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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| **Biological**   * Out of date product * Mould growth | | * Bacteria * Infection * Food Poisoning | | * Temperatures monitored and recorded * Maintenance Schedule in place * Cleaning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:** |  |