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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **101RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **Specialised Chairs** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)*) | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)*) | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Hazardous Manual Task**   * Awkward postures, (lift / push / pulling) | | * Twisting, bending, reaching, lifting and pulling when moving chair and positioning client * Chair hard to move | | * Work Instruction * Adjustable wings and drop down arms to allow for easy client transfer. * Directional castors fitted. | | |
| **Gravity**   * Slip / trip / fall * Pressure sores | | * Fall from chair * Mechanical failure * Chair moves | | * Chair has adjustable tilt and recline positions. * Scheduled maintenance. * Chair fitted with directional locking castors. * Surface of chair has air pressure seating system. * Adjustable tilt, recline settings. * Electrical cords setup away from movement area of persons. | | |
| **Biological**   * Infection * Bacteria | | * Exposure to bacteria * Exposure to unclean surfaces | | * Cleanable covering types to be used. * Chair cleaned after use. | | |
| **Machinery & Equipment**   * Lack of maintenance * Chairs weight capacity overloaded | | * Chair breaks * Chair hard to move * Fall from chair | | * Chair visually checked before use. * Safe working load (SWL) adhered to. * Scheduled maintenance. * Servicing of chair by a competent person. Repairs & modifications by competent person only. | | |
| **Electrical** | | * Disruption to power supply * Electric shock * Burns * Electrocution | | * Chair is regularly tested and tagged (if fitted with motorised movement) * RCD installed at main switchboard and checked regularly – push button and operating time tests * Servicing of chair by a competent person. Repairs & modifications by competent person only. * Chair is isolated from the power supply prior to maintenance work * Electrical Certificate of Compliance (COC) provided where electrical work undertaken. * Electrical cord setup so movement of chair will not catch / crush cord. | | |
| **Other** | |  | |  | | |

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| **Authorised by:** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |