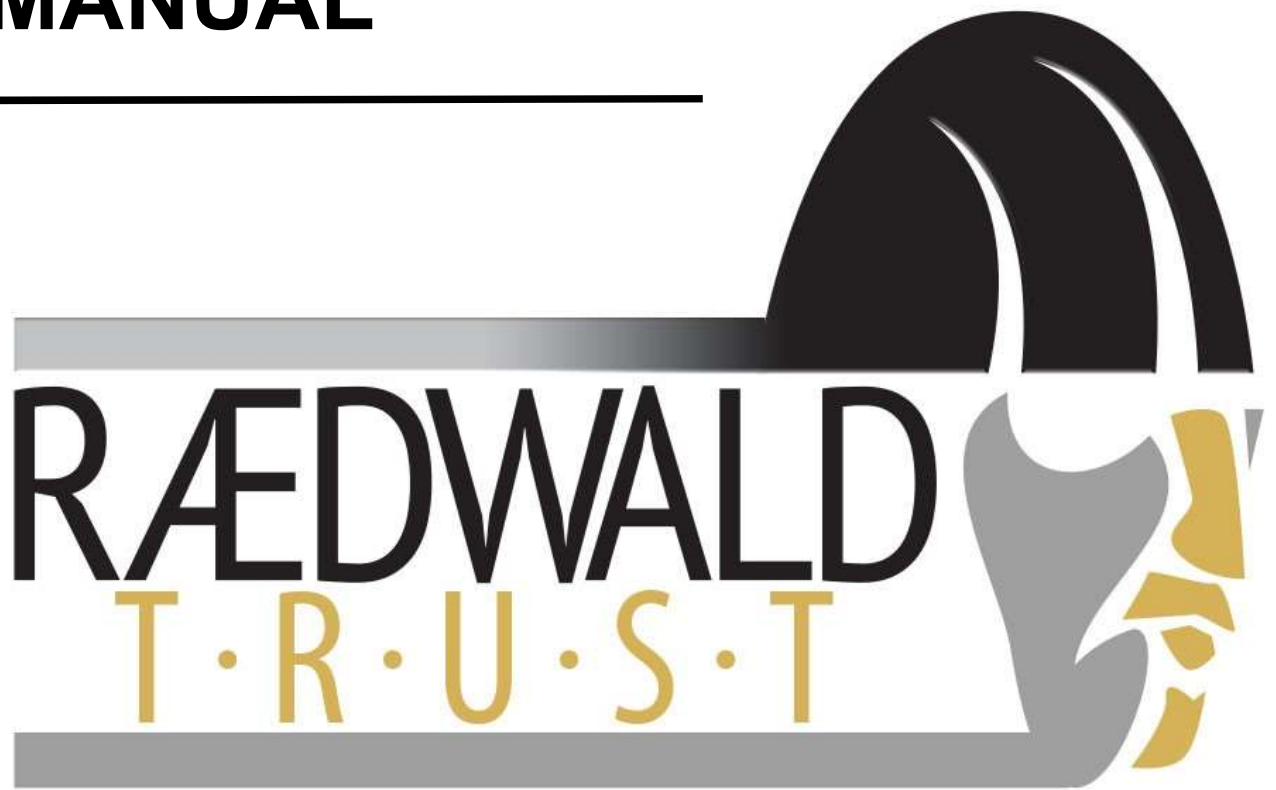


HEALTH & SAFETY MANUAL



JULY 2019

The Health & Safety manual an additional section for Covid 19 with checklists for sites.

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Daily Premises Inspection

Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Exit Routes				
Clear of obstructions				
Bags and coats hung or removed from floor areas				
Doors open freely without hindrance				
Toilets				
Supplies available (toilet rolls / soaps / towels)				
Hygiene acceptable (basins / bowls / floors)				
Waste Stores				
Correctly segregated (Council Approved)				
Bags / lids secure – acceptable waste volume				
Plant Rooms				
Combustibles and flammables removed				
Fault panels reading 'Healthy' status				
Perimeter and Boundary Lines				
Fencing / barriers and gates free from damage				
Slip / trip / fall hazards limited and controlled				

which may be required, regardless of whether the inspection was satisfactory

Complete the following inspection checklist and list any observations that are presented. List any further action



which may be required, regardless of whether the inspection was satisfactory



Weekly Premises Inspection

Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action which may be required, regardless of whether the inspection was satisfactory or not.



Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Fire Alarm				
All sounders operable and audible from all areas				
Panel not displaying faults or poor signals				
Fire Doors				
All doors open and close without restriction				
Closers / Hinges / Latches / Handles undamaged				
Fire doors and frames free from cracks / damage				
Water Purging and Flushing				
Little and unused outlets purged each week				
Limescale and deposits removed from outlets				
Shower heads clear of scale and nozzles clear				
Outdoor faucets used and purged each week				
Gymnasium Equipment				
Wall brackets / mountings padded / visible / firm				
Frames / ramps / platforms stable / solid				
Equipment free of defects or damage from use				

Monthly Premises Inspection

Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action which may be required, regardless of whether the inspection was satisfactory, or not.



Annual Premises Inspection



Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Water Systems				
Hot outlets >45 / cold outlets <20 (within 2 min)				
Running water clear and without deposits or scale				
Emergency Lighting				
Flick test performed / all switches work, LED visible				
Extinguishing Devices				
Devices located near to doors and exit routes				
Devices serviced / tags / pins / labels in place				
Ladders, Stepladders and Podiums				
Standards of equipment meet BS Class 1 / EN 131				
Hinges / platform / stabilisers / rungs / stiles undamaged				
Ladders secured when not in use				
Miscellaneous				
Front gates and entrance barriers secured and restrict access				
Tool sheds and out houses secured, roofs and panels damage free				
Playing fields / hedges and shrubs inspected (divots / sharps etc.)				

Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action which may be required, regardless of whether the inspection was satisfactory, or not.

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Tree Surveys and Roots Inspections				
Trunks / bows / branches / roots inspected for weakness and hazards				
Survey report completed by a qualified arborist				
Electrical Testing and Inspection				
5 year electrical test remains valid / remedial actions completed				
Appliance testing completed according to annual / bi-annual regime				
Chargers / lamps / laptops / projectors etc. in good conditions				
Gas Installations and Appliances				
5 year gas system integrity test remains valid / actions completed				
Boiler, Kitchen appliances tested / flues clear / emissions acceptable				
Gas isolation valves provided for appliances visible, signed, accessible				
Fire Installation Servicing and Testing				
Fire alarms / extinguishers / emergency lights tested				
Miscellaneous				
Water tanks cleaned / bacteriological tests completed				
Asbestos Materials Inspected twice annually / Survey Reviewed				



Responsible Person Inspections Classroom



Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action which may be required, regardless of whether the inspection was satisfactory, or not

