

National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

Risk Assessment Form				
Division: CHO 8 Older Person's Services Drogheda		Source of Risk: Risk Assessment on Equipment		
HG/CHO/NAS/Function: CHO8		Primary Impact Category:. Harm to Person		
Hospital Site/Service: The Village Residence/ St Marys		Risk Type: _ <u>Operational</u>		
Dept/Service Site: The Village including St Mary's Residence		Name of Risk Owner (BLOCKS): Seamus Mc Caul		
Date of Assessment: 20/09/2023		Signature of Risk Owner: As Above		
Unique ID No: RA 001		Risk Co-Ordinator: Maura Ward		
		*Risk Assessor (s): Leena Varghese, Seamus Mc Caul		
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Hazard: Equipment (Use of Unsafe, or equipment which has not received maintenance) Risk: Injury due to unmaintained equipment, Injury to incorrect use of equipment.	 There must be a register of all equipment in the workplace. All using the piece of equipment have been trained in the safe use of the equipment. The manufacturers guidelines are followed as the Safe Operating Procedure All Equipment is visually inspected prior to use Servicing and maintenance of equipment is as per manufactures instructions Where equipment is considered to be a medical device the use and maintenance of the 		Maintenance CNM ADON PIC	Sept2024



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^{*}Risk Assessor to be recorded for OSH risks only.

^{**}Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.