# Risk Assessment Cleaning

Directorate: <Enter Directorate> Service/Location: <Enter team and location> Task: <enter task>

| Hazard:  Activity/  Equipment/  Process | Possible injury/ harm | To whom | Before Controls Likelihood | Severity | Risk Rating | Existing Controls | After Controls Likelihood | Severity | Risk Rating | Further Controls | By whom and when |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazardous Substances:**  e.g. cleaning chemicals | Serious injury from long and short-term exposure, burns, dermatitis, breathing problems, fire and explosion. | Staff | 4 | 3 | 12 | * Training, instruction & supervision; * Inspection (detail): * Use of specialist contractors; * Substitution of substance with less hazardous product (detail); * COSHH assessments; Storage (detail): * Separation of work area; * SOP (list): * PPE (list) * Signage |  |  |  |  |  |
| **Access Equipment**  e.g. Ladders or scaffolding | Death & Serious Injury, from collapse, falls and falling objects. | Staff | 3 | 5 | 15 | * Training, instruction & supervision: * Maintenance & inspection (detail): * Separation of work area and pedestrians: * SOP (list): * Barriers: * Fall arrest systems * Signage. |  |  |  |  |  |
| **Movement around work area** | Slips, trips & falls | Staff | 5 | 3 | 15 | * Training, instruction & supervision: * Inspection and maintenance (detail): * SOP (list): * PPE (list): * Signage |  |  |  |  |  |
| **Lone Working** | Death & serious injury from physical attack | Staff | 5 | 3 | 15 | * Training, instruction & supervision * SOP (list): |  |  |  |  |  |
| **Environment** | Injury and discomfort from, heat, cold, & tiredness. | Staff | 5 | 2 | 10 | * Training, instruction & supervision: * Provision of welfare facilities: * Ventilation: * SOP (list): * PPE (list): |  |  |  |  |  |
| **Infectious Diseases**  Contact with contaminated environments or articles | Sickness and ill health | Staff | 5 | 3 | 15 | * Training, instruction & supervision: * Inspection (detail): * Use of specialist contractors: * Substitution of substance with less hazardous product (detail): * COSHH assessments; * Storage (detail): Separation of work area: * SOP (list): * PPE (list): * Signage |  |  |  |  |  |
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**Name of Assessor:** <enter name>  **Date:** <enter date>

**Position:** <enter title> **Review Date:** <enter date>

**Managers Signature:** <enter signature / managers name>  **Date**: <enter date>