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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **095RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Washing Machine** |
| **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
* Loading / Unloading washing machine
 | * Musculoskeletal injuries
* Sprains
* Strains
* Repetitive Strain Injury (RSI)
* Slips, trips, falls
 | * Trolleys
 |
| **Electricity*** Electric short
* Faulty appliance
 | * Electric shock
* Electrocution
* Burn
* Fire
 | * Competent person conducts maintenance & installation
* Visual Inspection of equipment prior to use
* Test and tag of equipment if not hard wired
* Residual Current Device (RCD)
* Electrical Certificate of Compliance (COC) provided where electrical work undertaken
 |
| **Machinery & Equipment*** Uncontrolled release of hot water
* Not checking equipment before use
* Not following or familiar with instructions for use of equipment
 | * Burns
* Lacerations
* Fire
 | * Visual pre-checks
* Test and tag of equipment where not hard wired
* If commercial washing machine, should be hard wired through an isolating switch
* Residual Current Device (RCD)
* Fire equipment readily available
 |
| **Hazardous Chemicals*** Incorrect use of chemicals
 | * Bacteria
* Burns
* Irritation
 | * Personal Protective Equipment (PPE)
* Safety Data Sheets (SDS’s)
 |
| **Gravity*** Wet floor from washing transfer
 | * Slip / trip / falls
 | * Wet floor signage
* Spills cleaned up immediately
* Non slip flooring
* Trolleys for transfer of washing
 |
| **Biological*** Machine not operating at optimum temperatures
* Cross contamination between dirty and clean items
 | * Bacteria
* Infection
 | * Temperatures monitored and recorded
* Maintenance Schedule in place
* Delineation between dirty and clean areas
 |
| **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:** |  |