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| **Safety Task Card** | | | | |
| **OFF 07** | **Use of Photocopier machine Machines** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Noise and heat  Ozone  Toner dust  Electrical hazards  Hot surfaces  Trapping hands / fingers | | | Nose, throat and eye irritation, headaches  May irritate the eyes and skin or respiratory tract  Stress and work distraction.  Fire  Electric shock  Burns  Impact injuries, bruising | |
| **Safe System of Work** | | | | |
| * Follow manufacturer's user instructions where these are available * Photocopiers and printers to be maintained by competent persons and in accordance with manufacturer's guidance where available. * Paper jams and other malfunctions only to be dealt with by trained staff. * Toner cartridges only to be changed by trained staff that do not have respiratory problems e.g. asthma, bronchitis. * Staff to wash their hands after handling toner cartridges. * Spillages of toner to be vacuumed up rather than cleaned up by using a brush. Spilt toner to be disposed of in a sealed bag so as to contain the fine powder. * Photocopiers and printers to be located in a well ventilated area, as far as reasonably practicable from employee workstations. * Where extended print runs are likely to be required, where reasonably practicable, photocopiers should be located in a dedicated photocopying room or screened off from employee workstations. * Combustible materials not to be stored close to the machine and all vents to be kept clear. * Implement the Safe System of Work/Control Measures in the Electrical Safety Risk Assessment, Ref. No. ES06/06a, including regular PAT safety testing | | | | |
| **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** | | | |
| **OFF 07** | **Use of Enveloper Machines** | | |
| 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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