noise**   * Exposure to loud noise | | * Permanent hearing damage | | * Install noise reducing material in the room * Personal protective equipment e.g. ear plugs, ear muffs | | |
| **Extreme Temperatures**   * Exposure to heat | | * Heat exhaustion * Dehydration | | * Workers have access to cool drinking water * Area is air-conditioned where possible * Fans are available to encourage air movement * Workers to have regular breaks in extreme temperatures | | |
| **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:** |  |