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| **Safety Task Card** |
| **CAT 14** |  Hand-Held Food Blenders |
| **Workplace Safety Hazards** |
| What are the hazards?Contact with moving machine partsUnguarded bladesStriking by falling blenderElectrical hazards | Cuts and lacerationsAmputation of fingers and thumbsImpact injuriesElectric shock  |
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| **Safe System of Work** |
| * Food blenders only to be used by trained employees.
* Food blenders only to be dismantled and cleaned by trained employees of 18 years of age or over.
* Follow manufacturers’ user instructions where these are available
* Food blenders to be maintained by competent persons and in accordance with manufacturer's guidance where available.
* Food blenders to be placed on a firm level surface and used where there is adequate provision of workspace and lighting.
* The container or bowl to be of adequate size to contain the foods during blending.
* Parts of the machine containing electrical components must not become wet when immersing the blender into liquids.
* Food blenders must be held, under control, and not left unattended when in use.
* After use, and before cleaning it, the machine must be isolated from the electricity supply, by switching off at mains **and** removing the plug from the socket.
* At all times, care must be taken to keep hands away from the cutting blades.
* Food blenders to be securely stored when not in use to prevent them falling.
* Implement the Safe System of Work/Control Measures in Electrical Safety Risk Assessment, Ref. MAN 05.
* **Mandatory Hand Protection PPE to be Provided for cleaning – Nitritech**
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| **Site Specific Actions**List any actions required in addition to the above safe system of work |
| Food Blenders in use in this site are: |
| 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 14**  |  Hand-Held Food Blenders |
| I confirm that I fully understand the risks and control measures associated with the taskand that I will follow the Safe System of Work at all times.  |
| Operative Name | Signature | Date |
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