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| Ref. CAT 17 | Task/Activity: Contact Grills (Sandwich Toasters, Panini Grills, Crêpe & Waffle Makers) | Assessment date: |
| Unit No: | Unit name/location: | Assessed by: |
| **Hazard** | **Safety Risk** | Safe System of Work / Control Measures |
| Electrical hazardsContact with hot surfaces, hot food and steam Spillages of food **Contact Grills in use in this site are:** | Electric shockBurns and scaldsSlips and falls | * Equipment only to be used and cleaned by trained employees, all users must complete the Preventing Burns and Scald Injuries Safety Conversation 3
* Follow manufacturer's user instructions where these are available
* Equipment to be maintained by competent persons and in accordance with manufacturer's guidance where available
* Spillages to be cleaned up as they occur and wet floor warning signs used when appropriate.
* Oven cloths and long-handled utensils to be used when handling hot food and equipment.
* All operating and isolation switches to be conveniently accessible to the user.
* Equipment to be switched off, and where necessary allowed to cool down, before manual cleaning.
* Carbonised fat and food debris to be removed regularly from equipment.
* Implement the Safe System of Work/Control Measures in Cooking, Ref. CAT 15 and Electrical Safety, Ref. MAN 05 Risk Assessment.
* **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 the 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.** |