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| **Safety Task Card** |
| **CLN 11** | **Cleaning of fixtures (walls, partitions, door furniture and dispensers)** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Cleaning productsElectrical hazardsSharp or damaged areas | Electric shock Irritation to skin and eyes Cuts and lacerations  |
| **Safe System of Work** |
| * All operators to be trained in correct method (Refer A+ Method SOPs or equivalent) and correct use of equipment.
* Examine areas to be cleaned to check any hazards including damaged equipment or edges and report to relevant person before commencing the work.
* Use only the designated cleaning product for the 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 products together. Never leave cleaning products unattended and store safely after use.
* Suitable Personal Protective Equipment must be worn in accordance with COSHH Product Assessments. Always use the correct PPE. If damaged or mislaid report it to your manager.
* Follow the correct cleaning SOP to avoid cross contamination and where relevant follow the correct colour code system for the site. Operator must be trained in the correct cleaning method and colour code system.
* Keep floor surfaces dry by mopping up spillages as they occur.
* Erect suitably located warning signs/barriers as appropriate to warn or prevent unauthorised access when cleaning in progress.
* Do not spray cleaning products close to electrical or shaver sockets.
* Do not overreach, use high cleaning tools if required or suitable access equipment e.g. Step Stool or Stepladder.
* Implement the Safe System of Work/Control Measures in the Step Stool Risk Assessment, Ref COM 11 or Stepladder Risk Assessment Ref. COM 20.
* Implement the safety precautions in the COSHH Product Assessments
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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 |
| **Safety Card Training Record** |
| **CLN 11** | **Cleaning of fixtures (walls, partitions, door furniture and dispensers)** |
| 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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