

Process Risk Assessment

Building Cleaning

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|----------|-------------------------------|-------------------|------------------|------------------|
| A | Administration Section | Company: | Service: | Location: |
| | Date: | Reference: | Assessor: | Manager: |

B **Assessment of risk for:** **Using Trigger-Spray Bottles**

| C | | List Hazards Here | List Groups of People at Risk | Cat | List Existing Controls |
|----------|---|--------------------------|--------------------------------------|---|-------------------------------|
| 1 | Contact injuries to eyes. | Cleaning operatives. | Low | All operatives undertake appropriate Induction Course which includes general guidance on the safe use of chemicals. | |
| 2 | Contact injuries to skin. | Cleaning operatives. | Low | Supervisor provides in-situ, practical training to all new starters in the use of all cleaning materials, in compliance with the agreed procedures. | |
| 3 | Injuries to respiratory and gastro-intestinal tracts. | Cleaning operatives. | Low | All operatives are issued with Health and Safety Policy containing Best Practice Guidance and managers are issued with the Corporate Best Practice Manual. | |
| 4 | Burn injuries. | Cleaning operatives. | Low | All operatives are made aware of the contents and location of a comprehensive COSHH Risk Assessment file which is held on site. The file is updated annually and also includes hazard data sheets produced by manufacturers of all products used. All operatives are issued with appropriate Personal Protective Equipment and provided with guidance in its safe and proper use. All operatives are made aware of the relevant First Aid procedures. All unbranded solutions (operator mixed) must be clearly labelled prior to use. All empty containers must be rinsed off thoroughly after use and disposed of in line with local authority guidelines. | |

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

| F This risk assessment is cross-referenced with: | | COSHH risk assessments | Other documents |
|---|--|-------------------------------|------------------------|
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