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| **Safety Task Card** | | | | |
| **CLN 19** | **Use of Lionsbot/Leoscrub robotic cleaning machine** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Electrical Hazards  Manual handling hazards  Slips Trips and Falls  Collision | | | Electric shock and burns  Back and muscle strains  Bruises and fractures | |
| **Safe System of Work** | | | | |
| * Machine only to be used by trained employees * Follow manufacturer’s user instructions – specifically in the process prior to use, during and emptying of waste tank and charging of appliance * Machine is to be maintained by competent persons and in accordance with manufacturer’s guidance to include: * Fitting and removal of Brush/Pad * Squeegee * Waste tank * Clean Water filling * Z- Water Pouch * Repair of the Robot or dismantling of robot to only be done by qualified service engineer. * Check the Robot for any damage prior to use – do not use if damaged and report to line manager. * To prevent electrical discharge do not handle the machine or charging components if hands wet or if robot has become wet. * Do not operate outside, in very crowded locations or on steep slopes or near stairs. * Do not use any other chemicals apart from Z water – follow relevant chemical risk assessment PPE requirements. * Do not sit or ‘ride’ on the robot. * Do not use robot near combustible material /chemicals. * Only use in mapped locations. * Follow the safe system of work for use with battery charging equipment COM 02 * Follow manufacturers guidance on cleaning the Robot – do not spray water directly on the robot always turn the robot off prior to cleaning.   .Manual handling precautions must be observed when moving the machine into position   * All operators to be aware of emergency stop button control and use in event of emergency. * Implement the Safe Systems of Work/Control Measures in Electrical Safety | | | | |
| **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** | | | |
| **CLN 19** | **Use of Lionsbot/Leoscrub robotic cleaning machine** | | |
| 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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