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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **101RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **Specialised Chairs** |
| **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*** Awkward postures, (lift / push / pulling)
 | * Twisting, bending, reaching, lifting and pulling when moving chair and positioning client
* Chair hard to move
 | * Work Instruction
* Adjustable wings and drop down arms to allow for easy client transfer.
* Directional castors fitted.
 |
| **Gravity*** Slip / trip / fall
* Pressure sores

 | * Fall from chair
* Mechanical failure
* Chair moves
 | * Chair has adjustable tilt and recline positions.
* Scheduled maintenance.
* Chair fitted with directional locking castors.
* Surface of chair has air pressure seating system.
* Adjustable tilt, recline settings.
* Electrical cords setup away from movement area of persons.
 |
| **Biological*** Infection
* Bacteria
 | * Exposure to bacteria
* Exposure to unclean surfaces
 | * Cleanable covering types to be used.
* Chair cleaned after use.
 |
| **Machinery & Equipment*** Lack of maintenance
* Chairs weight capacity overloaded
 | * Chair breaks
* Chair hard to move
* Fall from chair
 | * Chair visually checked before use.
* Safe working load (SWL) adhered to.
* Scheduled maintenance.
* Servicing of chair by a competent person. Repairs & modifications by competent person only.
 |
| **Electrical** | * Disruption to power supply
* Electric shock
* Burns
* Electrocution
 | * Chair is regularly tested and tagged (if fitted with motorised movement)
* RCD installed at main switchboard and checked regularly – push button and operating time tests
* Servicing of chair by a competent person. Repairs & modifications by competent person only.
* Chair is isolated from the power supply prior to maintenance work
* Electrical Certificate of Compliance (COC) provided where electrical work undertaken.
* Electrical cord setup so movement of chair will not catch / crush cord.
 |
| **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:** |  |