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Entrances				
Unobstructed / no coats or bags etc. blocking exit				
Exit signage / fire action notices / extinguisher / alarm provided				
Electrical Equipment				
Computers / laptops / projectors and tablets turned off				
All portable appliances tested within 12 / 24 months				
Electrical sockets not overloaded / avoidance of extension lead use				
Desks, Chairs and Storage Units				
Tables provided are arranged with adequate space for movement				
Chairs have space to slide from under tables / exits not blocked with chair use				
Storage units not covering plug sockets or limiting ventilation				
Windows and Doors (Hinges and Fixtures)				
Doors open freely / closure of doors less than 30 seconds				
Doors close sufficiently and latch to the frame / Gaps closed / seals made				
Windows open and close easily and have locks and stays to control access				

Responsible Person Inspection

Corridors, Offices and Staff Areas

Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Corridors and Halls				
Exit route corridors free from obstructions				
Extinguishers / signage provided through out exit routes and visible				
Main hall flooring / doors / fixtures free of defects and damage				
Offices and Waiting Rooms				
Office desks not cluttered or heavy with combustibles				
Chairs in offices in a functional condition and free from damage				
Workstations adjustability of screens / keyboards / layout adequate				
Waiting areas accessible to exit routes / plants and sockets separated				
Staff and Communal Areas				
Staff rooms provided with hot and cold water				
Kettles separated from electrical sockets / appliance condition good				
Fire blanket and extinguisher provided				
Notice boards contain health and safety information / posters				

which may be required, regardless of whether the inspection was satisfactory, or not.



**Responsible Person Inspections
External Areas and Perimeters**



Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action which may be required, regardless of whether the inspection was satisfactory, or not.

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Car Parking Areas				
Car park barriers operable / unauthorised access preventable				
Car parking areas accessible to pedestrians / walkways provided				
Speed limit signed / implemented / parking contained within bays				
Perimeters and Boundaries				
Perimeter fencing free from holes / damage / defects				
Gates and locks in good condition and secure				
Unauthorised access preventable and observable				
Observations of boundaries possible from internal rooms / patrols				
Play Areas (Fields and Playgrounds)				
Play equipment in good condition / rust free / damage free				
Posts and supports stable / concrete foundations covered and protected				
Felids inspected / potholes and divots identified and rectified				



Responsible Person Inspections Plant and Hazardous Areas



Date:

Performed By:

Submitted to Trust (Y/N):

Complete the following inspection checklist and list any observations that are presented. List any further action which may be required, regardless of whether the inspection was satisfactory, or not.

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
Plant Rooms				
Doors locked and keys stored in a secure location				
Combustible materials storage limited and away from plant				
Control panels and diagnostic boards accessible				
Electrical Cupboards				
Unauthorised access preventable / doors lockable				
Combustible storage restricted / Combustibles away from ignition				
Distribution board doors closed and locked / wiring schematics provided				
Rubber mats laid on floor under distribution boards				
Boiler Areas				
Gas valves accessible and undamaged / no coverings / signage visible				
Boiler plant in good condition / service in date / Flue not covered				
Fire extinguishers provided / signage visible / next to door				




Risk Assessment Checklist

Complete the table below to review which risk assessments are required, who is responsible for their completion and the validity dates of each assessment. If additional assessments are identified should be inputted at the end of this table, and a responsible person appointed for their completion.

Risk Assessment	Responsible Person	Date Completed	Date of Next Review
Premises Assessments			
Fire Risk Assessment			
Water Risk Assessment			
Asbestos Survey			
Confined Spaces Survey			
5 Year Electrical Test			
5 Year Gas Inspection			
Tree Survey			
Operational Assessments			
Safeguarding Assessment			
Working at Height			
Manual Handling			
Use of Electrical Items			
Work Stations			
Lone Working			
Physical Education			
School Visits			
Personal Emergency Plans			
Gardening Equipment			
Lawnmowers / Strimmers			
Use of Ladders / Steps			
Use of Mobile Towers			
Erection of Staging			
Festive Decorations			
Catering for Pupils			
Food Preparation			
Use of Ovens / Fryers			
Storage of Consumables			
Provision / Use of Vans			
Cleaning Toilets			
Use of Chemicals			
Personnel Assessments			
Pre / Post-Natal Employee			
Display Screen Equipment			
Driving for Work			
Violence and Aggression			
Stress and Anxiety			
Young Persons			

Risk Assessment – Lone Working

	Activity:		Assessor:		Issue Date:	
	Location:		Reference No:		Revision Date:	

Hazards	Persons Affected	Likelihood of Harm or Ill-Health	Existing Control Measures	Severity	Likelihood	Risk Rating	Additional Control Measures	Severity	Likelihood	Risk Rating
Lone Working - Away from the main site	- Lone worker	- Loss of contact leading to delayed or no assistance in an emergency	<ul style="list-style-type: none"> - All visits away from the office to be planned in advance and documented. - Communication to be maintained between lone worker and the office. Check in procedures to be agreed e.g. call in every hour, call in when going home. - A charged mobile phone must be kept with lone worker at all times. - Visits to be planned to hours of daylight. - When accessing buildings always lock the door behind you to prevent authorised entrants. - Any high risk work undertaken whilst lone working must be separately risk assessed e.g. 	2	2	4				

			<p>electrical, work at height, hot work. Most of which will not be suitable to do as a lone worker.</p> <ul style="list-style-type: none"> - Any lone workers with health conditions that could be at risk may not be able to lone work. - Lone workers to have training to help them, especially where there might be the risk of violence. - New employees will shadow until they are familiar with their activities and can then lone work. - Monitoring of lone working will be undertaken to ensure communication is being maintained and that lone workers are safe. - Emergency procedures to be developed and communicated to all relevant employees. 						
Violence	<ul style="list-style-type: none"> - Employees - Public 	<ul style="list-style-type: none"> - Physical assault - Verbal abuse 	- All employees who deal with members of the public will have an appropriate level of conflict management training.	2	2	4			

			<ul style="list-style-type: none">- CCTV systems and signage are in place to deter theft / acts of violence.- Conflicts with members of the public must be escalated and incident reports completed after the event.- Opening / closing procedures should be done as a minimum two person activity.- Events held to have a separate risk assessment looking at the environment, the people and the activity, especially if alcohol is present. Including the need to have specific security staff.- All incidents must be reported, investigated and security arrangements reviewed.						
--	--	--	--	--	--	--	--	--	--



Hi-Vis

Yes/No



Body

Yes/No



Foot

Yes/No



Eye

Yes/No



Head

Yes/No



Hearing

Yes/No



Respiratory

Yes/No



Hand

Yes/No

Additional control(s) required	Responsible Person(s)	Deadline	Date Completed	Signature

Severity (S) – The most likely outcome based on previous experience, knowledge and industry guidance		Likelihood (L) – How frequently will it happen, taking into account previous experience, knowledge and industry guidance			
FATALITY	Single or multiple fatalities	5	FREQUENTLY	Daily or weekly	5
MAJOR	Permanent disability, long term absence, Serious damage to plant or property	4	REGULARLY	Between weekly and once a quarter	4
MODERATE	RIDDOR Reportable, over 7 day injury, GP fit note	3	INFREQUENTLY	Between quarterly and annually	3
MINOR	Cuts, bruises	2	RARELY	Once every 1-5 years	2

INSIGNIFICANT	No damage to person or property	1	FEASIBLE, BUT UNLIKELY	Less than once every 5 years	1
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5	M	M	H	H	H
4	L	M	M	H	H
3	L	M	M	M	H
2	L	L	M	M	M
1	L	L	L	L	M
	1	2	3	4	5

H	High Risk = Action Immediately
M	Medium Risk = Action within three months of completing the assessment
L	Low Risk = Action within six months of completing the assessment

Manager name:

Manager signature:

Bulky, unstable or unwieldy object.										
Sharp, hot or otherwise hazardous load.										



Hi-Vis

Yes/No



Body

Yes/No



Foot

Yes/No



Eye

Yes/No



Head

Yes/No



Hearing

Yes/No



Respiratory

Yes/No



Hand

Yes/No

Additional control(s) required	Responsible Person(s)	Deadline	Date Completed	Signature

Severity (S) – The most likely outcome based on previous experience, knowledge and industry guidance		Likelihood (L) – How frequently will it happen, taking into account previous experience, knowledge and industry guidance			
FATALITY	Single or multiple fatalities	5	FREQUENTLY	Daily or weekly	5
MAJOR	Permanent disability, long term absence, Serious damage to plant or property	4	REGULARLY	Between weekly and once a quarter	4
MODERATE	RIDDOR Reportable, over 7 day injury, GP fit note	3	INFREQUENTLY	Between quarterly and annually	3
MINOR		2	RARELY	Once every 1-5 years	2

INSIGNIFICANT	Cuts, bruises	1	FEASIBLE, BUT UNLIKELY	Less than once every 5 years	1
	No damage to person or property				


5	M	M	H	H	H
4	L	M	M	H	H
3	L	M	M	M	H
2	L	L	M	M	M
1	L	L	L	L	M
	1	2	3	4	5

H	High Risk = Action Immediately
M	Medium Risk = Action within three months of completing the assessment
L	Low Risk = Action within six months of completing the assessment

Manager name:

Manager signature:

Risk Assessment – Pre Post-Natal Employees

	Activity:		Assessor:		Issue Date:	
	Location:		Reference No:		Revision Date:	

Hazards	Persons Affected	Likelihood of Harm or Ill-Health	Existing Control Measures	Severity	Likelihood	Risk Rating	Additional Control Measures	Severity	Likelihood	Risk Rating
Working at height.	New or expectant mother	-Fractures or breaks. -Sprains or strains. -Damage to the unborn child. -Miscarriage.	Working at height should be avoided by assigning tasks to other members of staff.							
Manual handling – moving equipment.	New or expectant mother	-Increased susceptibility to injury. -Miscarriage.	If there is a significant risk from the activity, manual handling should be avoided by assigning tasks to other members of staff.							
Contact with hazardous substances.	New or expectant mother	-Damage to the unborn child.	All chemicals in use should be assessed. Any mention of concentrations being harmful to women of child bearing age or expectant mothers should be immediately referred to the Health and Safety Team and their use prohibited.							

Ergonomic - prolonged standing, sitting etc.	New or expectant mother	-Varicose veins. -Miscarriage.	Rest facilities are available for the new / expectant mother. Ideally this will be a quiet, private area. Allowance for longer rest breaks if required.						
Display Screen Equipment.	New or expectant mother	-Discomfort. -Fatigue.	Workstation of the expectant mother will be reviewed during the pregnancy. Extra time is allowed for work breaks away from the screen.						
Violence from members of the public.	New or expectant mother	-Stress. -Injury. -Miscarriage.	Work activities to be reviewed. If there is deemed to be a risk of violence from members of the public during any activity, then this should be assigned to other members of staff.						



Hi-Vis

Yes/No



Body

Yes/No



Foot

Yes/No



Eye

Yes/No



Head

Yes/No



Hearing

Yes/No



Respiratory

Yes/No



Hand

Yes/No

Additional control(s) required	Responsible Person(s)	Deadline	Date Completed	Signature

Severity (S) – The most likely outcome based on previous experience, knowledge and industry guidance		Likelihood (L) – How frequently will it happen, taking into account previous experience, knowledge and industry guidance			
FATALITY	Single or multiple fatalities	5	FREQUENTLY	Daily or weekly	5
MAJOR	Permanent disability, long term absence, Serious damage to plant or property	4	REGULARLY	Between weekly and once a quarter	4
MODERATE	RIDDOR Reportable, over 7 day injury, GP fit note	3	INFREQUENTLY	Between quarterly and annually	3
MINOR		2	RARELY	Once every 1-5 years	2

INSIGNIFICANT	Cuts, bruises	1	FEASIBLE, BUT UNLIKELY	Less than once every 5 years	1
	No damage to person or property				


5	M	M	H	H	H
4	L	M	M	H	H
3	L	M	M	M	H
2	L	L	M	M	M
1	L	L	L	L	M
	1	2	3	4	5

H	High Risk = Action Immediately
M	Medium Risk = Action within three months of completing the assessment
L	Low Risk = Action within six months of completing the assessment

Manager name:

Manager signature:

Risk Assessment – Young Persons

	Activity:		Assessor:		Issue Date:	
	Location:		Reference No:		Revision Date:	

Hazards	Persons Affected	Likelihood of Harm or Ill-Health	Existing Control Measures	Severity	Likelihood	Risk Rating	Additional Control Measures	Severity	Likelihood	Risk Rating
Use of computer / DSE equipment		Eye strain, back problems, wrist strain.	DSE assessments undertaken for all new staff. DSE users encouraged to take regular breaks. Young Person’s supervisor to make regular visual checks Induction undertaken.							
Use of office equipment / machinery		Entrapment of fingers/hair, burns, cuts, bruising.	All electrical items PAT tested. All staff fully trained on how to operate equipment/machinery.							
Manual handling		Back pain/strains, musculoskeletal problems.	Induction and training. Young persons must not carry weights in excess of 10kg – weights in excess of 10kg to be moved by use of sack truck or by their supervisor							
Slips, trips and falls		Cuts, bruises, sprains and breaks.	Good housekeeping. Covering/removing trailing cables.							

			Regular visual checks of the working environment.							
COSHH		Minor health issues	Very few chemicals are used in the offices – all chemicals have been COSHH assessed and those which present increased risk are not used by young persons.							

