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| **Safety Task Card** | | | | |
| **COM 10** | **Stair cleaning** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Manual Handling  Risk of falls  Electrical hazards  Spillages  Trailing cables  Cleaning products | | | Back, muscle and upper limb strains  Impact injuries  Electric shock  Cuts  Bruising, fractures, concussion | |
| **Safe System of Work** | | | | |
| * All operators to be trained in correct method (Refer A+ Method SOPs or equivalent) and correct use of equipment. * Examine areas to be cleaned to check any hazards including damaged equipment or edges and report to relevant person before commencing the work. * Erect suitably located warning signs/barriers at top and bottom of area being cleaned and clearly visible to warn or prevent unauthorised access when cleaning in progress. * Where possible use manual aids such as back pack vacuum to reduce risk of trailing cables. * Stairs should be cleaned as a method, top stair to bottom, so to avoid walking on mopped flooring area and walking backwards. * Use a dry mop as applicable to assist in more rapid drying of surface. * After cleaning with a suitable cleaning chemical product, rinse and then dry the surface with paper towel or a dry mop. Use wet floor warning signs until the floor surface is completely dry * Do not leave equipment lying around when not in use. * Ensure equipment is cleaned appropriately after use and before putting it away. * Return equipment to designated storage location after use. * Erect suitably located warning signs/barriers as appropriate to warn or prevent unauthorised access when cleaning in progress. Additional cleaning signs will be required for staircases. Ensure the floor is completely dry before removing signage. Implement Manual Handling Checklist and in COSHH assessments | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
| Equipment used on site: | | | | |
| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. | | | | |
| Unit Manager Name | | Signed | | Date |
| **Safety Card Training Record** | | | | |
| **COM 10** | **Stair cleaning** | | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | | |
| Operative Name | | Signature | | Date |
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