

Process Risk Assessment

Building Cleaning

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

B Assessment of risk for: Working from Mobile Scaffolding Towers

| C List Hazards Here | List Groups of People at Risk | Cat | List Existing Controls |
|---|---|---|---|
| <ol style="list-style-type: none"> 1 Slips and falls from height. 2 Other risks associated with the work process being undertaken. 3 Contact injuries from falling debris and equipment. | <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 that includes specific safety guidance in working from height.</p> <p>Operatives are provided with in-situ guidance into the safe use and assembly of mobile scaffolding units.</p> <p>All access equipment must conform to the relevant Health and Safety guidelines.</p> <p>All access equipment must incorporate safe working platforms in line with relevant Health and Safety guidelines.</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> |

| 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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