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| **Safety Task Card** | | | | |
| **CAT 06** | **Cash Registers** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Cold draughts  Ergonomic hazards  Electrical hazards  Trailing cables  Personal safety and security | | | Upper limb disorders  Back, upper arm and neck pains  Trips and falls  Physical assault  Electric shock | |
| **Safe System of Work** | | | | |
| * Follow manufacturer's user instructions where these are available * Cash registers to be maintained by competent persons and in accordance with manufacturer's guidance where available * Cash registers to be appropriately sited on a firm level surface, at a comfortable working height and close to a power socket. * Correct layout of point of sale equipment and the positioning of cash registers to avoid exposure to cold draughts likely to cause aches, pains and discomfort to operators. * Employees trained in correct use of cash registers and the safe handling and carrying of cash. * Cash should be moved outside of service periods * Electrical lead to be positioned where it will **not** be accidentally pulled or create a tripping hazard or strain placed on it or the connections * Where seating is provided, it must be suitable, with adjustable seats and back supports. * Implement the Safe System of Work/Control Measures in Electrical Safety Risk Assessment, Ref. MAN 05, including an annual PAT test * Where applicable, implement the safety precautions in the Violence at Work Risk Assessment. | | | | |
| **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 06** | **Cash Registers** | | |
| 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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