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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 inductionTask specific Safety Task CardsSafety Task Card trainingMonthly Safety Moments/Toolbox talksCOSHH Product Inventory (MAN01)COSHH Product AssessmentsFirst 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 LegionellaBurns and irritation from Cleaning products  | Compass employees/agency staff, maintenance operatives | Exposure to discarded medical equipmentContact 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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