|  |
| --- |
| **Safety Task Card** |
| **CAT 23** |  **Tray Conveyors & Carousels**  |
| **Workplace Safety Hazards** |
| What are the hazards?Trapping / EntanglementFalling objectsBroken crockery and glasswareSpillages of food and liquidErgonomic hazards | How might they be harmed?BruisingImpact injuriesCuts and lacerationsSlips and fallsBack strain and upper limb disorders |
|  |   |
| **Safe System of Work** |
| * Tray conveyors/carousels only to be used and cleaned by trained employees.
* Follow manufacturer's user instructions where these are available
* Tray conveyors/carousels to be maintained by competent persons and in accordance with manufacturer's guidance where available
* Tray conveyors/carousels positioned so that operators and customers can use the belt or tray holders without over reaching.
* Wherever practicable, work tasks to be rotated to avoid long periods of repetitive work activity.
* Provision of accessible “Emergency Stop” buttons.
* Use of nearby bin for disposing waste paper and plastic items.
* Use of waste disposal machine or poly-sacks for food waste.
* Broken glass, china and other sharp objects to be securely wrapped before placing in a poly sack, or disposed of separately in a rigid container.
* Spillages cleaned up as they occur and wet floor warning signs used when appropriate.
* Floor maintained in a clean and dry condition, so far as reasonably practicable by implementing the Safe System of Work/Control Measures in the Floor Safety Risk Assessment, Ref. MAN 08.
 |
| **Site Specific Actions**List any actions required in addition to the above safe system of work |
|  |
| 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 23** |  **Tray Conveyors & Carousels**  |
| 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |