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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **103RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Cold Rooms** |
| **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 Task*** Sustained or awkward postures;
* Stacking / Unstacking / Storing items
 | * Sprains & strains
 | * Trolleys / sack truck
* Platform step ladder.
 |
| **Extreme Temperature*** Entrapment
 | * Hypothermia
* Frost bite
 | * Bells or emergency buttons fitted to alert outsiders to a trapped person
* If cool room can be locked from the outside, lock override be installed and signage
* Appropriate clothing e.g. jacket, gloves if extended work is required.
 |
| **Gravity*** Uneven or cracked concrete
* Moisture on floor
* Falling stock / shelf collapse
 | * Slip / trip / falls
* Fracture
* Bruise
 | * Wet floor signage
* Spills cleaned up immediately
* Non slip flooring
* Racking suitable for the environment and rated
* Preventative maintenance checking flooring and racking.
 |
| **Biological*** Out of date product
* Mould growth
 | * Bacteria
* Infection
* Food Poisoning
 | * Temperatures monitored and recorded
* Maintenance Schedule in place
* Cleaning Schedule in place
* Stock dated & rotated.
 |
| **Other*** Working in isolation
 | * Death
* Anxiety
 | * Site procedures in place for working in isolation.
 |
| **Other*** Insufficient lighting
 | * Slip / trip / falls
* Bruise
 | * Additional lighting
* Maintenance schedule in place
 |
| **Other** |  |  |

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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:** |  |