



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Toilets, WC Bowls, Urinals, Wash Hand Basins and Sinks**

| Significant Hazards                                  | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove).<br>Operative to be inducted in manufacturers instructions for use.   | L                    | None                         |                     |
| Possible slips on wet floor.                         | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.  | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br>Operative to adhere to COSHH assessments. | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Showers, Shower Head, Cubicles and Base**

| Significant Hazards                                  | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove).<br>Operative to be inducted in Manufacturers instructions for use.   | L                    | None                         |                     |
| Possible slips on wet floor.                         | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.  | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br>Operative to adhere to COSHH assessments. | M                    | None                         |                     |
| Potential scalding of hands                          | Operative        | Check position of temperature control on mixer valve before placing hands underneath.  | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



## Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Clean Sinks, Wash hand Basins**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves. Operatives with a latex allergy will be issued with an alternative glove. Operatives to be inducted in manufacturers instructions for use. | L                    | None                         |                     |
| Possible slips on wet floor.                         | All              | Display warning signs. Dry floor as much as possible. Consider a cleaning time when no access is required.  | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.                                 | M                    | None                         |                     |
| Potential scalding of hands                          | Operative        | Check temperature of hot water tap before placing hands underneath  | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



## Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Replenishment of Supplies**

| Significant Hazards                              | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Injury to back due to lifting boxes of supplies. | Operative        | Operatives trained in correct manual handling techniques.<br><br>Attention to be drawn to 'Manual Handling' Risk Assessment.<br><br>Persons with known history of back problems are excluded from this activity. | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



## Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Furniture, Fixtures and Fittings – Wet Clean**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative glove).<br>Operative to be inducted in Manufacturers instructions for use. Adherence to COSHH assessments | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Adherence to COSHH assessments                                    | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Furniture, Fixtures and Fittings – Polishing**

| Significant Hazards                     | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|---|------------------|--|----------------------|------------------------------|---------------------|
| Damage to eyes caused by aerosol spray. | Operative        | <p>Check direction of jet prior to use. Spray away from face and breathing zone.</p> <p>Operative to be inducted in Manufacturers instructions for use.</p> <p>Applicable COSHH assessment sheet to be displayed in cleaning cupboard.</p> <p>Operatives to adhere to COSHH assessments.</p> | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Descaling Glazed or Stainless Steel Sanitary Ware and Water Fittings**

| Significant Hazards  | Persons Affected      | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required  | Action By<br>& Date |
|--|-----------------------|---|----------------------|---|---------------------|
| Irritation/burns to skin caused by contact with chemicals. | Operative             | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). All equipment to be cleaned thoroughly after use. Operative to be inducted in Manufacturers instructions for use. | L                    | None  |                     |
| Possible slips on wet floor.                               | All                   | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.   | M                    | None  |                     |
| Inhalation of fumes due to mixing of chemicals.            | Operative/other users | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.   | H                    | Toilet areas should be locked off and warning signs placed on doors. Toilets should never be left unattended. |                     |
| Damage to eyes caused by splashes.                         | Operative             | Eye goggles to be worn.   | H                    | This task to be undertaken by experienced staff only. No descaler chemical to be left on site.                |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Dry Suction – Soft Fabric Furniture**

| Significant Hazards               | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|-----------------------------------|------------------|---|----------------------|------------------------------|---------------------|
| Electrocution from broken cables. | Operative        | Operative to carry out visual inspection of cables prior to use.  | M                    | None                         |                     |
| Trip over cable                   | Operative        | Operative to be careful not to catch cables under doors.<br><br>Vacuum cleaner to be subject to 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) Programme. | M                    | None                         |                     |
|                                   |                  | Operatives instructed to keep cable behind line of work.<br><br>Operatives instructed not to allow cable to become taut at ankle height.<br><br>Consider an alternative cleaning time.            |                      |                              |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |





# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Glass Internal**

| Significant Hazards            | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required                                       | Action By<br>& Date |
|--------------------------------|------------------|---|----------------------|--|---------------------|
| Injury due to falling objects. | Passers by       | Warning signs to be erected.  | L                    | None   |                     |
| Injury due to falls.           | Operative        | Operative to inspect condition of ladders prior to use. Operative to undergo training for working at heights prior to work.   | H                    | Work at heights should only be undertaken under the supervision of |                     |
| Cuts from broken glass         | Operative        | Inspect panes for damage prior to cleaning. Do not clean if cracked or otherwise damaged. Report damage to Site Services Manager.<br><br><b>Note Internal glazing should be safety glass, or glass to which a safety film has been applied.</b> | L                    | None   |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Walls – Wet Cleaning**

| Significant Hazards                                  | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required                    | Action By<br>& Date                      |
|--|------------------|--|----------------------|---|--|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use.<br><br>Adherence to COSHH assessments. | L                    | None  |  |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.  | L                    | None  |  |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments                                       | M                    | None  |  |
| Injury due to falls.                                 | Operative        | Operative to undergo training for working at heights before using steps.   | M                    | Training for working at heights to be arranged. | To be arranged on an 'as required' basis |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



## Risk Assessment Form

Company     **Castle Cleaning Services**

Activity     **Carpets – Wet Cleaning**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use. Adherence to COSHH assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Injury from slips and falls                          | All              | Safety signs to be erected  | L                    | None                         |                     |
| Back injury due to movement of furniture             | Operative        | Operative to be aware of 'Manual Handling Risk Assessment'<br>Operatives to work in pairs when moving furniture.<br><br>Operatives to be trained in correct manual handling techniques.                             | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Hard Floors – Seal**

| Significant Hazards  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals.               | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative inducted in Manufacturers instructions for use. Adherence to COSHH assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                                   | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Injury from slips and falls  | All              | Safety signs to be erected. Consider an alternative cleaning time.  | L                    | None                         |                     |
| Back injury due to movement of furniture and machinery             | Operative        | Operative to be aware of 'Manual Handling Risk Assessment' Operatives to work in pairs when moving furniture. Operative to be trained in correct manual handling techniques.                                  | M                    | None                         |                     |
| Electrocution due to damaged cables making contact with wet floors | Operative        | Operative to check condition of cable before use. Machinery to be subject to 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) Programme                                 | H                    | None                         |                     |
| Trip over cable  | All              | Operative instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height.. Consider an alternative cleaning time.                                      | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Strip vinyl and reseal**

| Significant Hazards  | Persons Affected | Existing Controls   | Risk Rating L/M/H | Additional Controls Required | Action By & Date |
|--|------------------|---|-------------------|------------------------------|------------------|
| Irritation to skin caused by contact with chemicals.               | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove).<br>Operative to be inducted in Manufacturers instructions for use.<br>Adherence to COSHH assessments. | L                 | None                         |                  |
| Scalds from water being too hot.                                   | Operative        | Mix hot and cold water and test before use.   | L                 | None                         |                  |
| Injury from slips and falls  | All              | Safety signs to be erected. Consider an alternative cleaning time.  | L                 | None                         |                  |
| Back injury due to movement of furniture and machinery             | Operative        | Operative to be aware of 'Manual Handling Risk Assessment'<br>Operatives to work in pairs when moving furniture. Operative to be trained in correct Manual Handling Techniques.   | M                 | None                         |                  |
| Electrocution due to damaged cables making contact with wet floors | Operative        | Operative to check condition of cable before use. Machine to be subject to a 12 monthly examination by a competent electrician under Portable Appliance Testing (PAT) Programme.  | H                 | None                         |                  |
| Trip over cable  | All              | Operatives to be instructed to keep cable behind line of work. Operatives not to allow cable to become taut at ankle height, Consider an alternative cleaning time.   | M                 | None                         |                  |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Cleaning Brasses**

| Significant Hazards     | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|-------------------------|------------------|--|----------------------|------------------------------|---------------------|
| Mild irritation to skin | Operative        | Operative to wear Nitrile gloves.<br><br>Operative to be inducted in Manufacturers instructions for use.<br><br>Adherence to COSHH assessment. | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Cleaning of Drains and Gully Channels**

| Significant Hazards                                  | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use.<br><br>Adherence to COSHH assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.  | L                    | None                         |                     |
| Injury from slips and falls                          | All              | Safety signs to be erected around manholes.<br><br>Time of cleaning to be carried out outside peak hours.  | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Floor Cleaning Equipment – After Use**

| Significant Hazards                                  | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative glove).                          | L                    | None                         |                     |
| Possible slips on wet floor.                         | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required by other site users | M                    | None                         |                     |
| Back injury due to lifting of equipment              | Operative        | Operatives to be aware of 'Manual Handling Risk Assessment'<br><br>Operative to be trained in correct Manual Handling techniques     | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |





# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Brush Sweep Floor**

| Significant Hazards                                      | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment.<br>Operative to be trained in correct Manual Handling techniques.           | L                    | None                         |                     |
| Risk of falling down stairs whilst walking backwards     | Operative        | Operative to take great care when walking backwards down stairs whilst sweeping.<br><br>Cleaning to be undertaken outside peak usage. | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Dust Control Mopping**

| Significant Hazards                                      | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment.<br><br>Operatives to be trained in correct Manual Handling techniques. | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Vacuum Cleaning**

| Significant Hazards                                      | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment. Operatives to be trained in correct Manual Handling techniques.   | L                    | None                         |                     |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Machinery to be subject to a 12 monthly examination by a competent electrician under Portable Appliance Testing (PAT) Programme. | M                    | None                         |                     |
| Trip over cable  | All              | Operatives instructed to keep cable behind line of work.<br><br>Operatives instructed not to allow cable to become taut at ankle height.<br><br>Consider an alternative cleaning time.                              | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Damp Mopping**

| Significant Hazards                                 | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|---|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove).<br><br>Operative to be inducted in Manufacturers correct instructions for use.  | L                    | None                         |                     |
| Possible slips on wet floor                         | All              | Display warning signs. Dry floor as much as possible. Consider an alternative cleaning time.  | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.     | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operatives to adhere to COSHH assessments.<br><br>Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques. | M<br><br>L           | None<br><br>None             |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Machine Damp Mop – Bonnet Mopping**

| Significant Hazards                                      | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling Techniques.  | L                    | None                         |                     |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.    | M                    | None                         |                     |
| Irritation to skin caused by contact with chemicals.     | Operative        | Operative to wear rubber gloves and to adhere to COSHH assessments (operatives with a latex allergy will be issued with an alternative glove).   | L                    | None                         |                     |
| Possible slips on wet floor.                             | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.  | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.          | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br>Operative to wear rubber gloves and to adhere to COSHH assessments. | L                    | None                         |                     |
| Trip over cable  | All              | Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.   | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Wet Scrub**

| Significant Hazards                                      | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling Techniques.   | L                    | None                         |                     |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.                                 | M                    | None                         |                     |
| Irritation to skin caused by contact with chemicals.     | Operative        | Operative to wear rubber gloves and to adhere to COSHH assessments (operatives with a latex allergy will be issued with an alternative glove).  | L                    | None                         |                     |
| Possible slips on wet floor.                             | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.   | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.          | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.   | L                    | None                         |                     |
| Trip over cable  | All              | Operative to wear rubber gloves and to adhere to COSHH assessments.<br>Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time. | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Spray Burnishing**

| Significant Hazards                                      | Persons Affected | Existing Controls  | Risk Rating L/M/H | Additional Controls Required | Action By & Date |
|--|------------------|--|-------------------|------------------------------|------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling Techniques.  | L                 | None                         |                  |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.    | M                 | None                         |                  |
| Irritation to skin caused by contact with chemicals.     | Operative        | Operative to wear rubber gloves and to adhere to COSHH assessments (operatives with a latex allergy will be issued with an alternative glove).   | L                 | None                         |                  |
| Possible slips on wet floor.                             | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.  | M                 | None                         |                  |
| Inhalation of fumes due to mixing of chemicals.          | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br>Operative to wear rubber gloves and to adhere to COSHH assessments. | L                 | None                         |                  |
| Trip over cable  | All              | Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.   | M                 | None                         |                  |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



## Risk Assessment Form

Company    **Castle Cleaning Services**

Activity    **Vacuum Cleaning – Carpets**

| Significant Hazards                                      | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.   | L                    | None                         |                     |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme. | M                    | None                         |                     |
| Trip over cable  | All              | Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.  | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |





