



# Work Equipment Risk Assessment

## Building Cleaning

<b>A</b>	<b>Administration Section</b>	<b>Service:</b>	<b>Team:</b>	<b>Location:</b>
<b>Name of Assessor:</b>		<b>Position:</b>		<b>Date of Assessment:</b>

<b>Wet &amp; Dry Vacuums</b>	<b>NUMATIC WV900 - 40 ltr capacity Wet/Dry Vacuum</b>	<b>Code: FA225</b>
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No	Hazards	List Groups of People at Risk	List Existing Controls	Priority
1	Trips and falls	Cleaning Operatives and all other users of the building	Operatives to place trip hazard warning signs at the extremes of work area at all times during operation. Operatives undertake training in safe working practices as part of an appropriate Cleaning Induction Course Operatives to ensure that electrical cables do not become raised from the floor during operation.	
2	Electric Shocks	Cleaning Operatives	All operatives are trained to physically check the condition of all equipment both before and after use. All defects are reported immediately to the area supervisor and machine is marked "Do Not Use". Portable Appliance Tests are carried out on all machines by qualified engineers during every repair or annually if no fault has been recorded. All electrical repair and maintenance records are kept and are available for inspection. All employees are trained in the dangers of using electrical equipment where water is present.	
3	Musculoskeletal injuries and disorders	Cleaning Operatives	All operatives should be instructed in safe Manual Handling techniques. All operatives should be provided with guidance on the correct working postures to be adopted when using cleaning machinery.  <b>(All instruction provided should be entered on the cleaning operative's individual training record)</b>	

N.B. This risk assessment is offered as guidance only. It is your responsibility to ensure that it reflects the use of your operation and amend accordingly.

<b>Controls</b>		<b>To be completed by Manager</b>			
Ser No.	<b>Additional controls required</b>	<b>Action to be taken</b>	<b>By whom</b>	<b>Comp. Date</b>	<b>Task Completed (Signed &amp; Dated)</b>
<b>Copies:</b>		<b>Assessment Review Date:</b>			
		<b>Signed:</b>			
		<b>Name (in Blocks)</b>			
		<b>Date:</b>			

**This risk assessment is cross-referenced with:**  
Process Risk Assessment - Use of Tub Vacuum Cleaners