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| **Safety Task Card** | | | | |
| **CLN 06** | **Ride on Cleaning equipment** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Cleaning products  Electrical Hazards  Falls from heights  Contact with Battery acid | | | Electric shock  Death, bruising fractures  Back and muscle strains  Cuts and abrasions  Irritation and burns  Collison with other in area being cleaned | |
| **Safe System of Work** | | | | |
| * Staff to be trained in the use of ride-on cleaning equipment and in the correct cleaning method * Follow manufacturer’s user instructions, where these are available. * Ride on cleaning equipment to be maintained by competent persons and in accordance with manufacturer’s guidance, where available * Use only the designated cleaning product for the task being carried out and only from the approved clearly labelled containers. Always use chemicals in the correct dilution and in accordance with manufacturers’ user instructions. Never mix cleaning products together. Never leave cleaning products unattended and store safely after use. * Suitable Personal Protective Equipment must be worn in accordance with COSHH Product Assessments. Always Use , if damaged or mislaid, report it to your manager. * Wherever practicable, cleaning using ride-on cleaning equipment to be carried out at a time when least number of people likely to use the area. * Erect suitably located warning signs/barriers as appropriate to warn or prevent unauthorised access when in use. * Equipment to be securely switched off and the ignition key removed if left in a public area. * Return equipment to designated storage location after use. * Charging to be completed in designated well ventilated secure area. * Implement the Safe System of Work/Control Measures in the Charging Lead-Acid Batteries Risk Assessment, Ref: CON 02. * Implement the safety precautions in the COSHH Product Assessments | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
| Equipment used at site: | | | | |
| 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 |
| **Safety Card Training Record** | | | | |
| **CLN 06** | **Ride on Cleaning equipment** | | | |
| 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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