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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **114RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area, or event you are assessing:** | | | | | **PHILLIPS AIR *PURIFIERS AC1215, AC2936, AC2887–* recommended for rooms with no or limited natural ventilation. Please adapt risk assessment to the specific Purifier purchased for your location.**  C:\Users\lparfitt\OneDrive - Centacare Catholic Family Services\Pictures\61qRun6aPjL._AC_SX679_.jpg | | |
| **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** | | |
| All manuals would have been supplied with product, if required See Phillips website for the specific manual for your model | | | | | | |
| **HAZARDOUS MANUAL TASKS**   * incorrect lifting, pushing, pulling, holding, and restraining * repetitive or sustained forces * doors, stairs and/or other obstructions in the path of travel when moving air purifiers to their point of use or moving to a new location. | | * damage to joints, ligaments, and muscles * sprains, strain, contusions | | * use mechanical lifting and moving devices where possible * when moving the air purifier, workers should avoid twisting and turning or sustained awkward body positions. * use correct lifting techniques (i.e., lift with the legs) * consider when the best time is to move the air purifier, taking into consideration student movements and break times if in an education setting. * ensure adequate space is available to place the air purifier in its intended location. | | |
| **ELECTRICAL**   * frayed/loose cords * rattling plugs * faulty appliances * water on electrical equipment * overheating equipment * overloading power sockets * damaged power boards * pulling out equipment from plug * cutting cords * electrical short | | * burns * fire * electric shock * electrocution | | * all cords should be visually inspected for damage. * all water to be kept away from electrical appliances * residual current device (RCD) push button tested according to legislative requirements * RCD operating / trip time tested according to legislative requirements * ensure electrical equipment is in good working order (testing and tagging) * remove damaged, unsafe electrical equipment or cords from the workplace * double adapters and piggyback leads are not to be used on site * remove plug from PowerPoint correctly, do not pull-on lead. * ensure tag out and isolation procedures are in place and used * Consider using the timer to automatically shut down unit after preferred time limit of use has expired (if this function is fitted) * all cords to be kept clear of traffic areas to prevent damage. | | |
| **BIOLOGICAL**   * micro-organisms * disease outbreak * pandemics – covid19 * bacteria | | * illness * death * allergies | | * wear P2 mask, face shield, gloves, and disposable apron before opening and removing filters for cleaning and or replacement. * filters to be cleaned and / or replaced as per manufacturer’s instructions. * dirty filters to be disposed of as infectious waste. * purifier is on a Preventative Maintenance Schedule | | |
| **Gravity**   * slips, trips, falls from electrical lead across floor * slips, trips, falls while moving air purifier to intended location | | * contusions * dislocated joints * fractures * concussion | | * place air purifiers as close as possible to electrical outlets without hindering the performance of the unit’s ability to purify the air as intended. If extension leads are required run them along the skirting boards of the wall or under furniture away from traffic areas. * ensure workers are advised to wear appropriate footwear (i.e., closed toe, non-slip shoes) when air purifiers are moved. * ensure planned routes of travel are clear from trip hazards or obstructions (such as mats, cords, closed doors or furniture) prior to moving the air purifier, and consider how to navigate / avoid stairs, potentially slippery surfaces, etc. If needed and available, ask an extra person to help to open doors and clear pathways of travel, or ensure these are cleared / opened ahead or time. | | |
| **OTHER**   * Air purifiers placed in wrong position in room * Air purifiers working inadequately due to windows and doors open in rooms | | * Overloading machine * Skin damage * Eye damage | | * Place the air purifiers away from open doors and windows or in areas with low air movement. * Purifiers draw air in from the front, so you can place them against a wall - you can also place a purifier in a corner with 20-30cm space around the sides and the back * Air purifiers are portable - move them around as required, to reduce the risk of transmission in your school * Always disconnect power before replacing or servicing. | | |
| **OTHER**   * Incorrect cleaning * Not on preventative maintenance schedule | | * Dust * Bacteria * Mould | | * The filtration unit has multiple filters including a washable pre-filter with HEPA filter included, followed by a carbon sheet to remove odours. Follow the manufacturer’s recommendations on the frequency of washing and / or replacing the filters. * The HEPA filter has a longer lifespan than the pre-filter and with normal use will last up to 12 - 15 months. There are indicators on the filtration unit for when these all need to be changed. | | |
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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:** |  |