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| **ES11a** | **Client Owned Work Equipment Inspection** | |
| **Unit Address** | |  |

**Client owned Equipment – used by Compass personnel**

Compass have a duty of care to their personnel and need to be confident, equipment owned and maintained by the client, and where there is an expectation that equipment will be operated by Compass personnel in the course of their duties, is in a safe working condition.

The RM or unit manager is to conduct periodic checks with the client to confirm that any schedule of maintenance is in date, and that any defects recorded during inspection and maintenance have been rectified. This can be documented on the form below on the date of the check confirming client date and person responsible.

It remains the responsibility of the client to inform the site team of any area, or appliance, that they are aware is not in a safe condition and therefore should not be accessed or used until the equipment or area has been repaired. They must also place such signage so as to make it clear to anyone attempting to use the area or equipment is made aware of the dangers of doing so.

Any Compass personnel finding a hazard or equipment that is faulty must report this immediately to the Compass site manager, RM and client responsible person so appropriate action can be taken to remove the hazard.

The document below if for specific work equipment, this is addition to the Work place statutory compliance document to be checked and signed annually by the client responsible person.

**Note** – Inspection records must be retained for a period of 6 years.

Work equipment is any item of equipment, machinery or tool used for work purposes. This equipment must be:

* suitable for the intended use
* safe for use
* maintained in a safe condition
* regularly inspected to ensure it is in a safe condition
* used only by people who have received adequate information, instruction and training; which is to be recorded.

**Pre-use checks**

Pre-use checks should be undertaken by all operatives to ensure the work equipment is safe to use. Checks should focus on the condition of the equipment, checking for any damage or deterioration, particularly focussing on parts of the equipment necessary for its safe operation, such as on-off switches, cables, and structural parts.

Pre-use checks do not need to be documented.

**Formal inspection**

All work equipment should undergo formal inspection. The frequency of inspection should be assessed by considering the type of equipment, frequency of use, and the operating conditions e.g. indoor, outdoor. The first point of reference for maintenance schedules is the manufacturers operating and maintenance instructions.

In lieu of any formal maintenance and servicing instructions, the suggested inspection frequencies are as follows:

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| **Equipment Type** | **Usage/Conditions** | **Inspection Frequency Compass owned equipment** | **Compliance check maintenance of client owned equipment** |
| Ladders, step ladders, stools | Daily | Quarterly |  |
| Weekly or less | Six monthly |  |
| Other work equipment e.g. trolleys, hand tools, post room | Daily or outdoor environment | Six monthly |  |
| Weekly or indoor environment | Annual |  |
| Portable electrical appliances | Refer to Man 05 Electrical safety |  |  |
| Waste compactors | Daily or outdoor environment |  | Quarterly \* |
| Walk in Freezers /Chill rooms | Daily |  | Quarterly \* |
| Client controlled Storerooms /warehouse | Daily |  | Quarterly\* |

\* please see notes on responsibility of reporting outside of these checks

Formal inspections should be undertaken by someone familiar with the work equipment who understands what to look at, what to look for and what to do if they find a problem. For items of basic work equipment this can be done in-house by experienced staff. More complex equipment may require trained operatives e.g. dangerous catering equipment.

Each item of work equipment should be marked with a unique identifying number. This can be done using a permanent pen or applying an asset tag sticker.

**Faulty work equipment should immediately be removed from use, either for repair or disposal.**

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| **Unit:** | | | **Completed by:**  **Please highlight person** | | | | **Unit No:** | |
| **ID/Asset No.** | **Description** | **Inspection Frequency 3/6/12 mths** | **Inspection Date/Result/Initials**  **#1 -Client** | **Visual check of completion of maintenance and safety information- Compass rep/date** | **Inspection Date/Result/Initials**  **#1 -Client** | **Visual check of completion of maintenance and safety information- Compass rep/date** | **Inspection Date/Result/Initials**  **#1 -Client** | **Visual check of completion of maintenance and safety information- Compass rep/date** |
|  | **Waste compactor** |  |  |  |  |  |  |  |
|  | **Walk in Freezer** |  |  |  |  |  |  |  |
|  | **Walk in Chillers** |  |  |  |  |  |  |  |
|  | **Warehouse areas** |  |  |  |  |  |  |  |
|  | **CO2 gas storage areas** |  |  |  |  |  |  |  |
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Any other equipment used by Compass personnel that is owned and maintained by the Client is to be added to the register