# 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>