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| **Safety Task Card** |
| **CAT 07** |  **Use of Combination Ovens** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Electrical and/or gas hazardsContact with hot surfaces, hot food hot liquid and steamSpillages of food and liquid when lifting containers into and out of the oven  | Electric shock and burnsFire and explosionBurns and scaldsSlips and falls |
| **Safe System of Work** |
| * Combination ovens only to be used and cleaned by trained employees, all oven users must complete the Preventing Burns and Scald Injuries Safety Conversation 3
* Combination ovens to be maintained by competent persons and in accordance with manufacturer's guidance where available
* Open the oven door only partially at first and at arm’s length to allow the steam and/or heat to dissipate before opening it fully.
* When in “steam mode” hot water will collect on the top of any container lid or cover. Containers must be tilted slightly away from the body before attempting to remove them from the oven.
* Oven cloths/gloves to be used when handling hot equipment.
* Where practicable, the use of oven shelves above eye-level should be avoided when hot liquids and fats could spill from cooking containers when they are being lifted into or out of the oven.
* Spillages to be cleaned up as they occur and wet floor warning signs used when appropriate.
* Implement the Safe System of Work/Control Measures in Electrical Safety, Ref. MAN 05 and/or Gas Safety, Ref. COM 03 Risk Assessments and the manual handling safety precautions.
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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 |

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| **Safety Card Training Record** |
| **CAT 07** |  **Use of Combination Ovens** |
| 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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