	Hi-Vis		Body		Foot		Eye		Head		Hearing		Respiratory		Hand
Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No	

Additional control(s) required	Responsible Person(s)	Deadline	Date Completed	Signature

Severity (S) – The most likely outcome based on previous experience, knowledge and industry guidance			Likelihood (L) – How frequently will it happen, taking into account previous experience, knowledge and industry guidance		
FATALITY	Single or multiple fatalities	5	FREQUENTLY	Daily or weekly	5
MAJOR	Permanent disability, long term absence, Serious damage to plant or property	4	REGULARLY	Between weekly and once a quarter	4
MODERATE	RIDDOR Reportable, over 7 day injury, GP fit note	3	INFREQUENTLY	Between quarterly and annually	3
MINOR		2	RARELY	Once every 1-5 years	2

INSIGNIFICANT	Cuts, bruises	1	FEASIBLE, BUT UNLIKELY	Less than once every 5 years	1
	No damage to person or property				

5	M	M	H	H	H
4	L	M	M	H	H
3	L	M	M	M	H
2	L	L	M	M	M
1	L	L	L	L	M
	1	2	3	4	5

H	High Risk = Action Immediately
M	Medium Risk = Action within three months of completing the assessment
L	Low Risk = Action within six months of completing the assessment

Manager name:

Manager signature:

	Hi-Vis		Body		Foot		Eye		Head		Hearing		Respiratory		Hand
<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	Yes/No

Additional control(s) required	Responsible Person(s)	Deadline	Date Completed	Signature

Severity (S) – The most likely outcome based on previous experience, knowledge and industry guidance		Likelihood (L) – How frequently will it happen, taking into account previous experience, knowledge and industry guidance			
FATALITY	Single or multiple fatalities	5	FREQUENTLY	Daily or weekly	5
MAJOR	Permanent disability, long term absence, Serious damage to plant or property	4	REGULARLY	Between weekly and once a quarter	4
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MINOR	Cuts, bruises	2	RARELY	Once every 1-5 years	2

INSIGNIFICANT	No damage to person or property	1	FEASIBLE, BUT UNLIKELY	Less than once every 5 years	1
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5	M	M	H	H	H
4	L	M	M	H	H
3	L	M	M	M	H
2	L	L	M	M	M
1	L	L	L	L	M
	1	2	3	4	5

H	High Risk = Action Immediately
M	Medium Risk = Action within three months of completing the assessment
L	Low Risk = Action within six months of completing the assessment

Manager name:

Manager signature:



School Health and Safety Inspection Checklist

Issues arising from questions that produce a “no” answer can probably be addressed effectively within existing maintenance/repair arrangements. For more significant issues it may be useful to consider a risk assessment approach to determine what action is necessary.

To be completed by Responsible Person at least termly as a minimum.

Name of school:	
Persons involved:	
Date of inspection:	
Responsible Person:	
Assisted By:	
Actions Produced:	
Actions Reviewed:	
Submitted to Trust:	

Section 1 – External Areas and Play Equipment				
		Yes	No	Comments
1.1	Are paths and playgrounds free from foreseeable trip/slip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Are manholes secure?	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Are grass areas reasonably even and free of glass, needles etcetc.?	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Do trees/branches appear safe?	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Is the perimeter fencing sound?	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Is play equipment well maintained and free from sharp edges or rough surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Is play equipment suitably anchored and stable?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2 – Traffic Routes				
		Yes	No	Comments
2.1	Are traffic routes marked or signed?	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Where possible, is there segregation of vehicles and pedestrians?	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Is there designated parking?	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Are there designated loading/unloading bays?	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Are traffic warning signs and markings clear?	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Is external lighting over traffic routes acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	Are speed signs appropriate – e.g. 10mph?	<input type="checkbox"/>	<input type="checkbox"/>	
2.8	Are yellow hatched markings placed around building fire exit routes which could become blocked by parked vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	

2.9	Are walkways leading to main entrances from car parks and drop off points clear and gritted?	<input type="checkbox"/>	<input type="checkbox"/>	
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Section 3 – Evacuation

		Yes	No	Comments
3.1	Are escape routes clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Are exit doors free from internal/external obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Are evacuation notices displayed adjacent to alarm call-points and key locations?	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Are fire drills held termly?	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Have extinguishers/alarm been serviced within last year?	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Is the alarm audible?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4 – General Building Issues

		Yes	No	Comments
4.1	Are floors and floor coverings in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Are handrails on stairs sound?	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Are door mechanisms in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Is safety glass used where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Are facilities for people with disabilities appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Do gutters, down-pipes and other fixtures appear sound?	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Do roof tiles appear secure?	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Are security systems adequate?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5 – Temperature & Ventilation				
		Yes	No	Comments
5.1	Can a reasonable room temperature be maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Are fans/blinds provided to alleviate high temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Is the natural and artificial ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6 – Lighting				
		Yes	No	Comments
6.1	Are all lights working?	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Are diffusers clean?	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Is internal lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Is external lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 7 – Electricity				
		Yes	No	Comments
7.1	Is access to electrical system restricted to authorised persons?	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Is there a warning sign displayed?	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Is there an electric shock first aid poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Are materials in the electrical cupboard stored in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Are portable electrical appliances tested periodically by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Are plugs and leads in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Are socket outlets at least 1m away from running water?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 8 – First Aid and Medical Provision				
		Yes	No	Comments
8.1	Are names of first aiders displayed or known?	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Are certificates valid?	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Are first aid boxes adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Are arrangements in place for safe disposal of body fluids and sharps?	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Do staff wear gloves when dealing with body fluids?	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Are staff aware of your policy for administering medicines?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 9 – Welfare Provision				
		Yes	No	Comments
9.1	Are there suitable toilet facilities?	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	Are suitable washing facilities available?	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	Are the facilities adequately inspected, cleaned, ventilated and lit?	<input type="checkbox"/>	<input type="checkbox"/>	
9.4	Have drinking water outlets been labelled?	<input type="checkbox"/>	<input type="checkbox"/>	
9.5	Are there appropriate facilities for people who are unwell?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 10 – Working at Height				
		Yes	No	Comments
10.1	Are steps or 'kick-stools' available and used appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	Are ladders/scaffold towers in good condition and stored securely?	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	Are ladders/scaffold towers used by authorised persons only?	<input type="checkbox"/>	<input type="checkbox"/>	
10.4	Is there a safe system for working at height e.g. roofs?	<input type="checkbox"/>	<input type="checkbox"/>	
10.5	Where staff cleans windows, have safe procedures been agreed?	<input type="checkbox"/>	<input type="checkbox"/>	
10.6	If a window-cleaning contract is used has a safe system of work been agreed?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 11 – Management				
		Yes	No	Comments
11.1	Is health and safety information available?	<input type="checkbox"/>	<input type="checkbox"/>	
11.2	Do staff know of their existence?	<input type="checkbox"/>	<input type="checkbox"/>	
11.3	Is the health and safety law poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 12 – Miscellaneous				
		Yes	No	Comments
12.1	Is furniture in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
12.2	Are wall mounted fixtures, shelving, furniture etc. in good condition and secure?	<input type="checkbox"/>	<input type="checkbox"/>	
12.3	Is storage of small quantities of flammable/hazardous substances suitable?	<input type="checkbox"/>	<input type="checkbox"/>	
12.4	Do office staff have enough working space?	<input type="checkbox"/>	<input type="checkbox"/>	

12.5	Are all parts of the school maintained in a clean and tidy condition?	<input type="checkbox"/>	<input type="checkbox"/>	
12.6	Are there adequate facilities for the safe storage and disposal of waste?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 13 – Gymnasium

		Yes	No	Comments
13.1	Is gym equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
13.2	Are gym mats stored in a suitable area away from ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	
13.3	Are ropes and climbing frames in good order and secure?	<input type="checkbox"/>	<input type="checkbox"/>	
13.4	Is the floor surface suitable and in good order?	<input type="checkbox"/>	<input type="checkbox"/>	
13.5	Is lighting working and provides sufficient illumination?	<input type="checkbox"/>	<input type="checkbox"/>	
13.6	Are wall brackets and other obtrusions padded and clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	
13.7	Are equipment stores secure and locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
13.8	Has all equipment been annually serviced and serviced before use?			

