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| **Safety Task Card** |
| **CLN 10** | **Cleaning Mirrors and Glass** |
| **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.
* Ensure mirrors are securely fixed to the wall before cleaning.
* 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 PPE. If damaged or mislaid report it to your manager.
* Risks of cross-contamination to be avoided by following the correct SOP for the site .
* Follow the correct colour code for the site.
* 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 sockets.
* 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 10** | **Cleaning of Mirrors and Glass** |
| 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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