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|  | **Risk Assessment** | | |
| **RA-CLN** | **Cleaning and Domestic Services** | | |
| **Unit Address** | |  | |
| **Risk Assessment Completed** | | Date | Signed |
| **1st review** | | Date | Signed |
| **2nd review** | | Date | Signed |
| **3rd review** | | Date | Signed |

**Note** - Risk assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

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| **Step 1 - Workplace Safety Hazards** | | | | | | | | |
| **What are the hazards?** | | **Who might be harmed?** | **How might they be harmed?** | | | | **What are you already doing to control the risks?** | |
| Cuts | | Compass employees/agency staff | Cuts from needles, blades, broken glass, damaged edges or machinery | | | | Staff induction  Task specific Safety Task Cards  Safety Task Card training  Monthly Safety Moments/Toolbox talks  COSHH Product Inventory (MAN01)  COSHH Product Assessments  First Aid Needs Assessment (MAN07)  Floor Safety Risk Assessment (MAN08)  General and task specific Manual Handling Assessments (MAN09 & MAN10)  Personal Protective Equipment Assessment (MAN16)  Young Persons Risk Assessments (MAN01 & MAN18)  Work Equipment Register and Inspection (MAN12) | |
| Slips/trips | | Compass employees/agency staff, customers, visitors, maintenance operatives, delivery operatives | Slips or trips over objects, uneven surfaces, wet or icy surfaces | | | |
| Electrocution | | Compass employees/agency staff, maintenance operatives, | Contact with live electrical contacts | | | |
| Fall from height | | Compass employees/agency staff, maintenance operatives | Fall from steps, ladders or unprotected edges | | | |
| Entrapment | | Compass employees/agency staff, maintenance operatives | Trapping/crushing of limbs, fingers or toes between objects, in machinery or moving surfaces such as doors. | | | |
| Falling objects | | Compass employees/agency staff, maintenance operatives | Objects falling on to persons from higher surfaces such as shelving | | | |
| Other:  Sharp injuries / exposure to body fluids and infection  Legionella  Burns and irritation from Cleaning products | | Compass employees/agency staff, maintenance operatives | Exposure to discarded medical equipment  Contact with body fluids and infection | | | |
| **Step 2 – Task Specific Control Measures**  What are you already doing? Tick the Safety Task Cards in place for this activity | | | | | | | | |
| CLN01 | [Cleaning](#_Serial_No:_DOM_5) and Use of Sanitary Areas  bathrooms, showers, toilets and wash basins) | | | 🞏 |  |  | | 🞏 |
| CLN02 | [General](#_Ref._DOM_2) room cleaning | | | 🞏 |  |  | | 🞏 |
| CLN03 | [Wet](#_Ref._DOM_3) and Dry carpet cleaning | | | 🞏 |  |  | | 🞏 |
| CLN04 | [Stripping](#_Ref._DOM_4) and Changing of beds | | | 🞏 |  |  | | 🞏 |
| CLN05 | [Stain,](#_Ref._DOM_5) Chewing gum and graffiti removal | | | 🞏 |  |  | | 🞏 |
| CLN06 | [Ride](#_Ref._DOM_6) on cleaning machines | | | 🞏 |  |  | | 🞏 |
| CLN07 | [Removal](#_Ref._DOM_7) of bathroom waste and cleaning of waste bins | | | 🞏 |  |  | | 🞏 |
| CLN08 | Damp and [Dry](#_Ref._DOM_8) mopping | | | 🞏 |  |  | | 🞏 |
| CLN09 | Cleaning Electrical Hand dryers and hair dryers | | | 🞏 |  |  | | 🞏 |
| CLN10 | [Cleaning Mirrors and Glass](#_Ref._DOM_2) | | | 🞏 |  |  | | 🞏 |
| CLN11 | [Cleaning of fixtures (walls, partitions, door furniture and dispensers)](#_Ref._DOM_3) | | | 🞏 |  |  | | 🞏 |
| CLN12 | [Use of UV decontamination machine](#_Ref._DOM_4) | | | 🞏 |  |  | | 🞏 |
| CLN13 | Removing and Rehanging of curtains | | | 🞏 |  |  | | 🞏 |
| CLN14 | [Use of JLA barrier washing machines](#_Ref._DOM_6) | | | 🞏 |  |  | | 🞏 |
| CLN15 | [Strip and Seal of vinyl flooring](#_Ref._DOM_7) | | | 🞏 |  |  | | 🞏 |
| CLN16 | [Use of hydrogen Peroxide decontamination system](#_Ref._DOM_8) | | | 🞏 |  |  | | 🞏 |
| CLN17 | [Use of high-level space vac cleaning](#_Serial_No:_DOM_5) Machine | | | 🞏 |  |  | | 🞏 |
| CLN18 | [Cleaning using backpack vacuum](#_Ref._DOM_2) | | | 🞏 |  |  | | 🞏 |
| CLN19 | [Use of lionsbot/Leoscrub robotic cleaning machine](#_Ref._DOM_3) | | | 🞏 |  |  | | 🞏 |
| CLN20 | Use of Nano edge compact floor scrubber | | | 🞏 |  |  | | 🞏 |
| CLN21 | Use of Stingray high level cleaning tool | | | 🞏 |  |  | | 🞏 |
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| **Step 3 - Additional Measures**  Do you need to do anything else to control this risk? | | | |
| **Additional Safety Task Cards Required** | **Action by who?** | **Action by when?** | **Done** |
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