Section 14 – Kilns

		Yes	No	Comments
14.1	Is the kiln in safe working order with no signs of malfunction or excessive heat loss?	<input type="checkbox"/>	<input type="checkbox"/>	
14.2	Is the surrounding area of the kiln free of combustible items?	<input type="checkbox"/>	<input type="checkbox"/>	
14.3	Is an electrical or gas isolator control within easy access near the entry point of the kiln room?	<input type="checkbox"/>	<input type="checkbox"/>	

14.4	Is a suitable CO2 or Powder extinguisher available within 10 metres of the kiln?	<input type="checkbox"/>	<input type="checkbox"/>	
14.5	Does fire detection work correctly within the kiln room?	<input type="checkbox"/>	<input type="checkbox"/>	
14.6	Are warning signs stating 'Danger – Hot Kiln' displayed nearby?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 15 – Lifts

		Yes	No	Comments
15.1	Do all lifts appear to work correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
15.2	Does the emergency alarm work accordingly – a monthly test is recommended.	<input type="checkbox"/>	<input type="checkbox"/>	
15.3	Is a 'Do not use in the event of fire sign displayed next to each call point?	<input type="checkbox"/>	<input type="checkbox"/>	
15.4	Does the lift level out to the floor sufficiently?	<input type="checkbox"/>	<input type="checkbox"/>	
15.5	Is the lift illuminated sufficiently?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 16 – Chemicals

		Yes	No	Comments
16.1	Are chemicals stored correctly with flammables locked separately in a fireproof cabinet or similar?	<input type="checkbox"/>	<input type="checkbox"/>	
16.2	Are Safety Data Sheets (SDS) available for each chemical?	<input type="checkbox"/>	<input type="checkbox"/>	
16.3	Are COSHH cleaners' cupboards kept locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
16.4	Do all bottles and containers have correct labels?	<input type="checkbox"/>	<input type="checkbox"/>	
16.5	For Science Rooms – are suitable CO2 or Powder extinguishers available?	<input type="checkbox"/>	<input type="checkbox"/>	

16.6	For Science Rooms – is a spill kit available nearby?	<input type="checkbox"/>	<input type="checkbox"/>	
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Section 17 – Kitchens

		Yes	No	Comments
17.1	Are kitchens clean and tidy with surfaces wiped and in good order?	<input type="checkbox"/>	<input type="checkbox"/>	
17.2	Are separate food chopping boards and utensils used in line with food safety guidance?	<input type="checkbox"/>	<input type="checkbox"/>	
17.3	Is food subject to regular temperature checks?	<input type="checkbox"/>	<input type="checkbox"/>	
17.4	Are fridges and freezers subject to regular temperature checks?	<input type="checkbox"/>	<input type="checkbox"/>	
17.5	Are records of these temperature checks kept? Are any results erroneous?	<input type="checkbox"/>	<input type="checkbox"/>	
17.6	Are kitchen exit routes unobstructed and lead to a place of safety?	<input type="checkbox"/>	<input type="checkbox"/>	
17.7	If applicable do walk in fridges and freezers have an emergency exit push pad or button located on the inside?	<input type="checkbox"/>	<input type="checkbox"/>	
17.8	Have all appliances been inspected by a competent engineer within 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
17.9	Is there a suitable method of isolating any gas supplies? (Valves/ interlocking systems).	<input type="checkbox"/>	<input type="checkbox"/>	
17.10	Is the kitchen environment comfortable with ventilation available?	<input type="checkbox"/>	<input type="checkbox"/>	
17.11	Are fly nets / screens available?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 18 – Art & Design

		Yes	No	Comments
18.1	Storage Is storage acceptable with combustible items placed in a suitable storage area or cabinet?	<input type="checkbox"/>	<input type="checkbox"/>	
18.2	Pug Mill and Blunger Are these in good working order and are necessary guards correctly attached?	<input type="checkbox"/>	<input type="checkbox"/>	
18.3	Pottery Wheel / jiggers / batting machines Are these in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	
18.4	Substances including Paints, inks, varnishes etcetc. / Have these been stored correctly and kept within a cabinet or other suitable store?	<input type="checkbox"/>	<input type="checkbox"/>	
18.5	Use of Plaster of Paris. Are these stored correctly in relevant bins or trays?	<input type="checkbox"/>	<input type="checkbox"/>	
18.6	Inhalation of dusts including pottery glazes / Harm to health Is local ventilation sufficient? Are Safety Data Sheets available?	<input type="checkbox"/>	<input type="checkbox"/>	

18.7	Sharp blades / Cuts Have knives and scissors been placed in a safe store area or kept away from work benches when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
18.8	Photographic dark room Does emergency lighting work well here? Can the fire alarm be heard?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 19 – ICT

		Yes	No	Comments
19.1	Is a CO2 extinguisher available nearby?	<input type="checkbox"/>	<input type="checkbox"/>	
19.2	Are electrical isolators accessible and clearly signed?	<input type="checkbox"/>	<input type="checkbox"/>	
19.3	Does local air conditioning work sufficiently?	<input type="checkbox"/>	<input type="checkbox"/>	
19.4	Are workstations kept secure and logged out when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
19.5	Have all IT appliances been PAT tested within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
19.6	Have valuable items including laptops etcetc. been kept in a secure lockable store or cupboard?	<input type="checkbox"/>	<input type="checkbox"/>	
19.7	If used, are Kensington locks in good order?	<input type="checkbox"/>	<input type="checkbox"/>	
19.8	Have exhaust grills and fans been checked for dust build-up and signs of overheating?	<input type="checkbox"/>	<input type="checkbox"/>	



Laboratory Safety Inspection Checklist

This safety checklist is intended for use by laboratory staff. It facilitates the maintenance of the safety standard of our science laboratories. This checklist is by no means exhaustive.

Note: D = daily, W = weekly, M = monthly, T = once a term

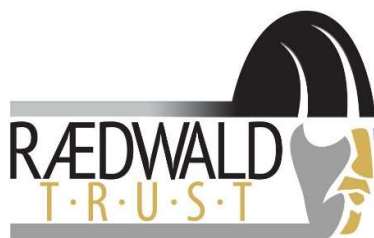
Frequency				Descriptor	Check Mark	
D	W	M	T		Yes	No
First-aid Equipment						
D				1. Is the first-aid box fully equipped and easily accessible?		
	W			2. Is the eye wash bottle clean and the distilled water replaced?		
Fire-fighting Equipment						
	W			1. Is the CO ₂ /dry powder fire extinguisher serviceable and fully charged for immediate use?		
	W			2. Is the fire blanket available for immediate use?		
	W			3. Are the sand buckets dry and free from rubbish?		
Personal Protective Equipment						
	W			1. Are there sufficient safety spectacles/goggles available for immediate use?		
	W			2. Are the safety spectacles/goggles clean, free from scratches and in good condition?		
	W			3. Is the safety screen available for immediate use?		
	W			4. Is the face shield available for immediate use?		
		M		5. Is the safety goggles for laser protection (if any) available for immediate use?		

