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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** |  |  |

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