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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **098RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Hoists** | | |
| **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; * Lifting & Pulling | | * Sprains & strains | | * Height adjustable * Regular maintenance schedule in place | | |
| **Machinery & Equipment**   * Entrapment * Equipment moves while attaching to client / patient * Equipment collapse due to excess weight | | * Laceration * Crush * Fracture * Sprain & strains | | * Pre operational checks, particularly operation and safety devices * Scheduled Maintenance of hoist / slings * Lockable casters * Safe working load stated * Slings are fitted correctly | | |
| **Gravity**   * Fall from hoist | | * Fracture * Bruise | | * Hoist hooks are designed to be fail safe (robust and functioning spring loaded or self-closing latches) * Slings are fitted correctly * Equipment on hoist secured from movement | | |
| **Biological**   * Bacteria | | * Infection | | * Equipment wiped down and disinfected after use | | |
| **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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|  |  |  |  |  |  |
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| **Name:** |  | **Signature:** |  | **Date:** |  |