Frequency				Descriptor	Check Mark	
D	W	M	T		Yes	No
		M		6. Have the safety spectacles/goggles, face shield and safety screen been cleaned with detergent/disinfectant?		
	W			7. Are laboratory gowns and protective gloves (e.g. disposable plastic gloves, chemical/heat resistant gloves and leather gloves for animal handling) available for immediate use?		
	W			8. Is the respirator available for immediate use?		
Exits/Passages						
D				1. Are all exits/passages free from obstructions?		
D				2. Are all entrances to the laboratories locked by the end of the school day to avoid unauthorised entry?		
Electrical Supply						
	W			1. Are plugs, sockets and switches securely screwed, without cracks and free from signs of overheating?		
	W			2. Are electrical fittings free from loose/exposed wires?		
			T	3. Does the residual current device operate when the test button is pressed?		
D				4. Is the main switch switched off by the end of the school day (if applicable)?		
Gas Supply						
	W			1. Are Bunsen burners maintained in good condition (e.g. the barrels are free from obstructions, the collars are not stuck, etc.) and the tubing free from any signs of deterioration?		
D				2. Have all gas taps been closed by the end of the school day?		
D				3. Is the main gas supply valve switched off by the end of the school day?		
Water Supply/Drainage System						
		M		1. Are the water taps functioning properly?		
		M		2. Are recovery traps/sinks free from leakage?		
Fume Cupboard						







Frequency				Descriptor	Check Mark	
D	W	M	T		Yes	No
D				1. Is the fume cupboard functioning properly?		
D				2. Is the working area inside the fume cupboard clean and clear for immediate use?		
Floor						
D				1. Is the floor kept in a safe condition (e.g. no loose floor tiles, no slippery areas, etc.)?		
General Storage						
D				1. Are all hazardous chemicals kept in a locked store/cupboard?		
D				2. Do all hazardous chemicals carry suitable hazard warning labels?		
	W			3. Have blurred labels on reagent bottles been replaced?		
	W			4. Are incompatible chemicals (e.g. hydrochloric acid and methanalmethanol, strong oxidizing agents and strong reducing agents, etc.) separately stored from each other?		
	W			5. Are corrosive chemicals stored at a low level and protected from kicking?		
		M		6. Are reactive chemicals (e.g. phosphorus, alkali metals, etc.) covered with sufficient immersion fluids?		
		M		7. Are short-life chemicals (e.g. diethyl ether, alkali metals, etc.) free from any signs of deterioration?		
		M		8. Is the spill control kit for dealing with chemical spills in good condition and readily accessible?		
		M		9. Are the safety information (e.g. MSDSs) for all the hazardous chemicals stored readily available?		
		M		10. Are all radioactive substances (if any) stored in a locked metal container?		
		M		11. Are heavy items stored at a low level?		
			T	12. Is the quantity of each chemical stored in the laboratory kept to a practical minimum and just sufficient for routine uses?		
			T	13. Is the laser (if any) kept under lock?		




Frequency				Descriptor	Check Mark	
D	W	M	T		Yes	No
Storage of Chemical Wastes						
	W			1. Are chemical wastes properly separated and stored?		
	W			2. Are the storage pails and catcher trays free from signs of leakage?		
Others (please specify)						




Signature:			
Inspecting Personnel:		Date:	



Self-Assessment Checklist for Kitchens

Food Hygiene Management Quick Checklist		Yes / No	
1	We have a food safety management system?		
2	The food safety management system documents our safe methods to control the food safety hazards (bacterial, chemical or physical contamination) in our business:		
	Prevention of Cross - Contamination		
	Cleaning and Disinfection		
	Cooking Safely		
	Chilling		
	Management	Yes / No	
3	We carry out regular checks (monitor) to make sure that our controls are working		
4	We record these checks?		
5	We regularly review the safe methods of working		
	Hygiene Training	Yes / No	
6	Our staff have received food hygiene training and/or adequate instruction and supervision and we have certificates or records to prove this		
7	Our staff understand our Food Safety Management System and follow the good food handling practices set out in its safe methods and procedures		

	Cleaning	Yes / No	
8	All rooms where food and drink is stored or prepared are clean		
9	All food-contact surfaces are cleaned and disinfected/sanitised using a food-grade sanitiser		
10	All hand-contact surfaces such as taps, bin lids, and fridge doors are sanitised daily		
11	Fridges are cleaned out regularly		
12	Fridge door seals are free of mould		
13	Any reusable cloths are laundered or are cleaned and disinfected after use		
14	Wash basins are used only for hand washing		
15	Wash basins are equipped with hot & cold, or warm, running water, soap and hygienic means of drying hands such as paper towels		
16	We have a cleaning schedule that includes items that require only occasional cleaning such as behind equipment and extractor flues		
	Cross Contamination	Yes / No	
17	Our staff have been instructed and know how and when to wash their hands properly		
18	Our staff wear clean work clothing and/or over clothing		
20	Our staff know that if they have diarrhea and/or vomiting they must not return to work <u>until 48 hours after symptoms cease</u>		
21	We have an ample supply of clean cloths in the kitchen		
22	We store raw and ready to eat (RTE) foods separately, keeping RTE foods covered		
23	We use separate equipment and surfaces for preparing raw and RTE foods		
24	Our premises is proofed against access by pests such as rodents and flies		
25	We regularly check for signs of pests, and there is no evidence of pests in our premises		
26	Our electric fly killer (if present) has the tubes changed each Spring		
27	The design and construction of our premises meets legal requirements and the floors, walls and ceilings are in good repair		
	Chilling	Yes / No	
28	Our fridges keep food at less than 8°C (ideally between 0°C and 5°C)		
29	All foods with a 'use by' date are kept refrigerated		
30	All foods with 'keep refrigerated' on the label are refrigerated e.g. sauces		
31	There are no foods stored beyond their 'use by' date		

32	All prepared food is labeled with a use by/throw by system e.g. day dots		
33	All fridge temperatures are checked at least once a day		
34	Cooked foods for storage are chilled quickly, within 90 minutes of cooking		
35	We have safe methods for defrosting		
	Cooking	Yes / No	
36	We have checks for ensuring all foods are thoroughly cooked		
37	Cooked rice is not left at room temperature		
38	Food being held hot is kept above 63°C		
	Management and Records: Opening Checks	Yes / No	
39	Fridges, chilled display equipment and freezers are keeping food at a safe temperature		
40	All equipment e.g. oven is working properly		
41	Staff are fit for work and wearing clean work clothes		
42	Food preparation areas are clean and ready for work		
43	Wash basins are clean and fully equipped		
	Management and Records: Closing Checks	Yes / No	
44	No food is left out		
45	Food past its 'use by' date has been thrown away		
46	Dirty cloths have been removed for cleaning and replaced with clean ones		
47	Waste has been removed and new bags put into bins		
Other Comments			



Vehicle Safety Checklist

Part 1 – For all Vehicles, to be completed Termly:

1	Vehicle suitability	Yes	No	N/A	Further action required?	Other comments...
1.1	Are vehicles provided with suitable reversing aids to improve driver's field of view e.g. rear-view mirrors (internal and external), windscreen wipers etc.					
1.2	Are vehicles fitted with suitable audible warning devices e.g. sirens, reversing alarms, manual horns, and other features e.g. lights, flashing beacons, reversing lights, reflectors etcetc.?					
1.3	Are vehicles fitted with seat belt/ restraining devices and are they working properly?					

