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| **Safety Task Card** | | | | |
| **CAT 17** | **Use of Pizza Ovens** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Contact with hot surfaces, hot food and steam  Spillages of food when lifting pizzas from the oven  Electrical and/or gas hazards  Pizza paddle | | | Burns and scalds  Slips and falls  Electric shock and burns  Fire and explosion  Impact injuries | |
| **Safe System of Work** | | | | |
| * Pizza ovens only to be used and cleaned by trained employees. * Follow manufacturer's user instructions where these are available * Pizza ovens to be maintained by competent persons and in accordance with manufacturer's guidance where available * The pizza oven to be sited where there is sufficient working space to allow the oven door to be opened and the pizza paddle to be used without causing a risk of injury to others who may be working in the area. * Oven door to be opened only partially at first and at arm’s length to allow the steam and/or heat to dissipate before opening it fully. * Oven cloths/gloves to be used when handling hot equipment. * Long handled “pizza paddle” to be used to retrieve pizzas from the oven. * Spillages cleaned up as they occur, and wet floor warning signs used when appropriate. * Pizza oven to be allowed to cool before cleaning. * Implement the Safe System of Work/Control Measures in Cooking, Ref. CAT 15, Electrical Safety, MAN 05 and/or Gas Safety, Ref. COM 03 Risk Assessments. | | | | |
| **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** | | | |
| **CAT 17** | **Use of Pizza Ovens** | | |
| 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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