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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **099RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Electric Change Table** | | |
| **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 * Lifting & Pulling * Poor work area design | | * Sprains & strains | | * Gates on both sides can open and fold down to allow easier access * Height adjustable * Suitable working space available | | |
| **Machinery & Equipment**   * Entrapment * Equipment moves while in use * Equipment collapse due to excess weight | | * Laceration * Crush * Fracture * Sprain & strains * Amputation | | * Scheduled maintenance * Lockable casters * Safe working load stated | | |
| **Electrical**   * Contacts could fuse or weld * Wire coming off the coil * Supply leads too long | | * Electric shock * Electrocution | | * Visual inspection prior to use * Power supply lead fitted with residual current device (RCD) * Operation by corded push button hand control * Test and tagging * Scheduled maintenance | | |
| **Gravity**   * Fall from table | | * Fracture * Bruise | | * Straps or fold down gates supplied | | |
| **Biological**   * Bacteria * Blood & bodily fluids | | * Infection | | * Table surface can we wiped down and disinfected * Personal Protective Equipment available. * Accessible hand washing facilities * Immunisations | | |
| **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:** |  |