



# Health & Safety Manual

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## Policy Details

Person Responsible for this Policy	Angela Ransby
Policy Author	Angela Ransby
Date to Trust Board	September 2025
Date Ratified	1 <sup>st</sup> October 2025
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Policy displayed on website	YES
CEO Signature	Angela Ransby
Trust Board Signature	Alan Whittaker

Updates Made	Date
First Aid checklist added Grab bag checklist added Fridge/freezer temperatures added Food temperature record added Emergency plan drill added Fire drill record added Fire alarm testing added Daily checks for toilets removed	September 2025

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## **Introduction**

It is the responsibility of all employees to co-operate in the implementation of the Health and Safety Policy and this Manual within their areas. All employees have a legal duty to ensure their own safety and the safety of others (for example, colleagues, visitors, contractors) under the Health and Safety at Work etc Act 1974.

Employees must therefore:

- take reasonable care of their own safety
- take reasonable care of the safety of others affected by their actions
- observe the safety rules
- comply with the Health and Safety Policy

Employees must report any accidents, near misses or unsafe practices.

The manual should be read in conjunction with the Health and Safety policy which addresses the arrangements for managing health and safety.

The checklists and completed risk assessments are reviewed by leaders and during termly Health & Safety Notes of Visit.



**Daily Responsible Person Inspections**  
**Classroom \_\_\_\_\_**

Week commencing: \_\_\_/\_\_\_/\_\_\_ Scanned to Staff hub, initial & date:- \_\_\_ \_\_\_/\_\_\_/\_\_\_

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

Completed by (full name): \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Action points noted on H&S list and actioned by \_\_\_\_\_

Inspected Area	For satisfactory please add your initials, for unsatisfactory place a cross and advise <b>HoS</b> . X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise <b>HoS</b> as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
<b>Entrances</b>						
Unobstructed / no coats or bags etc. blocking exit removed from floor hang up						
Exit signage / fire action notices / extinguisher / alarm provided						
<b>Electrical Equipment</b>						
Computers / laptops / projectors and tablets turned off						
Keyboards adjustable						
All leads and appliances visually checked for damage, do not use if damaged, PAT tested within 12 months						
Electrical sockets not overloaded / avoidance of extension lead use						
<b>Desks and chairs</b>						
Tables provided are arranged with adequate space for movement						
Chairs have space to slide from under tables / exits not blocked with chair use. No damage						
Plug sockets are as clear as possible, nothing touching/overhanging them						
<b>Windows and Doors (Hinges and Fixtures)</b>						
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						



## Daily Responsible Person Inspections Corridors, Offices, Staff Areas and Toilets

Week commencing: \_\_\_/\_\_\_/\_\_\_ Scanned to Staff hub, initial & date:- \_\_\_ \_\_\_/\_\_\_/\_\_\_

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

Completed by (full name): \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Action points noted on H&S list and actioned by \_\_\_\_\_

Inspected Area	For satisfactory please add your initials, for unsatisfactory place a cross and advise <b>HoS</b> . X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise <b>HoS</b> as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
<b>Corridors and Halls</b>						
Exit routes/exits free from obstructions. Coats and bags etc. hung up/clear of floor						
Extinguishers/exit signage/ fire action notices visible throughout exit routes						
Hall flooring/all doors/ fixture free of defect and damage. Doors close within 30s. Do not wedge doors open.						
<b>Office and waiting Rooms</b>						
Workstations adjustable screens/ keyboard layout adequate. Computers /laptops turned off/screen locked when not in use						
Waiting areas accessible to exit routes / plants and sockets separated.						
All leads and appliances visually checked for damage, do not use if damaged, PAT tested within 12						
Electrical sockets not overloaded / avoidance of extension lead use keep sockets clear nothing touching or overlapping						
Chairs have space to slide from under tables. No damage						
Office desks not cluttered or heavy with combustibles. Arranged with adequate space for movement. No damage						
<b>Staff and Communal Areas</b>						
Kettles on own electrical sockets /no extension lead.-Appliance condition good Sockets not overloaded						
Fire blanket: minimum requirement where a hob or oven is present and Fire extinguisher provided						

Windows open and close easily and have locks and stays to control access						
Toilets						
Supplies available (toilet rolls / soaps / towels)						
Hygiene acceptable (basins / bowls / floors)						



## Daily Responsible Person Inspections External Areas and Perimeters



Week commencing: \_\_\_/\_\_\_/\_\_\_ Scanned to Staff hub, initial & date:- \_\_\_ \_\_\_/\_\_\_/\_\_\_

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

Completed by (full name): \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Action points noted on H&S list and actioned by \_\_\_\_\_

Inspected Area	For satisfactory please add your initials, for unsatisfactory place a cross and advise <b>HoS</b> . X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise <b>HoS</b> as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
<b>Car Parking Areas</b>						
Car park barriers operable / unauthorised access preventable						
Car parking areas accessible to pedestrians / walkways provided						
Speed limit signed / implemented / parking contained within bays						
<b>Perimeters and Boundaries</b>						
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						
Pathways/play areas are undamaged, slip, trip/fall hazards limited and controlled. Free from obstructions and excessive slopes.						
Site is free from litter, glass or any other dangerous objects.						
Site and surrounding areas free from animal fouling						
<b>Play Areas (Fields and Playgrounds)</b>						
Play equipment in good condition / rust free / damage free						

Posts and supports stable / concrete foundations covered and protected						
Fields inspected / potholes and divots identified and rectified						
Waste Storage						
Correctly segregated (Council Approved)						
Bags / lids secure – acceptable waste volume						



## Daily Responsible Person Inspections Plant and Hazardous Areas

Week commencing: \_\_\_/\_\_\_/\_\_\_ Scanned to Staff hub, initial & date:- \_\_\_ \_\_\_/\_\_\_/\_\_\_

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

Completed by (full name): \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Action points noted on H&S list and actioned by \_\_\_\_\_

Inspected Area	For satisfactory please add your initials, for unsatisfactory place a cross and advise <b>HOS</b> . X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise <b>HoS</b> as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
<b>Plant room</b>						
Doors locked and keys stored in a secure location. Signage on door						
Combustible materials storage limited and away from plant						
Control panels and diagnostic boards accessible. Fault Panels read 'Healthy' status						
<b>Electrical Cupboard</b>						
Doors locked – keys held in a secure location. Signage on door. First aid electrical shock poster near by						
Combustible storage restricted /away from ignition						
Distribution board doors closed and locked / wiring schematics provided						
Rubber mats laid on floor under distribution boards						
<b>Boiler Area</b>						
Doors locked – keys held in a secure location. Signage on door. Fault panels read healthy						
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						
<b>COSHH Cupboard</b>						
Doors locked – keys held in a secure location. Signage on door.						



## Weekly Premises Inspection

Complete the following inspection checklist and list any observations that are present. Upload to site's checklist folder. List any further actions which may be required on the site's Health and Safety Outstanding Folder.

Completed by (full name) \_\_\_\_\_ Date \_\_/\_\_/\_\_

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
<b>Fire Alarm</b>				
All sounders operable and audible from all areas				
Panel not displaying faults or poor signals				
<b>Fire Doors</b>				
All doors open and close without restriction or hesitation				
Closers / Hinges / Latches / Handles undamaged				
Fire doors and frames free from cracks / damage				
Finger trap guards provided on doors, intact and good working order				
<b>Water Purging and Flushing</b>				
Little and unused outlets purged each week				
Limescale and deposits removed from outlets				
Shower heads and taps clear of scale and nozzles clear				
Outdoor faucets used and purged each week				
Water Coolers weekly visual check, bottles exchanged every 3 weeks, ensure bottle dated when commenced/storage bag cover required?				
<b>Gymnasium Equipment</b>				
Wall brackets / mountings padded / visible / firm				
Frames / ramps / platforms stable / solid				
Equipment free of defects or damage from use				
<b>Notice Boards – Kitchen/staff room/gymnasium/reception/general</b>				
Notice boards contain up to date: health and safety / information / posters/ Wellbeing /insurance/safeguarding				

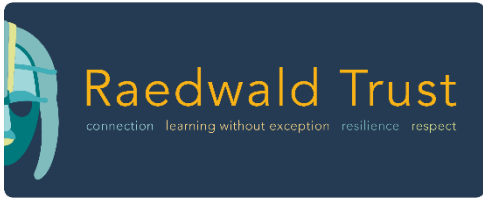


## Monthly Premises Inspection

Complete the following inspection checklist and list any observations that are present. Upload to site's checklist folder. List any further actions which may be required on the site's Health and Safety Outstanding Folder.

Completed by (full name) \_\_\_\_\_ Date \_\_/\_\_/\_\_

Inspected Area	Observations	Satisfactory? ('X' in Box)		Action Required?
		Yes	No	
<b>Water Systems</b>				
Hot outlets >45 / cold outlets <20 (within 2 min)				
Running water clear and without deposits or scale				
<b>Emergency Lighting</b>				
Flick test performed / all switches work, LED visible				
<b>Extinguishing Devices</b>				
Devices located near to doors and exit routes				
Devices serviced / tags / pins / labels in place				
<b>Ladders, Stepladders and Podiums</b>				
Standards of equipment meet BS Class 1 / EN 131				
Hinges / platform / stabilisers / rungs / stiles undamaged				
Ladders secured when not in use				
Kick stall/hoppers visually inspected for damage				
<b>Miscellaneous</b>				
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.)				
All portable appliances tested within 12 months. Visual inspection, no obvious issues that need repair				
First aid box fully equipped and accessible. First aid posters are up to date. Posters in each room				



### School Health and Safety Inspection Checklist - Termly

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.

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

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 etc.?	<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"/>	

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"/>	
4.9	Asbestos management plan is easily accessible?	<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 and where first aid can be administered 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"/>	
10.7	Are staff appropriately trained in relation to work at height?	<input type="checkbox"/>	<input type="checkbox"/>	
10.8	Is equipment available for work at height and is it appropriate, inspected and kept secure e.g. ladders (please list other)			

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"/>	
11.4	Are staff recording accidents / near misses on Compass?	<input type="checkbox"/>	<input type="checkbox"/>	
11.5	Are accidents and near misses reviewed by leaders?	<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"/>	
14.7	Is appropriate training and supervision provided?	<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"/>	
15.6	Is a current LOLER certificate in place?	<input type="checkbox"/>	<input type="checkbox"/>	
15.7	Are lifts firefighting or evacuation lifts?	<input type="checkbox"/>	<input type="checkbox"/>	
15.8	Does the lift return to ground floor and remain out of service in the vent of a fire?	<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"/>	

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"/>	
17.12	Do kitchen staff have appropriate training / certificates?	<input type="checkbox"/>	<input type="checkbox"/>	
17.13	Are full ingredients included in labelling, including allergens on prepared and packaged food? (Natasha's Law)	<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 etc. /  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 etc. 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"/>	

Complete the following inspection checklist and list any observations that are present. List any further actions which may be required on the site's Health and Safety Outstanding Folder.

Completed by (full name) \_\_\_\_\_ Date \_\_/\_\_/\_\_

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




## 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, these should be inputted at the end of this table, and a responsible person appointed for their completion. Completed Risk Assessment Checklist and premises Risk Assessments can be found in site office.

Risk Assessment	Responsible Person	Date Completed	Date of Next Review
<b>Premises Assessments</b>			
Fire Risk Assessment			
Water Risk Assessment			
Asbestos Survey			
Confined Spaces Survey			
5 Year Electrical Test			
5 Year Gas Inspection			
Tree Survey			
<b>Operational Assessments</b>			
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			
<b>Personnel Assessments</b>			
Pre / Post-Natal Employee			
Display Screen Equipment			
Driving for Work			
Violence and Aggression			
Stress and Anxiety			
Young Persons			

## Risk Assessment – Lone Working

	<b>Activity:</b>		<b>Assessor:</b>		<b>Issue Date:</b>	
	<b>Location:</b>		<b>Reference No:</b>		<b>Revision Date:</b>	

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"> <li>- All visits away from the office to be planned in advance and documented.</li> <li>- 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.</li> <li>- A charged mobile phone must be kept with lone worker at all times.</li> <li>- Visits to be planned to hours of daylight.</li> <li>- When accessing buildings always lock the door behind you to prevent unauthorised entrants.</li> <li>- Any high risk work undertaken whilst lone working must be separately risk assessed e.g. electrical, work at height, hot work. Most of which will not be suitable to do as a lone worker.</li> <li>- Any lone workers with health conditions that could be at risk may not be able to lone work.</li> </ul>	2	2	4				

			<ul style="list-style-type: none"> <li>- Regular contact with line manager to ensure any signs of stress are identified.</li> <li>- Lone workers to have training to help them, especially where there might be the risk of violence.</li> <li>- New employees will shadow until they are familiar with their activities and can then lone work.</li> <li>- Monitoring of lone working will be undertaken to ensure communication is being maintained and that lone workers are safe.</li> <li>- Emergency procedures to be developed and communicated to all relevant employees.</li> </ul>						
Violence	<ul style="list-style-type: none"> <li>- Employees</li> <li>- Public</li> </ul>	<ul style="list-style-type: none"> <li>- Physical assault</li> <li>- Verbal abuse</li> </ul>	<ul style="list-style-type: none"> <li>- All employees who deal with members of the public will have an appropriate level of conflict management training.</li> <li>- CCTV systems and signage are in place to deter theft / acts of violence.</li> <li>- Conflicts with members of the public must be reported and incident reports completed after the event.</li> <li>- Opening / closing procedures should be done as a minimum two person activity.</li> <li>- Events held to have a separate risk assessment looking at the environment, the people and the activity, especially if alcohol</li> </ul>	2	2	4			

			is present. Including the need to have specific security staff.							
			- All incidents must be reported, investigated and security arrangements reviewed.							

	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		
<b>FATALITY</b>	Single or multiple fatalities	5	<b>FREQUENTLY</b>	Daily or weekly	5
<b>MAJOR</b>	Permanent disability, long term absence, Serious damage to plant or property	4	<b>REGULARLY</b>	Between weekly and once a quarter	4
<b>MODERATE</b>	RIDDOR Reportable, over 7 day injury, GP fit note	3	<b>INFREQUENTLY</b>	Between quarterly and annually	3
<b>MINOR</b>	Cuts, bruises	2	<b>RARELY</b>	Once every 1-5 years	2
<b>INSIGNIFICANT</b>	No damage to person or property	1	<b>FEASIBLE, BUT UNLIKELY</b>	Less than once every 5 years	1


<b>Severity</b>	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
		<b>Likelihood</b>				

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

**Manager name:**

**Manager signature:**

## Risk Assessment – Manual Handling

	<b>Activity:</b>		<b>Assessor:</b>		<b>Issue Date:</b>	
	<b>Location:</b>		<b>Reference No:</b>		<b>Revision Date:</b>	

Hazards	Persons Affected	Likelihood of Harm or Ill-Health	Existing Control Measures	Severity	Likelihood	Risk Rating	Additional Control Measures	Severity	Likelihood	Risk Rating
Incorrect posture – twisting, stooping, reaching and technique of holding/transporting load.			Manual Handling can only be undertaken once Manual Handling training is completed.							
Excessive carrying, lifting or lowering distances.			Use appropriate and inspected equipment to support heavy loads.							
Sudden movement of load.			Review of storage areas undertaken on a daily basis							
Frequent or prolonged effort/ inadequate rest periods										
Bulky, unstable or unwieldy object.										

Sharp, hot or otherwise hazardous load.																			
-----------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	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			
<b>FATALITY</b>	Single or multiple fatalities	5	<b>FREQUENTLY</b>	Daily or weekly	5
<b>MAJOR</b>	Permanent disability, long term absence, Serious damage to plant or property	4	<b>REGULARLY</b>	Between weekly and once a quarter	4
<b>MODERATE</b>	RIDDOR Reportable, over 7 day injury, GP fit note	3	<b>INFREQUENTLY</b>	Between quarterly and annually	3
<b>MINOR</b>	Cuts, bruises	2	<b>RARELY</b>	Once every 1-5 years	2
<b>INSIGNIFICANT</b>	No damage to person or property	1	<b>FEASIBLE, BUT UNLIKELY</b>	Less than once every 5 years	1


<b>Severity</b>	<b>5</b>	<b>M</b>	<b>M</b>	<b>H</b>	<b>H</b>	<b>H</b>
	<b>4</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>H</b>	<b>H</b>
	<b>3</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>H</b>
	<b>2</b>	<b>L</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>M</b>
	<b>1</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>M</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		<b>Likelihood</b>				

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

**Manager name:**

**Manager signature:**

## Risk Assessment – Pre Post-Natal Employees

	<b>Activity:</b>		<b>Assessor:</b>		<b>Issue Date:</b>	
	<b>Location:</b>		<b>Reference No:</b>		<b>Revision Date:</b>	

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.							
Returning to work	New mother	- Breastfeeding	Appropriate facilities are made available to accommodate breastfeeding mothers.							

	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			
<b>FATALITY</b>	Single or multiple fatalities	5	<b>FREQUENTLY</b>	Daily or weekly	5
<b>MAJOR</b>	Permanent disability, long term absence, Serious damage to plant	4	<b>REGULARLY</b>	Between weekly and once a quarter	4

<b>MODERATE</b>	or property	3	<b>INFREQUENTLY</b>	Between quarterly and annually	3
<b>MINOR</b>	RIDDOR Reportable, over 7 day injury, GP fit note	2	<b>RARELY</b>	Once every 1-5 years	2
<b>INSIGNIFICANT</b>	Cuts, bruises	1	<b>FEASIBLE, BUT UNLIKELY</b>	Less than once every 5 years	1
	No damage to person or property				


<b>Severity</b>	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
		<b>Likelihood</b>				

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

**Manager name:**

**Manager signature:**

## Risk Assessment – Young Persons

	<b>Activity:</b>		<b>Assessor:</b>		<b>Issue Date:</b>	
	<b>Location:</b>		<b>Reference No:</b>		<b>Revision Date:</b>	

