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| **Safety Task Card** | | | | |
| **CLN 02** | **General room cleaning** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Electrical hazards  Cleaning products  Slippery wet surfaces  Damaged edges  Over-reaching to height | | | Electric shock  Slips, trips and falls  Back and muscle strains  Cuts and abrasions  Irritation and burns | |
| **Safe System of Work** | | | | |
| * All operators to be trained in correct method (Refer A+ Method SOPs or equivalent) and correct use of cleaning chemical. * Examine areas to be cleaned to check for any hazards including damaged equipment or edges and report to the relevant person before commencing the work. * Use only the designated cleaning product for 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 chemicals, never leave chemicals unattended and store safely when not in use. * Suitable PPE must be worn in accordance to infection control policies and COSHH product assessments. always Use PPE. If damaged or mislaid report to your manager. * Follow the correct cleaning SOP to avoid cross contamination and where relevant use the correct colour coded system for the site, operator must be trained in the correct cleaning method and colour code system. * Erect caution /warning signage prior to commencing job and check area is safe by preventing unauthorised access with barriers /signage– if cleaning an enclosed room prevent access to other users while cleaning is taking place. * Do not spray chemicals close to electrical sockets or shaver sockets – apply chemical onto cloth. * Use appropriate high level cleaning tools or step stool or stepladder to reach high levels * Implement the Safe System of Work/Control Measures in the Electrical Safety Risk Assessment, Ref. MAN 05, including regular PAT safety testing and the manual handling safety precautions. | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
| Cleaning method SOPs 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 02** | **General room cleaning** | | | |
| 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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