|  |
| --- |
| **Safety Task Card** |
| **CLN 21** | **Use of high-level stingray cleaning tool**  |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Wet floorsTrailing cablesPole jointsManual handling hazards Falling objects Contact with chemicals Contact with battery | Slips, trips and fallsBack and muscle strainsCuts and abrasions Pinching injuriesImpact injuriesBurn and irritation to skin and eyes |
| **Safe System of Work** |
| * Employees to be trained in the use of high-level cleaning tools including stingray and in correct cleaning method. Only trained operators to use the system,
* Follow manufacturer’s user instructions, where these are available
* Poles and equipment to be checked prior to use and maintained by competent persons and in accordance with manufacturer’s guidance where available.
* When attaching the relevant poles attachments are put on and clicked into place via the safety locking mechanism- by aligning the safety button with appropriate hole, keeping fingers away from the joint to prevent pinching injuries.
* Erect suitably located warning signs/barriers as appropriate to warn or prevent unauthorised access to area under the area while vacuuming in progress. Additional cleaning signs will be required for staircases.
* Cleaning carried out at a time when least number of people likely to use the area.
* When doing the stingray system use the correct container of 3M scotch guard window cleaning canister.
* Return equipment to designated storage location after use, clean thoroughly and store correctly.
* Machine uses AA batteries to operate, when flat dispose of via Weee waste stream.
* Dismantle poles and wipe down after use prior to putting in storage.
* Check microfibre covers / pads are laundered between each use
* Never use a step ladder to operate the high duster or stingray pole system this must be done from ground level.
 |
| **Site Specific Actions**List any actions required in addition to the above safe system of work |
| Chemicals 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 21** | **Use of high-level stingray cleaning tool**  |
| 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |