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| **RISK ASSESSMENT 018** | **DEEP CLEAN KITCHEN** | | **Frequency and Job Specific Information:** Please Refer to Project/ Method Statement | | |
| **Risk Assessment prepared by** |  | **Name of Person approving RA:** |  | **Date of last review:** |  |
| **Next review due** |  |
| **Limits of use without need for project specific sign off** |  | | | **Circulation List** | All site staff and Project Managers |

**Project specific details & Sign-off by Project Manager (only completed where the standard controls no longer apply)**

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| **Job Number** |  | **Site:** |  | **Project Manager Approving Amended Risk Assessment** |  | **Date:** |  |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
| **WORKING IN KITCHEN** | Excessive noise levels | **Site staff**  **Other contractors**  Noise induced hearing loss | 4 | **4** | **16** | * Hearing protection to be worn if required. * Area should be posted with noise hazard warning signs. | * If possible noisy equipment to be isolated during works * Limit the time spent in area | **1** | **4** | **4** |
| **CLEANING NEAR LIVE PIPES AND MACHINERY** | Hot surfaces.  Moving equipment  Unguarded equipment  Unlagged piping | **Site staff**  **Other contractors**  Contact with hot surfaces.  Burns  Entrapment hazards | 3 | **4** | **12** | * Contractor to avoid contact with process pipework and equipment. * Appropriate first aid kit to be available * When cleaning in kitchen the main power for the equipment must be locked off before work starts | * Any heat burn to be run under fresh running water for 10 minutes. * Seek medical attention immediately. | **2** | **3** | **6** |
| Elevated working temperature (above 37°C) Heat stress | **Site staff**  **Other contractors**  Heat Stress | 4 | **3** | **12** | * Where temperature is above 37°C, working period to be limited to 20 minutes with 40minute rest period to cool off. * Drinking water to be available. | * Project manager to be advised of situation immediately. * Site staff to exit immediately if feeling nauseous. | **1** | **3** | **3** |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
| **CLEANING IN THE KITCHEN** | Live electrical equipment | **Site staff**  **Other contractors**  Contact with live electrical equipment. Shock or burns | **4** | **3** | **12** | * Electrical equipment to be isolated prior to cleaning * Site staff to check isolation of electricity services before start of works | * Contractor to request information from occupier prior to works taking place * All staff working on site to receive regular toolbox talks * Site supervisor to ensure regular safety inspections are completed | **1** | **3** | **3** |
| Moving parts of machinery  Unfamiliarity with the machinery | **Site staff**  **Other contractors**  Contact with dangerous or moving parts of machinery  Entrapment or crush injuries | 2 | **5** | **10** | * Unguarded machinery to be isolated before commencing work * Site supervisor and site contact to check all guarding and machinery isolators are in place and working. | * Occupier to shut down and lock off machinery with unguarded dangerous parts * Ensure locked off equipment/services are clearly marked * Implement a safe system of works if required | **1** | **5** | **5** |
| Wet/slippery floor surface  Lack of appropriate lighting | **Site staff**  **Other contractors**  Slip  Trip  Personal injury | 3 | **3** | **9** | * All contractor must wear appropriate safety footwear * Area to be checked before the start of works to identify any slip trip hazards | * Ensure adequate lighting is provided for the working area * Regular cleaning of high traffic areas | **1** | **3** | **3** |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
| **CLEANING** | Wet surfaces cont.  Electrical cables | **Site staff**  **Other contractors**  Slips trips and falls  Fractures  bruises | 3 | **3** | **9** | * Ensure the right cleaning equipment is used for the right job and ensure all cleaning staff follow any safe systems of work. * Provision of Anti-slip matting at entrances. * Cleaning Staff to monitor entrances for wet floor surfaces * Spillages cleared up immediately, according to agreed procedures, and the floor left dry. * Caution Wet Floor signage to be used | * For cleaning machines with cables, use socket nearest to where you are working and use hazard cones to warn others. * Periodic toolbox talks will be conducted by the site supervisor to raise awareness of risk of slips and trips. * Appropriate footwear/safety shoes must be worn during the cleaning process | **2** | **2** | **4** |
| **USING CLEANING SUBSTANCES** | Contact with cleaning chemicals  Chemical vapour | **Site staff**  **Other contractors**  Skin problems such as dermatitis  eye damage, from direct contact with bleach/other cleaning chemicals  e.g. solvents and detergents. Vapour may cause breathing problems. | 4 | **3** | **12** | * Appropriate gloves provided and staff trained in their use. * All staff trained in the risks, use and storage of cleaning chemicals a * All staff to wear personal protective equipment as instructed. * Cleaning chemicals marked ‘irritant’ substituted, where possible, for milder alternatives. * Minimise handling of cleaning chemicals where possible * Regular toolbox talks relating to COSHH and safe handling and use of substances * Regular checks for dermatitis * Staff reminded to report any health issues | * COSHH risk assessment to be abable for all substances used * Ensure appropriate ventilation when using any substance/consider usage instructions and limitations * Suitable and sufficient PPE and RPE must be provided and worn. * All staff wearing tight fitting RPE must be clean shave and have a current face fit test certificate for their chosen RPE * Ensure reusable PPE is cleaned after use. * Disposable PPE and RPE must be disposed of as per the company waste policy | **2** | **2** | **4** |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
| **DRIVING TO AND FROM CUSTOMER SITES.** | Other Road Users/vehicles  Site Traffic  Weather conditions | **Site staff**  **Other contractors**  Road traffic accident  Personal Injury | 2 | **5** | **10** | Comply with:   * All relevant driving legislation. * Company driving policy. * Check weather conditions before travel | Comply with:   * The policy arrangements for ‘Driving on Company Business’.   Ensure all vehicles used for work are checked on a regular basis | **1** | **5** | **5** |
| **HANDLING OF MATERIAL AND EQUIPMENT** | Incorrect manual handling technique Manual Handling | **Site staff**  **Other contractors**  Muscular skeletal disorders  Sprains  Strains  Cuts  Sharp jagged corners | 2 | **3** | **6** | * Comply with Manual handling arrangements in safety policy * Staff are encouraged to keep manual handling to a minimum * Lifting and moving aids are supplied if requested   Appropriate gloves to be worn when handling materials | * Ensure all employees attend refresher training in manual handling annually   Manual handling risk assessment completed for specific manual handling tasks | **1** | **3** | **3** |
| **USE OF ELECTRICAL EQUIPMENT** | Electricity | **Site staff**  **Other contractors**  Electrocution  Burns | 3 | **3** | **9** | * All electrical equipment must be visually inspected before use.   PAT testing system in place for all portable electrical equipment | * Training provided to all staff on the dangers of electricity   Where possible battery powered tools will be used | **1** | **3** | **3** |
| **LONE WORKING** | Medical Conditions  Lack of assistance following accident or illness | **Site staff**  **Other contractors**  Violence  Illness  Serious injury | 2 | **5** | **10** | * All staff to maintain regular contact with office, line managers * Ensure there is a contact available when visiting site. * Client contact to be informed when you leave the site | * All staff to receive training on the risks of lone working and conflict resolution * **Consideration of tracing system for remote employees** | 1 | **5** | **5** |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
| **EXPOSURE TO VIOLENCE & AGGRESSION** | Unidentified persons | **Site staff**  **Other contractors**  Assault | 2 | **4** | **8** | * Exposure to violence and aggression is covered during general safety training.   **All staff to be issued with HSE indg 69 “Violence at work”** | * Staff must ensure that they plan their visit * Only park in well-lit areas where possible   **Consider conflict management training for lone working staff.** | **1** | **4** | **4** |
| **EXPOSURE TO DUST IN CLIENT PREMISES** | Wood Dust  Silica dust  Asbestos  Lack of effective LEV  Lack of RPE  Lack of face fit testing | **Site staff**  **Other contractors**  Exposure to asbestos and other construction dusts  Long term health issues | 3 | **5** | **15** | * Ensure all staff aware of the risks regarding dust. * Suitable dust masks should be made available to all employees with the potential of exposure * For all areas of work, the asbestos management plan for the building you are working on must be checked first.   No asbestos plan-no work | * Any staff member who requires a tight-fitting dust mask must be face fit tested before using the mask. * When wearing the mask, you must be clean shaven * Any issues regarding dust must be reported to the client site contact | **1** | **5** | **5** |
| **WORKING AT HEIGHT** | Cleaning at height  Fall of person from height  Fall of tools and or materials from height | **Site staff**  **Other contractors**  **Any persons using the area below**  Serious personal injury  Death | 2 | **4** | **8** | * Ensure that appropriate lifting/access equipment is used All staff must complete working at height training annually * Only competent and trained individuals will be permitted to operate the lifting and access equipment * Weather conditions to be considered if working outside * Warning signs to be placed around work area during system commissioning * Ladders in good condition, placed on a firm surface, and have a pre use check prior to use and a thorough visual check every six months | * Edge protection must be used to prevent tools/materials falling from work area * Only short duration work is permitted when using ladders * Manager to conduct toolbox talk on working at heights * Non access ladders should be used in conjunction with ladder stays, a securing device or a person footing the ladder * Access ladders should be extended one metre above platform * Avoid overreaching and ensure that belt buckle remains between the ladder stiles at all | **1** | **4** | **4** |

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| **Activity** | **Hazard** | **Main Risks**  **&**  **Affected Persons** | **Risk Rating** | | | Existing **Risk Controls** | AdditionalRisk Controls | **Residual Risk** | | |
| **P** | **O** | **RR** | **P** | **O** | **RR** |
| **DEEP CLEANING & COVID-19** | COVID-19 Virus | **Site staff**  **Other contractors**  **Risk of infection**  **Risk of spread of infection** | 4 | **3** | **9** | * Check with client before cleaning if there have been any live cases of COVID-19 identified at the premises. * Daily check to ensure any staff member with symptoms are identified * Staff showing symptoms will be required to self-isolate for 14 days * All staff to wear appropriate PPE * All PPE used during the process will be disposed of by double bagging * Disinfecting of van between cleaning jobs and at the end of the day to include the cab area * Protective suits to be worn and disposed of after every job | * Staff are reminded to wash hands before and after wearing gloves * Wash hands before eating drinking and or smoking or vaping * Separate area provided for rest periods * Used cleaning materials, must be double bagged and disposed of as per the company waste disposal policy * Appropriate RPE must be worn * Communication equipment/mobile phone will be disinfected on a regular basis * Antibacterial hand gels provided to all staff | **3** | **2** | **5** |

**PPE Required**

**(Please tick all that apply)**

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| **SAFETY HELMET**  **MUST BE WORN** | **HIGH VISIBILITY VEST**  **MUST BE WORN** | | | | **SAFETY BOOTS**  **MUST BE WORN** | **SAFETY GLOVES**  **MUST BE WORN** | **EYE PROTECTION**  **MUST BE WORN** | **EAR PROTECTION**  **MUST BE WORN** | **SAFETY OVERALLS**  **MUST BE WORN** |
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| **LABORATORY COATS**  **MUST BE WORN** | **WELDING MASK**  **MUST BE WORN** | | | | **VISORS**  **MUST BE WORN** | **HAIR NETS**  **MUST BE WORN** | **ESCAPE ROUTES**  **TO BE KEPT CLEAR** | **SAFETY HARNESSES**  **MUST BE WORN** | **NO MOBILE PHONES** |
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| **REPIRATORS**  **MUST BE WORN** | **HAVE YOU BEEN**  **FACE FIT TESTED?** | | | | **PEDESTRIAN MUST**  **USE THIS ROUTE** | **INTRINSICALLY SAFE OVERALLS**  **TO BE WORN** | **INTRINSICALLY SAFE FOOTWEAR**  **MUST BE WORN** | **OPAQUE SAFETY GLASSES**  **MUST BE WORN** | **DRIVERS MUST REPORT TO SITE OFFICE** |
|  | **Yes** |  | **Nio** |  |  |  |  |  |  |

**Notes**

* For risk assessments requiring project specific amendment - the Risk Assessment shall be reviewed weekly to ensure, it remains current as the project progresses.
* All employees to attend site induction/sign-in prior to commencing work on site.
* First Aid facilities to be provided by Client/Principal Contractor
* Welfare facilities to be provided by Client/Principal Contractor

**Risk Assessment Matrix**

**Multiply scores to arrive at risk rating (RR)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Probability** | | | | | |
|  |  | **Remote** | **Unlikely** | **Possible** | **Probable** | **Very Likely** | **Certain** |
| **Outcome** | **No Injury** | **0** | **1** | **2** | **3** | **4** | **5** |
| **Minor Injury** | **1** | **1** | **2** | **3** | **4** | **5** |
| **First Aid Injury** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Reportable Injury**  **(7 Day)** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Major Injury** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Fatality/Disability** | **5** | **5** | **10** | **15** | **20** | **25** |

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| **Low** | **1 – 6** | **Monitor** | **Tolerable risk. No additional controls required. Employees made aware of safe/correct system of work.** |
| **Med** | **8 – 12** | **Improvement** | **Action required to further reduce risk to acceptable level. Review of process or activity.** |
| **High** | **15+** | **Immediate Action** | **Unacceptable risk. Stop activity immediately. Inform next level of management & refer to Manager/Safety Coordinator. Possible withdrawal of process or activity.** |

**Monitoring and Review**

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| **Date Completed** | **Assessed by:** | **Job Title:** | **Signature:** | **Review Date:** |
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**Further Actions**

**(Please detail any actions for the risk assessment here)**

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| **Issue** | **Further action** | **Action by who?** | **Action by when?** | **Completed** |
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**All actions to be followed up are marked in bold in the body of the risk assessment above.**

**Confirmation of Risk Assessment & Method Statement Briefing**

**Before commencing the activities covered in this safe system of work document all staff are to sign below to confirm that a clear briefing explaining the job has been given and is understood**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Date** | **Comments** |
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