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| **Safety Task Card** |
| **CAT retail 4** | **Hamilton Beach Milk Whipper** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Contact with Moving partsStriking by falling cupSplashes with liquidElectrical Hazards | Cuts and BruisesIrritation Electric Shock |
| **Safe System of Work** |
| * Milk whipper only to be used by trained employees
* Milk whipper only to be dismantled and cleaned by trained employees of 18 years or age or older
* Follow manufacturer’s guidance where available
* Milk whipper to be placed on firm level surface and pull out metal at back of machine ensuring cables runs through stand lying on top of metal bar
* Use where there is adequate provision of light and space.
* Only use metal cup provided with machine.
* The cup must be filled between the Min and Max lines do not fill over the max line
* Do not use spoons or other utensils in the cup when mixing and do not allow the agitator to touch the sides of the cup when mixing
* Parts of the machine containing electrical components must not become wet when immersing the blender into liquids.
* When adding ice this should be in cubes and not block of ice.
* Cup must be positioned on the upper step in the stand to start the motor and sit on lower step to stop the machine.
* Although machine can be operated hands free do not leave machine running unattended.
* Start machine at low speed increasing speed if required.
* After use and before cleaning it the machine must be isolated from the electricity supply (switch off at mains and remove plug.
* Follow cleaning guide after each drink ant end of of the day process.
* Implement the safety precautions in the Electrical Safety Risk Assessment, Ref ES06 and PAT testing ES06A
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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 |