1.4	Are vehicle cabs protected against rollover and from falling objects?					
1.5	Are vehicle dangerous parts (e.g. power take-offs, chain drives, exposed exhaust pipes) adequately guarded?					
1.6	Is there a vehicle preventative maintenance programme in place whereby vehicles inspected at predetermined intervals of usage or mileage?					
1.7	Is there a vehicle defect reporting system in place?					
2	Driver competence & training	Yes	No	N/A	Further action required?	Other comments...
2.1	Have drivers received adequate training, instruction and supervision to carry out their duties safely?					
2.2	Are drivers fully aware of the company's safe systems of work and their responsibilities in maintaining a safe workplace?					
2.3	Are drivers regularly checked for competence at pre-determined intervals?					
3	Monitoring driver activities	Yes	No	N/A	Further action required? Y/N	Other comments...
3.1	Are driver's standards regularly monitored (e.g. adhering to site rules/ safe working practices including reversing, loading and unloading activities) and are they recorded?					
3.2	Where infringements are found are these formally dealt with and recorded?					

4	Vehicle activities	Yes	No	N/A	Further action required? Y/N	Other comments...
4.1	Have reversing activities been reduced as far as reasonably practicable?					
4.2	Where reversing manoeuvres cannot be substantially reduced are vehicles fitted with reversing aids to improve the operator's field of view, audible alarms, use of a trained signaller or banksman?					
4.3	Can a one-way system be introduced to minimise reversing manoeuvres?					
5	Documentation	Yes	No	N/A	Further action required? Y/N	Other comments...
5.1	<p>Have you completed and documented a risk assessment of the internal transport hazards arising out of the work activities within the premises?</p> <p>Note: It is a legal requirement to record the significant findings of your risk assessment where 5 or more staff are employed.</p>					
5.2	Have you produced a time tabled action plan to implement the measures identified in the risk assessment?					
5.3	Have you consulted with your staff on the risk assessment and any action plan proposals?					

5.4	Have you developed employee safe systems of work to adhere to and have they been given a copy and received appropriate instruction?					
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Part 2 – Pre-Use Checklist for Mini Bus and Pool Cars:

Vehicle Detail / Registration:
Date of Check
Name of Person Checking:

Bodywork	Panels ext/int	
	Seats	
	Windows	
Cleanliness/defects	Windows	
Fluid	Oil	
	Coolant	
	Brake/clutch	
	Windscreen Washer	
	Fuel	

Controls/Interior	Warning Lights	
	Gauges	
	Seats	
	Seat Belts	
	Horn	
	Reverse Alarm (lights off)	
	Mirrors	
Steering	Excess Play	
	Pulling to one side	

Wheels	Tyres	
(visual check)	Pressure	
	Damage	
Lights	Front/rear	
	Brake	
	Indicator	
	Hazard	
	Fog	
	Interior	
	Reverse	

Brakes	Handbrake	
	Footbrake	
	Pulling to one side	
First Aid Kit		
Fire Extinguisher		
Jack and tools		
Permit		

Finish Mileage		School		Driver	
Start Mileage		Fluids Added		Driver's signature	
Total		Fuel Purchased		Date	
Defects noted during journey					



Water & Legionella Schedule of Works:

Frequency	Area of Risk	Comments	Satisfactory – Yes / No
Weekly (Domestic)	Little Used outlets	Flush through and purge. Record and file.	
Monthly (Temperature checks)	Sentinel Taps Calorifier	Cold water < 200C after 2 minutes. Hot water > 450C within 1 minute. Flow > 600C Return > 500C	
Quarterly (Cleaning)	Showerheads	Dismantle and clean.	
Six Monthly	Representative number of taps on a rotation basis.	Check temperature cold water below 200C and between 500C and 600C for hot water.	

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Personal Emergency Evacuation Plan For Staff and Pupils

Preface

A Personal Emergency Evacuation Plan is an essential document for the safe evacuation of building occupants who may require assistance or specific consideration in the event of an emergency situation. The following form can be used for both Staff and Pupils.

*This document should be reviewed on a regular basis and/ or when significant changes arise to ensure its validity and accuracy.

Part 1.

General information

Name of Evacuee: _____

Job Title/ Year Group: _____

Work or Classroom Location: _____

Type of Assistance Required: _____

Persons Assigned to assist: _____

Description of Duties:

Significant Hazards:

Part 2.

Evacuation Details

1. Is access to more than one location in the building required? (If yes, please inform) **Yes:**
No:

2. Has information been given on emergency action procedures? **Yes:** **No:**
3. **Has information regarding significant hazards on the premises been provided?** **Yes:** **No:**
4. **Does information relating to health and safety need to be provided in a different format?**
Yes: **No:**
5. **Is there a means of communication between the evacuee and the assister?** **Yes:** **No:**
6. Can the evacuee hear the fire alarm from all location on the premises? **Yes:** **No:**
7. **Can the evacuee clearly identify safety signs and signals?** **Yes:** **No:**
8. Is the evacuee able to raise an alarm upon discovering a fire? **Yes:** **No:**
9. Is assistance required to ascend or descend staircases? **Yes:** **No:**
10. Does the evacuee depend on the use of a wheel chair for mobility? **Yes:** **No:**
11. **If a wheel chair is used, can the evacuee transfer to/ from the wheel chair independently?**
Yes: **No:**
12. **Is any equipment required to evacuate the premises safely?** **Yes:** **No:**
13. **Are there any further concerns which have not yet been identified?** **Yes:** **No:**

Precautions to be implemented:

Part 3.

Personal Information

Medical Information:

Part 4.

Building Schematics

Building Schematics: (Diagrams of primary and secondary escape routes)

Part 5.

Review

Date of Plan: _____

Date of Review: _____

Name of Assessor: _____

Signature of Assessor: _____

Signature of Evacuee: _____

This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building, pupil or employee).

For further help and advice, please contact:

Appendix 1 – Covid 19 Arrangements

Due to the COVID 19 pandemic Raedwald Trust has put in place additional checks as follows:

- Daily recording of regular cleaning of touch points on site whilst open to staff or students - touch points to include as a minimum all door handles/touch plates, light switches, telephones, kettle/water heater, taps.
- Trust Vehicle usage additional Covid 19 cleaning.