## Risk Assessment Form

Company    **Castle Cleaning Services**

Activity    **Vacuuuming Barrier Mats**

| Significant Hazards                                      | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.   | L                    | None                         |                     |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme. | M                    | None                         |                     |
| Trip over cable  | All              | Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.  | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Clean Matwells/Entrance Mats**

| Significant Hazards                                      | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|--|----------------------|------------------------------|---------------------|
| Risk of back injury from moving furniture and equipment. | Operative        | Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.  | L                    | None                         |                     |
| Risk of injury from electrocution                        | Operative        | Operative to visually check cable for breakages before connecting to power supply. Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme. | M                    | None                         |                     |
| Irritation to skin caused by contact with chemicals.     | Operative        | Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers correct instructions for use. Operative to adhere to COSHH assessments.  | L                    | None                         |                     |
| Possible slips on wet floor.                             | All              | Display warning signs.<br>Dry floor as much as possible .<br>Consider a cleaning time when no access is required.  | M                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.          | Operative        | In accordance with the manufacturer's instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.   | L                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Damp Clean Furniture, Fixtures and Fittings**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves and to be inducted in Manufacturers correct instructions for use.<br>(Operatives with a latex allergy will be issued with an alternative glove).<br>Operative to adhere to COSHH Assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br><br>Operative to adhere to COSHH Assessments.                                  | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Damp Clean Low Level Surfaces**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves and to be inducted in Manufacturers correct instructions for use.<br>(Operatives with a latex allergy will be issued with an alternative glove).<br>Operative to adhere to COSHH Assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br><br>Operative to adhere to COSHH Assessments.                                  | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Damp Clean High Level Surfaces**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating L/M/H | Additional Controls Required  | Action By & Date                                    |
|--|------------------|---|-------------------|---|---|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves and to be inducted in Manufacturers correct instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH Assessments. | L                 | None  |   |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                 | None  |   |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.<br><br>Operative to adhere to COSHH Assessments.                            | M                 | None  |   |
| Injury from falls from step ladders                  | Operative        | Operative to visually check ladder for signs of damage and check for stability before climbing steps. Operatives to work in pairs for this operation.   | M                 | Operatives to undergo training for working at heights/from steps/step ladder safety | Operatives to be trained on an 'as required' basis. |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Emptying Waste Bins**

| Significant Hazards       | Persons Affected | Existing Controls  | Risk Rating<br>L/M/H | Additional Controls Required                                       | Action By<br>& Date |
|---------------------------|------------------|--|----------------------|--|---------------------|
| Injury from Sharp Objects | Operative        | Operative must never put hands in a bin to compact rubbish.<br><br>Established procedure in place for needle stick injuries. | L                    | Acquaint all operatives with sharps/needle stick injury procedure. | ASAP                |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Sanitise Waste Bins**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves and to be inducted in Manufacturers instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturer's instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.                          | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       | Review Date |
|---------------|----------------|----------|-----------|----------------------------|-------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |             |
|               |                |          |           |                            |             |



# Risk Assessment Form

Company **Castle Cleaning Services**

Activity **Spot Wet Cleaning**

| Significant Hazards                                  | Persons Affected | Existing Controls   | Risk Rating<br>L/M/H | Additional Controls Required | Action By<br>& Date |
|--|------------------|---|----------------------|------------------------------|---------------------|
| Irritation to skin caused by contact with chemicals. | Operative        | Operative to wear rubber gloves and to be inducted in Manufacturers instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH assessments. | L                    | None                         |                     |
| Scalds from water being too hot.                     | Operative        | Mix hot and cold water and test before use.   | L                    | None                         |                     |
| Inhalation of fumes due to mixing of chemicals.      | Operative        | In accordance with the manufacturer's instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.                          | M                    | None                         |                     |

|               | Print Name     | Position | Signature | Date                       |
|---------------|----------------|----------|-----------|----------------------------|
| Risk Assessor | Jonathan Jones | Owner    |           | 1 <sup>st</sup> April 2009 |
|               |                |          |           |                            |