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| --- | --- | --- | --- | --- | --- |
| Ref. CAT 16 | Task/Activity: Cooking Ranges (for cooking on solid top or hob units and for oven cooking) | | | | Assessment date: |
| Unit No: | Unit name/location: | | | | Assessed by: |
| **Hazard** | | | **Safety Risk** | Safe System of Work / Control Measures | |
| Electrical and/or gas hazards  Contact with hot surfaces, hot food, hot liquid and steam  Spillages of food and liquid when lifting containers from the cooking range  Manual handling hazards  Rotating fan  **Type of Cooking Ranges in use at this site are:** | | | Electric shock, burns  Fire and explosion  Severe burns and scalds  Slips and falls  Back and muscle strain  Cuts and lacerations  Entanglement | * Cooking ranges only to be used and cleaned by trained employees, all users must complete the Preventing Burns and Scald Injuries Safety Conversation 3 * Cooking ranges to be maintained by competent persons and in accordance with manufacturer's guidance where available * Safe manual handling practices to be used when moving heavy containers of hot food or liquids from the range and use a trolley where practicable. * Where practicable, the use of oven shelves above eye-level should be avoided when hot liquids and fats could spill from cooking containers when they are being lifted into or out of the oven. * Spillages to be cleaned up as they occur and wet floor warning signs used when appropriate. * Oven cloths/gloves to be used when handling hot equipment. * All operating and isolation switches to be conveniently accessible to the user. * Oven fans (where fitted) to be covered with a suitable guard. * The cooking range and oven to be switched off and allowed to cool before manual cleaning. * Implement the Safe System of Work/Control Measures in Cooking, Ref. CAT 15, Electrical Safety, Ref. MAN 05 and/or Gas Safety, Ref. COM 03 Risk Assessments and the manual handling safety precautions. * **For Sector Specific Controls please review and complete the box below.** | |
| **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;   |  | | --- | |  |   PPE is not required for this task based on our Sector Risk Profile   |  | | --- | |  |   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.** | | | | | |