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| **Safety Task Card** | | | | |
| **COM 01** | **Charging of batteries (cleaning and ride on equipment)** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Charging of lead-acid batteries used on tugs and other battery powered equipment.  Contact with battery acid  Electrical hazards | | | Fire/explosion due to ignition of hydrogen produced during the charging process.  Burns to skin and eyes from battery acid.  Electric shock and burns | |
| **Safe System of Work** | | | | |
| **All operators to be trained incorrect infection prevent SOP for the area they are working within.**   * Battery charging only to be carried out by trained employees. * Follow manufacturer's user instructions where these are available * Chargers to be maintained by competent persons and in accordance with manufacturer's guidance, where available * Employees must not wear jewellery, metal rings or watches when handling batteries. * Separate room or area to be designated for charging batteries. * Appropriate PPE to be available and worn when topping up the battery cells e.g. goggles, gauntlets, apron, disposable respirator mask rated to FFP2 standard. * Emergency eyewash station to be located in the battery charging area. * All non-essential people excluded from the battery charging area. * Sufficient high level ventilation provided above the batteries. * Electrical appliances and any other potential sources of ignition situated distant from the charging area and/or sited below the level of the batteries, but not in a position where spillage could fall onto the electrical appliance. * "No Smoking" and "No Naked Lights" signage to be displayed inside the battery charging area and adjacent to it * To avoid sparks, the charger should be switched off before connection and disconnection from the battery. * Tools must not touch both battery terminals at the same time. * Implement the Safe System of Work/Control Measures in Electrical Safety Risk Assessment, Ref ES06/06a, including an annual PAT test where appropriate. | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
| Equipment used at site:  Location of designated charging area: | | | | |
| 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** | | | |
| **COM 01** | **Charging of batteries (cleaning and ride on equipment)** | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | |
| Operative Name | | Signature | Date |
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