|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** |  |