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| Ref. CAT 33 | Task/Activity: Use of Microwave Ovens | Assessment date: |
| Unit No: | Unit name/location: | Assessed by: |
| **Hazard** | **Safety Risk** | Safe System of Work / Control Measures |
| Contact with hot surfaces, hot foods, hot liquids and steamEruption of super-heated liquids and liquefied foodsOver-heating foodElectrical hazards | BurnsScaldsFireElectric shock | * Microwave ovens only to be used and cleaned by trained employees, all users must complete the Preventing Burns and Scald Injuries Safety Conversation 3
* Where microwave ovens are provided for customer use, user instructions must be displayed.
* Follow manufacturer's user instructions where these are available
* Microwave ovens to be maintained by competent persons and in accordance with manufacturer's guidance where available
* Cooking/heating instructions to be followed where provided, especially in respect of foods that contain a high fat or sugar content.
* Microwave ovens to be sited on a stable level surface that is not above eye-level and away from main walkways whenever practicable.
* Only microwaveable food containers are to be used in microwave ovens.
* Metal containers and metal utensils must not be used in the microwave oven.
* Where food is covered with food-film/cling film, the film should be pierced to allow steam to escape during heating.
* If there is a likelihood of hot water collecting on the top of any container lid or cover, the containers should be tilted slightly away from the body before attempting to remove it from the microwave oven.
* When heating liquids and liquefied foods, the microwave oven should be stopped half way through the heating process and the food/liquid should be stirred to prevent super heated pockets from developing.
* Oven cloths/gloves to be used when handling hot equipment.
* Spillages to be cleaned up as they occur.
* Implement the Safe System of Work/Control Measures in Cooking, Ref. CAT 15 and Electrical Safety, Ref. MAN 05 Risk Assessments including annual PAT tests.
* **For Sector Specific Controls please review and complete the box below.**
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| **Who may be affected by the task/activity?****(Tick all applicable boxes)** |
| Compass employees/Agency staff |  |
| Customers / Client staff |  |
| Visitors / Members of the Public |  | Please review your Sector Specific Guidance to determine if you are required to wear PPE as part of your sector Risk Profile, where PPE is a requirement please record here the PPE required for the task and if it is not a requirement please tick the relevant box;

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PPE is not required for this task based on our Sector Risk Profile

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PPE is required for this task based on our Sector Risk Profile and the PPE to be issued is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ensure all persons required to wear this PPE sign the PPE Record of Issue document and a copy of this is kept on their Personnel File. |
| Maintenance personnel |  |
| Delivery personnel |  |
| Other (specify below) |  |
| **IMPORTANT - This risk assessment should be reviewed every 3 years, or whenever there is a significant change in the task or activity and following any accident or incident involving this task or activity. This risk assessment must be retained for a period of 6 years.** |