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|  | **Risk Assessment** |
| **COM** | **Common Services**  |
| **Unit Address/ service or department**  |  |
| **Risk Assessment Completed** | Date | Signed |
| **1st review** | Date | Signed |
| **2nd review** | Date | Signed |
| **3rd review** | Date | Signed |

**Note** - Risk assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

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| **Step 1 - Workplace Safety Hazards** |
| **What are the hazards?** | **Who might be harmed?** | **How might they be harmed?** | **What are you already doing to control the risks?** |
| Fire Manual handling injuriesContact with chemicalsContact with body fluidsElectricityUse of gas:Carbon Monoxide Steam Road traffic accidents  | OperativesOther users to site | Upper limb disorders, repetitive strain injuries, eyestrain, stress and fatigueHearing damage, skin irritation, exhaustionBack, upper arm, muscle strain and neck painsBurns, fire, explosion, harmful substancesPhysical injury including broken bones, bruising, concussion, possibly death.BurnsElectric shockInfection AsphyxiationDeath | Staff inductionTask specific Safety Task CardsSafety Task Card trainingMonthly Safety Walks /toolbox talks |
| Other: |  |  |  |

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| **Step 2 - Control Measures**What are you already doing? Tick the Safety Task Cards in place for this activity |
| COM 01 | Charging of batteries(cleaning and ride on machines) | 🞏 |  |  | 🞏 |
| COM 02 | Gas Safety | 🞏 |  |  | 🞏 |
| COM 03 | Disposal of general waste | 🞏 |  |  | 🞏 |
| COM 04 | Use of roll cages | 🞏 |  |  | 🞏 |
| COM 05 | Use of mechanical floor cleaning machines – including floor washing /scrubbing/buffing/vacuum/carpet cleaning | 🞏 |  |  | 🞏 |
| COM 06  | Use of pressure washer and steam cleaners | 🞏 |  |  | 🞏 |
| COM 07 | Use of tugs and ride on equipment | 🞏 |  |  | 🞏 |
| COM 08 | Violence at work | 🞏 |  |  | 🞏 |
| COM 09 | Use of waste compactor | 🞏 |  |  | 🞏 |
| COM 10  | Stair cleaning | 🞏 |  |  | 🞏 |
| COM 11 | Roller shutter/tensile barrier operation | 🞏 |  |  | 🞏 |
| COM 12  | Workplace transport risk assessment  | 🞏 |  |  | 🞏 |
| COM 13 | Workplace risk assessment  | 🞏 |  |  | 🞏 |

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| **Step 3 - Additional Measures**Do you need to do anything else to control this risk? |
| **Additional Safety Task Cards Required** | **Action by who?** | **Action by when?** | **Done** |
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