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| **Safety Task Card** |
| **CAT 22** |  **Toasters (Pop Up / Rotary / Tunnel)**  |
| **Workplace Safety Hazards** |
| What are the hazards?Electrical hazardsContact with hot surfaces and hot foodEntanglementManual handling**Toasters used in this site are:** | How might they be harmed?Electric shockBurns BruisingBack and muscle strain |
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| **Safe System of Work** |
| * Toasters only to be cleaned by trained employees.
* Follow manufacturer's user instructions where these are available
* Toasters to be maintained by competent persons and in accordance with manufacturer's guidance where available and PAT tested in line with risk assessment
* Where appropriate, operating instructions and a suitable sign to warn of hot equipment to be displayed where toasters are provided for customers self use.
* Toasters to be positioned on a flat stable surface and away from the edge of a worksurface or table.
* Toaster to be switched off and isolated and allowed to cool down before attempting to release any bread or other food that may become jammed inside it and before cleaning.
* Trapped food must not be removed with a metal knife or other implement
* Spillages of food and crumbs to be cleaned up as they occur.
* Do not attempt to clean the inside of the toaster with a water based solution. Dry food debris should be removed via the tray catchment.
* Implementation of the Safe System of Work/Control Measures listed in the Electrical Safety, Ref. MAN 05 Risk Assessment, including an regular PAT test.
* Implement the manual handling safety precautions where heavy toasters need to be moved to and from their place of use.
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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** |
| **CAT 22** |  **Toasters (Pop Up / Rotary / Tunnel)**  |
| 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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