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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **097RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Zip Boil** | | |
| **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; | | * Musculoskeletal injuries * Sprains * Strains | | * Trolleys * Filling containers | | |
| **Electricity**   * Electric short * Faulty appliance | | * Electric shock * Electrocution * Burns | | * Competent person conducts maintenance & installation * Visual Inspection of equipment prior to use | | |
| **Machinery & Equipment**   * Uncontrolled release of hot water / steam | | * Burns | | * Lock to prevent accidental release | | |
| **Gravity**   * Slip Trips & Falls – Dripping taps * Spillage | | * Sprains / strains * Fractures * Bruising | | * Spills cleaned up immediately * Wet floor signs made available * Equipment maintained by competent person * Drip tray under tap if required | | |
| **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:** |  |