As well as the above all staff and students are reminded to wash hands more regularly for 20 seconds or more and to follow guidance from PHE which is displayed throughout the site to minimise the spread of the virus. Staff and students will adhere to the social distancing of 2m where at all possible.

Car Protocol for Trust vehicles

Before the first drop off - put bin bags on seats, wipe down surfaces including steering wheel, dashboard, gear stick.

At the end of usage - repeat cleaning of touched areas and record in manual and initial to confirm completed.

Please read the following government guidance on what to do if a child develops Covid 19 symptoms at school but is not able to be collected by a family member and needs to be transported home by school staff.

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Protocol for doorstep drops/checks

- Use anti-bac wipes/spray to clean vehicle - if Trust vehicle - clean items dropping off and place on bin bags on seats.
- Ring doorbell, knock on door.
- Leave packs, put vouchers through letterbox where accessible.
- Stand 2m away if door is opened and ask parents/carers if there is anything they need/have concerns about?
- Ask if the Pupil/Young Person can give staff a wave through a window, so that we can say we have had 'eyes on'
- Once back in car, make a note of information to transfer to Schoolpod

PPE

The scientific advice indicates that educational staff do not require personal protective equipment. This is needed by medical and care professionals providing specific close contact care, or procedures that create airborne risk, such as suctioning and physiotherapy, for anyone who has coronavirus (COVID-19), and is displaying symptoms.

If you are not providing this care to someone with the virus, and displaying symptoms, PPE is not needed. Asymptomatic people (people with the virus but not displaying symptoms) have a reduced viral load and so risk of transmission is considerably reduced.

The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces. The advice for schools, colleges and childcare settings is to follow steps on [social distancing, handwashing and other hygiene measures](#), and [cleaning](#) of surfaces.

Some children, and young people with special educational needs, may be unable to follow social distancing guidelines, or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing.

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

COVID-19 testing facility for key workers

A national Covid -19 Testing centre for key workers is now ready in Ipswich and is based at the Park and Ride facility at Copdock interchange. This is to increase testing capacity and enable essential workers to return to frontline services (Pillar 2 of the Governments testing strategy).

The testing facility is now open to all aged 5 and over and can be accessed via this link:

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/>

It will provide COVID-19 tests to key workers or symptomatic members of their household to enable key workers to return to work as soon as is practicable.

NB - If an individual is tested and is negative, they return to work unless they remain symptomatic.

The self-swab is to test whether you **have** Covid 19 and **is not** to test whether you have had Covid 19 (the antibody check). It will ONLY be carried out on those who have been symptomatic between 3 and 5 days from the onset of symptoms and who are invited for testing by Manager.

The process for Raedwald Trust staff to be able to access the Test centre as an employee is as follows:

1. Staff member notifies their manager that they or a member of their household have Covid 19 symptoms in the last 1-3 days
2. This is passed immediately to TBM
3. TBM will contact the individual asap to confirm that they are eligible for testing - confirm the date of the onset of symptoms (if the individual is beyond Day 4 from the onset of symptoms the test is not effective and should not be referred), that they are willing to undertake a test in Ipswich and are able to drive or be driven by someone in their household (some symptomatic individuals may be too unwell to drive).
4. If eligible TBM will provide the Booking Centre number - lines are open 9am-5pm.
5. The staff member will call the Booking centre number between 9am to 5pm

- ❓ Be asked to provide the following information
 - o Name of person to be tested
 - o registration of the vehicle to be used for visit to the centre
 - o Email address (work) to send them information about the self-swabbing and how to register for the results
 - o Mobile no. work /personal to give results of those being tested
 - o Organisation name of key worker
 - o Name of household member to be tested if not key worker...
- ❓ Be given a time slot
- ❓ Be sent by email supporting info to get ready for the visit i.e. what to take and what happens at the testing facility.

Please Note

After your call with the Booking Centre you will be sent an email confirmation that includes further information for your visit to the Test Site and also includes a link that you **MUST** follow to complete the process. The link asks for some of the same information as provided over the phone but this time it is used by the backend system to provide you with your test results. There have been reports that some browsers are not dealing with this link correctly and this is being investigated, but if you get an error message, or are taken to a non-C19 Testing page on the .gov.uk system please copy and paste the link into an alternative browser (Chrome seems to work).

If you are unable to arrange a vehicle to take you to the testing centre from within your household - you will not be able to attend for testing and will need to continue with your self-isolation arrangements and arrange for a postal testing kit. This is to avoid you potentially passing Covid19 to someone else not in your household.



Proforma for reporting suspected/confirmed Covid-19 case

Please complete and return as follows:

Schools & FE colleges: EducationOfficersResolution@suffolk.gov.uk

Special schools and AP: inclusiveservicesqa@suffolk.gov.uk

Early Years settings: Childcare.planning@suffolk.gov.uk

Part one: Initial report of a suspected case				
Date first aware of case:				
School/setting:		Name of contact:		Contact tel:
Staff member: Y/N	Role:	Pupil: Y/N	Year Group:	Has test been arranged? Y/N
				Is result known? If yes, please complete part two of this form. If no, please complete part two and send to SCC once the result is known.
Actions taken:				
Has a deep clean been undertaken?			Y/N	
Have other staff/pupils been advised to self-isolate?			Please detail (number, details of bubbles etc):	

Is further PPE required if emergency set used if individual became unwell at school/setting? Y/N



Proforma for reporting confirmed Covid-19 case

Please complete and return as follows:

Schools & colleges: EducationOfficersResolution@suffolk.gov.uk

Special schools and AP: inclusiveservicesqa@suffolk.gov.uk

Early Years settings: Childcare.planning@suffolk.gov.uk

Part two: Update following suspected case being tested		
School/setting:	Name of contact:	Contact tel:
Was the test negative or positive? N/P		
If negative , you do not need to complete any further sections but please return this form to the relevant contact above		
If positive , please complete the following sections and return this form to the relevant contact above		
Date test confirmed positive:	Name of individual: (needed for test & trace purposes)	
Have PHE been contacted? Y/N	If yes, please detail advice received:	
Has there been any communication with the wider school/setting community? Y/N	If yes, please detail:	

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Daily Check – Toilets

All toilets to be monitored throughout the day and cleaned with disinfectant (Dettol) where applicable.
Staff to sign their initials when completed and add any comments if necessary.

Date:

Areas to be cleaned/monitored	Before School (Vertas)	Time	Time	Time	Time	Comments
Door handles						
Sinks – Taps and Basins						
Toilet Seats/Urinal						
Toilet flush handle						
Hand Dryer/Paper towel dispenser						
Mirrors						
Floors						
Hand soap and toilet rolls refilled						
Bins emptied						

Date:

Areas to be cleaned/monitored	Before School (Vertas)	Time	Time	Time	Time	Comments
Door handles						
Sinks – Taps and Basins						
Toilet Seats/Urinal						
Toilet flush handle						
Hand Dryer/Paper towel dispenser						
Mirrors						
Floors						
Hand soap and toilet rolls refilled						
Bins emptied						

