

# Process Risk Assessment

## Building Cleaning

<b>A Administration Section</b>	Company:	Service:	Location:
Date:	Reference:	Assessor:	Manager:

**B Assessment of risk for:** **Working from Powered Access Equipment**

C List Hazards Here	List Groups of People at Risk	Cat	List Existing Controls
<ol style="list-style-type: none"> <li>1 Slips and falls from height.</li> <li>2 Other risks associated with the work process being undertaken.</li> <li>3 Contact injuries from falling debris and equipment.</li> </ol>	<p>Cleaning operatives.</p> <p>Cleaning operatives.</p> <p>Cleaning operatives and other users of the building.</p>	<p>High</p> <p>Variable</p> <p>Medium</p>	<p>All operatives undertake an appropriate Induction Course which includes specific safety guidance in working from height.</p> <p>Operatives are provided with in-situ guidance into the safe use of powered access equipment before commencing work activities.</p> <p>Operating instructions should be situated on or near the machine whenever in use.</p> <p>All access equipment must conform to the relevant Health and Safety guidelines.</p> <p>Operatives must be able to operate the equipment from inside the working cradle and remotely.</p> <p>All operatives are issued with appropriate Personal Protective Equipment and provided with guidance in its safe and proper use.</p> <p>Warning signs are placed at the extremes of work area during all operations to provide an appropriate exclusion zone around the immediate work area.</p> <p>All operatives are instructed to wear appropriate footwear to ensure that they do not slip whilst working from platforms.</p> <p>Operatives should take extra care to ensure that debris and equipment do not fall from the working platform.</p> <p>All operatives are made aware of relevant First Aid procedures.</p>

<b>D Controls</b>		<b>E To be completed by manager</b>			
<b>Additional controls required</b>	<b>Action to be taken</b>	<b>By whom</b>	<b>Completion date</b>	<b>Task completed (signed and dated)</b>	
<b>Copies:</b>		<b>Assessment review date:</b>			
		<b>Signed:</b>			
		<b>Name (in capitals)</b>			
		<b>Date:</b>			

<b>F This risk assessment is cross-referenced with:</b>		<b>COSHH risk assessments</b>	<b>Other documents</b>