

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Toilets, WC Bowls, Urinals, Wash Hand Basins and Sinks**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in manufacturers instructions for use.	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.	M	None	

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Showers, Shower Head, Cubicles and Base**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use.	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.	M	None	
Potential scalding of hands	Operative	Check position of temperature control on mixer valve before placing hands underneath.	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Clean Sinks, Wash hand Basins**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves. Operatives with a latex allergy will be issued with an alternative glove. Operatives to be inducted in manufacturers instructions for use.	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.	M	None	
Potential scalding of hands	Operative	Check temperature of hot water tap before placing hands underneath	L	None	

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Replenishment of Supplies**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Injury to back due to lifting boxes of supplies.	Operative	Operatives trained in correct manual handling techniques.  Attention to be drawn to 'Manual Handling' Risk Assessment.  Persons with known history of back problems are excluded from this activity.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Furniture, Fixtures and Fittings – Wet Clean**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative glove). Operative to be inducted in Manufacturers instructions for use. Adherence to COSHH assessments	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Adherence to COSHH assessments	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Furniture, Fixtures and Fittings – Polishing**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Damage to eyes caused by aerosol spray.	Operative	<p>Check direction of jet prior to use. Spray away from face and breathing zone.</p> <p>Operative to be inducted in Manufacturers instructions for use.</p> <p>Applicable COSHH assessment sheet to be displayed in cleaning cupboard.</p> <p>Operatives to adhere to COSHH assessments.</p>	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Descaling Glazed or Stainless Steel Sanitary Ware and Water Fittings**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation/burns to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). All equipment to be cleaned thoroughly after use. Operative to be inducted in Manufacturers instructions for use.	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative/other users	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.	H	Toilet areas should be locked off and warning signs placed on doors. Toilets should never be left unattended.	
Damage to eyes caused by splashes.	Operative	Eye goggles to be worn.	H	This task to be undertaken by experienced staff only. No descaler chemical to be left on site.	

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Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Dry Suction – Soft Fabric Furniture**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Electrocution from broken cables.	Operative	Operative to carry out visual inspection of cables prior to use.	M	None	
Trip over cable	Operative	Operative to be careful not to catch cables under doors.  Vacuum cleaner to be subject to 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) Programme.	M	None	
		Operatives instructed to keep cable behind line of work.  Operatives instructed not to allow cable to become taut at ankle height.  Consider an alternative cleaning time.			

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					



# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Glass Internal**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Injury due to falling objects.	Passers by	Warning signs to be erected.	L	None	
Injury due to falls.	Operative	Operative to inspect condition of ladders prior to use. Operative to undergo training for working at heights prior to work.	H	Work at heights should only be undertaken under the supervision of	
Cuts from broken glass	Operative	Inspect panes for damage prior to cleaning. Do not clean if cracked or otherwise damaged. Report damage to Site Services Manager.  <b>Note Internal glazing should be safety glass, or glass to which a safety film has been applied.</b>	L	None	

Sample

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Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Walls – Wet Cleaning**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use.  Adherence to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments	M	None	
Injury due to falls.	Operative	Operative to undergo training for working at heights before using steps.	M	Training for working at heights to be arranged.	To be arranged on an 'as required' basis

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Carpets – Wet Cleaning**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use. Adherence to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Injury from slips and falls	All	Safety signs to be erected	L	None	
Back injury due to movement of furniture	Operative	Operative to be aware of 'Manual Handling Risk Assessment' Operatives to work in pairs when moving furniture.  Operatives to be trained in correct manual handling techniques.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Hard Floors – Seal**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative inducted in Manufacturers instructions for use. Adherence to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Injury from slips and falls	All	Safety signs to be erected. Consider an alternative cleaning time.	L	None	
Back injury due to movement of furniture and machinery	Operative	Operative to be aware of 'Manual Handling Risk Assessment' Operatives to work in pairs when moving furniture. Operative to be trained in correct manual handling techniques.	M	None	
Electrocution due to damaged cables making contact with wet floors	Operative	Operative to check condition of cable before use. Machinery to be subject to 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) Programme	H	None	
Trip over cable	All	Operative instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height.. Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Strip vinyl and reseal**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use. Adherence to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Injury from slips and falls	All	Safety signs to be erected. Consider an alternative cleaning time.	L	None	
Back injury due to movement of furniture and machinery	Operative	Operative to be aware of 'Manual Handling Risk Assessment' Operatives to work in pairs when moving furniture. Operative to be trained in correct Manual Handling Techniques.	M	None	
Electrocution due to damaged cables making contact with wet floors	Operative	Operative to check condition of cable before use. Machine to be subject to a 12 monthly examination by a competent electrician under Portable Appliance Testing (PAT) Programme.	H	None	
Trip over cable	All	Operatives to be instructed to keep cable behind line of work. Operatives not to allow cable to become taut at ankle height, Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Cleaning Brasses**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Mild irritation to skin	Operative	Operative to wear Nitrile gloves.  Operative to be inducted in Manufacturers instructions for use.  Adherence to COSHH assessment.	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Cleaning of Drains and Gully Channels**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers instructions for use.  Adherence to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Injury from slips and falls	All	Safety signs to be erected around manholes.  Time of cleaning to be carried out outside peak hours.	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Floor Cleaning Equipment – After Use**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative glove).	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required by other site users	M	None	
Back injury due to lifting of equipment	Operative	Operatives to be aware of 'Manual Handling Risk Assessment'  Operative to be trained in correct Manual Handling techniques	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					



# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Brush Sweep Floor**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment. Operative to be trained in correct Manual Handling techniques.	L	None	
Risk of falling down stairs whilst walking backwards	Operative	Operative to take great care when walking backwards down stairs whilst sweeping.  Cleaning to be undertaken outside peak usage.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Dust Control Mopping**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment.  Operatives to be trained in correct Manual Handling techniques.	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Vacuum Cleaning**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment. Operatives to be trained in correct Manual Handling techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Machinery to be subject to a 12 monthly examination by a competent electrician under Portable Appliance Testing (PAT) Programme.	M	None	
Trip over cable	All	Operatives instructed to keep cable behind line of work.  Operatives instructed not to allow cable to become taut at ankle height.  Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Damp Mopping**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove).	L	None	
Possible slips on wet floor	All	Operative to be inducted in Manufacturers correct instructions for use.  Display warning signs. Dry floor as much as possible. Consider an alternative cleaning time.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operatives to adhere to COSHH assessments.	M	None	
		Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Machine Damp Mop – Bonnet Mopping**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling Techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.	M	None	
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to adhere to COSHH assessments (operatives with a latex allergy will be issued with an alternative glove).	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.	L	None	
Trip over cable	All	Operative to wear rubber gloves and to adhere to COSHH assessments. Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.	M	None	

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Wet Scrub**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling Techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.	M	None	
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to adhere to COSHH assessments (operatives with a latex allergy will be issued with an alternative glove).	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.	L	None	
Trip over cable	All	Operative to wear rubber gloves and to adhere to COSHH assessments. Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Spray Burnishing**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling Techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.	M	None	
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to adhere to COSHH assessments (operatives with a latex allergy will be issued with an alternative glove).	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.	L	None	
Trip over cable	All	Operative to wear rubber gloves and to adhere to COSHH assessments. Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Vacuum Cleaning – Carpets**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.	M	None	
Trip over cable	All	Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					



# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Vacuuming Barrier Mats**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.	M	None	
Trip over cable	All	Operatives instructed to keep cable behind line of work. Operatives instructed not to allow cable to become taut at ankle height. Consider an alternative cleaning time.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Clean Matwells/Entrance Mats**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Risk of back injury from moving furniture and equipment.	Operative	Operative to be aware of Manual Handling Risk Assessment and to be trained in correct Manual Handling techniques.	L	None	
Risk of injury from electrocution	Operative	Operative to visually check cable for breakages before connecting to power supply. Operative to visually check cable for breakages before connecting to power supply. Machine to be subject to a 12 monthly examination by competent electrician under Portable Appliance Testing (PAT) programme.	M	None	
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves (operatives with a latex allergy will be issued with an alternative type of glove). Operative to be inducted in Manufacturers correct instructions for use. Operative to adhere to COSHH assessments.	L	None	
Possible slips on wet floor.	All	Display warning signs. Dry floor as much as possible . Consider a cleaning time when no access is required.	M	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.	L	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Damp Clean Furniture, Fixtures and Fittings**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to be inducted in Manufacturers correct instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH Assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.  Operative to adhere to COSHH Assessments.	M	None	

Sample

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# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Damp Clean Low Level Surfaces**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to be inducted in Manufacturers correct instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH Assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.  Operative to adhere to COSHH Assessments.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Damp Clean High Level Surfaces**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to be inducted in Manufacturers correct instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH Assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards.  Operative to adhere to COSHH Assessments.	M	None	
Injury from falls from step ladders	Operative	Operative to visually check ladder for signs of damage and check for stability before climbing steps. Operatives to work in pairs for this operation.	M	Operatives to undergo training for working at heights/from steps/step ladder safety	Operatives to be trained on an 'as required' basis.

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					

# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Emptying Waste Bins**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Injury from Sharp Objects	Operative	Operative must never put hands in a bin to compact rubbish.  Established procedure in place for needlestick injuries.	L	Acquaint all operatives with sharps/needlestick injury procedure.	ASAP

Sample

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# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Sanitise Waste Bins**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to be inducted in Manufacturers instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
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# Risk Assessment Form

Company **Your Company Name Here**

Company **Your Client Here**

Activity **Spot Wet Cleaning**

Significant Hazards	Persons Affected	Existing Controls	Risk Rating L/M/H	Additional Controls Required	Action By & Date
Irritation to skin caused by contact with chemicals.	Operative	Operative to wear rubber gloves and to be inducted in Manufacturers instructions for use. (Operatives with a latex allergy will be issued with an alternative glove). Operative to adhere to COSHH assessments.	L	None	
Scalds from water being too hot.	Operative	Mix hot and cold water and test before use.	L	None	
Inhalation of fumes due to mixing of chemicals.	Operative	In accordance with the manufacturers instructions, chemicals should never be mixed. COSHH sheets should be displayed in cleaning cupboards. Operative to adhere to COSHH assessments.	M	None	

Sample

	Print Name	Position	Signature	Date	Review Date
Risk Assessor					