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| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **094RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Catering Services (Food Preparation, Cooking & Service)** |
| **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*** Sustained or awkward postures
* Repetitive movement
* Unsuitable furniture & equipment
* Stacking / storage
* Fatigue
* Pushing Pulling of equipment
 | * Musculoskeletal injuries
* Sprains
* Strains
* Repetitive Strain Injury (RSI)
* Slips, trips, falls
 | * Effective breaks and task rotation.
* Ingredients bought in package sizes that are light enough for easy handling. To minimise carrying groceries from vehicle to the workplace, worksites are encourage to arrange for ordering groceries online and have them delivered. Where not possible, provide plenty of bags that groceries can be packed in (avoid over-packing)
* Commonly used items and heavy stock stored on shelves at waist height
* Suitable mobile steps or 2 / 3 step ladder provided
* Mechanical aids provided for movement of large/heavy items (trolleys, sack trucks)
* Sink is at an approved height to avoid stooping.
 |
| **Psychological*** Violence
* Security
* Excessive time pressure
 | * Aggression from clients / visitors
* Incorrect money handling
* Fatigue
 | * Employee assistance programs (EAP)
* Mental Health First Aiders
* Administrative controls – procedures
* Rest Breaks
* Concealed duress alarm
* Placement of items that can be used as weapons out of reach of third parties
 |
| **Gravity*** Wet floors
* Inappropriate footwear
* Extension cord chains
 | * Slip, trip, fall
* Concussion
* Fracture
 | * Wet floor signs
* Appropriate footwear (enclosed with good grip)
* Good housekeeping – work areas kept tidy, goods stored suitably etc.
* Kitchen equipment maintained to prevent leaks onto floor
* Equipment faults leading to leaks are quickly reported to manager / supervisors / WHS Coordinator / Maintenance
* Drainage channels and drip trays provided where spills are more likely.
* Workers clean up spillages (including dry spills e.g. flour) immediately using suitable methods and lead the dry floor
* Suitable cleaning materials are available. Ensure mop, bucket, broom, dust pan are readily accessible
* Good lighting in all areas including cold storage areas
* No trailing cables or obstruction in walkways
* Steps and changes in levels are highlighted.
* Non-slip floor material is in use. If have deep fryers, ensure appropriate mats are available to minimise the floor becoming slippery from the oil splatters
 |
| **Electricity*** Frayed / loose cords
* Faulty appliances
* Extension cord chains
 | * Electric shock
* Electrocution
* Slip, Trip, Falls
 | * Hazard reporting
* Residual current devices (RCD’s)
* Testing & tagging
* Minimal use of extension cords
* Equipment Maintenance Schedule
 |
| **Biological*** Pandemics
* Bacteria
* Disease Outbreak
* Food not being kept at correct temperatures
* Vermin / Insects
 | * Allergies
* Death
* Illness
* Infection
 | * Food Safety Program
* Immunisations
* Social distancing
* Hand sanitisers
* Personal Protective Equipment (PPE)
* Hand Hygiene Training
* Staying home if not feeling well
* Cleaning schedules
* Food Temperature checks
* Vermin traps / baits
 |
| **Machinery & Equipment*** Cutting chopping food
* Heating food
* Pouring hot water
* Use of hot oil
* Transporting food
 | * Sprain / strains
* Lacerations
* Burns
 | * Mechanical aids for chopping / cutting food
* Personal Protective Equipment (PPE)
* Mechanical aids for transporting food
* Water mixer taps provided
* All workers to wear long sleeves when working with ovens / steam etc.
* Heat resistant gloves / cloths / aprons provided.
* Cooking utensils have rubber ends
* Pots / pans have rubber / heat resistant handles where possible
* Where specific items of plant / equipment are used (e.g. Thermomix, coffee machines), workers must receive appropriate training to ensure they understand the specific risks. SOP’s to be developed and displayed.
* Appropriate signage to be displayed advising of ‘Hot Water’, ‘Hot Surface’ etc.
* Knives are suitably stored when not in use
* Knives never placed in dirty water in sink where workers may not know it is in there.
* Knives are not to be used for cutting packages. Suitable cutters are provided.
 |
| **Hazardous Chemicals*** Exposure to chemicals through cleaning / spillage
 | * Irritation
* Dermatitis
* Chemical Spill
* Eye damage
* Breathing problems
 | * Chemical are securely stored
* Safety Data Sheets
* Personal Protective Equipment (PPE)
* Spill Kits
* Source cleaning chemicals that are not and irritant if possible
* Use of dishwasher instead of hand washing.
 |
| **Extreme Temperatures*** Exposure to cold in cold / freezer rooms
* Trapped in cold / freezer rooms
 | * Hypothermia
* Death
 | * Provide PPE for long stays in the cold room (gloves, thermal coats)
* Limit time in cold room
* Emergency Process in place (e.g. emergency alarm in cold / freezer room)
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| **Other*** Wrong food given to person
 | * Asphyxiation
* Anaphylaxis
 | * Ensure allergenic food is separated or not used onsite.
* Check names of clients against food allergies and type of food consistencies.
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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:** |  |