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| **Safety Task Card** | | |
| **ES06** | **Electrical Equipment** | |
| **Workplace Safety Hazards** | | |
| What are the hazards? | | How might they be harmed? |
| Short Circuits  Overloaded circuits  Loose Wires  Damaged or faulty equipment  Incorrectly wired plugs and equipment  Inadequate Earth-bonding  Contact with Water and Moisture | | Electric Shock  Burns  Death  Fire |
| **Safe System of Work** | | |
| **Using Electrical Equipment**   * Equipment only to be used by trained employees, this training to include general electrical safety. * Follow manufacturer's user instructions where these are available * Wherever possible, nearest electric power socket to be used to reduce the length of trailing cables and to minimise the use of extension leads. Cables to be located to reduce tripping hazards and suitable warning signage to be displayed. * Ensure no strain is placed on the cable and connections. * Unless manufacturer’s instructions state differently, electrical equipment and cables must always be handled with dry hands and not allowed to become wet due to exposure to adverse weather conditions, spillages, splashing, cleaning chemicals etc. * Where extension leads and multi-point block adaptors are used, these should be properly secured, off the floor and not overloaded. * Equipment to be isolated prior to being cleaned, carrying out routine maintenance, cleaning filters etc. * Cleaning chemicals not to be sprayed close to electrical equipment or sockets. * Do not damage or disconnect earth-bonding cables when cleaning or moving tables and equipment. Where the earth bond has to be disconnected for maintenance or deep cleaning, it must be reconnected by a competent person. * Equipment used outdoors must be connected to a residual current device (RCD). * Checks to be made to ensure that electrical equipment is turned off where appropriate at the end of the day.   **Maintenance**   * Equipment to be maintained by competent persons and in accordance with manufacturer's guidance where available, including Portable Appliance Test (PAT) and inspection where required. * Note: Where the equipment is double insulated (as indicated on the appliance by a symbol showing a square within a square) or where no earth wire is used, a PAT is not required. * Fixed electrical installations should be inspected for safety at least every 5 years | | |

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| **Visual Checks**  Employees to carry out visual checks to equipment before use to identify any obvious damage or defects. Checks to cover:   * No obvious damage to the equipment and no loose or missing screws or other fixings * No burn marks or staining on the wires or around the plugs and sockets. * No coloured wires are visible where the cable is fixed into the plug. * Cables are not damaged with cuts, abrasions or squashed under heavy furniture or equipment * Plug and socket have no signs of damage with cracked or broken casings * The socket is securely fixed to the wall with no gaps around the edges * No taped joints in the cable and no damaged or bent pins on the plug. * Cables are not trapped between sharp upstands on stainless steel preparation tables and the wall * All the wires are stored in such away that they do not cause a trip hazard or can be pulled from the socket or equipment.   Where defects or damage presents a risk of injury, the equipment should not be used. It must be switched off, isolated and labelled “Out of Order – Do Not Use”. The manager informed and not used again until repaired by a competent person. Employees must not attempt to affect a repair themselves. |

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| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | |
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| 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 |

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| **Safety Card Training Record** | | | |
| **ES06** | **Electrical Appliances** | | |
| 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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