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** 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			
<b>FATALITY</b>	Single or multiple fatalities	5	<b>FREQUENTLY</b>	Daily or weekly	5
<b>MAJOR</b>	Permanent disability, long term absence, Serious damage to plant or property	4	<b>REGULARLY</b>	Between weekly and once a quarter	4
<b>MODERATE</b>	RIDDOR Reportable, over 7 day injury, GP fit note	3	<b>INFREQUENTLY</b>	Between quarterly and annually	3
<b>MINOR</b>	Cuts, bruises	2	<b>RARELY</b>	Once every 1-5 years	2
<b>INSIGNIFICANT</b>	No damage to person or property	1	<b>FEASIBLE, BUT UNLIKELY</b>	Less than once every 5 years	1

<b>Severity</b>	5	M	M	H	H	H
	4	L	M	M	H	H
	3	L	M	M	M	H
	2	L	L	M	M	M

<b>H</b>	<b>High Risk = Action Immediately</b>
<b>M</b>	<b>Medium Risk = Action within three months of completing the assessment</b>


	1	L	L	L	L	M
		1	2	3	4	5
Likelihood						

L	Low Risk = Action within six months of completing the assessment
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**Manager name:**

**Manager signature:**

## Risk Assessment Template

	<b>Activity:</b>		<b>Assessor:</b>		<b>Issue Date:</b>	
	<b>Location:</b>		<b>Reference No:</b>		<b>Revision Date:</b>	

Hazards	Persons Affected	Likelihood of Harm or Ill-Health	Existing Control Measures	Severity	Likelihood	Risk Rating	Additional Control Measures	Severity	Likelihood	Risk Rating

 **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			
<b>FATALITY</b>	Single or multiple fatalities	5	<b>FREQUENTLY</b>	Daily or weekly	5
<b>MAJOR</b>	Permanent disability, long term absence, Serious damage to plant or property	4	<b>REGULARLY</b>	Between weekly and once a quarter	4
<b>MODERATE</b>		3	<b>INFREQUENTLY</b>	Between quarterly and annually	3
<b>MINOR</b>	RIDDOR Reportable, over 7 day injury, GP fit note	2	<b>RARELY</b>	Once every 1-5 years	2
<b>INSIGNIFICANT</b>	Cuts, bruises	1	<b>FEASIBLE, BUT UNLIKELY</b>	Less than once every 5 years	1
	No damage to person or property				

<b>Severity</b>	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

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

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1	2	3	4	5
Likelihood				

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<b>Manager name:</b>	
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<b>Manager signature:</b>	
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### Working in a Pupil's Home Risk Assessment Template

Pupil:		
Who's affected:	Date:	Review date:
Additional Documents attached to this risk assessment:		

**Likelihood**

- 1 – Feasible
- 2 – in the past month
- 3 – in the past week
- 4 – Frequently

**Consequences**

- 1 – discomfort
- 2 – minor harm physical or mental
- 3 – harm requiring medical/safeguarding attention
- 4 – harm requiring hospital/police attention

	<b>RR is too high, further actions required and implemented to reduce RR</b>
	<b>Look to improve RR, review existing controls</b>
	<b>No further action but ensure control measures are maintained</b>

<b>CONSEQUENCE</b>	4	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8
	1	1	2	3	4
	x	1	2	3	4
<b>LIKELIHOOD</b>					

What are the Risks	Who might be Harmed and how	Existing Risk Controls	Risk Level			Further Risk Controls Required	Residual Risk			Action Required
			L	C	RR		L	C	NRR	
Pupil Specific										

Other Family members										
Staff										
Site										

(L – Likelihood C – Consequence RR – Risk Rating NRR – New Risk Rating)

Date..... Assessor’s Name..... Signature.....

Date..... Manager’s Name..... Signature.....



## 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
<b>First-aid Equipment</b>						
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?		
<b>Fire-fighting Equipment</b>						
	W			1. Is the CO <sub>2</sub> /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?		
<b>Personal Protective Equipment</b>						
	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?		
		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?		
<b>Exits/Passages</b>						
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?		
<b>Electrical Supply</b>						

	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)?		
<b>Gas Supply</b>						
	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?		
<b>Water Supply/Drainage System</b>						
		M		1. Are the water taps functioning properly?		
		M		2. Are recovery traps/sinks free from leakage?		
<b>Fume Cupboard</b>						
D				1. Is the fume cupboard functioning properly?		
D				2. Is the working area inside the fume cupboard clean and clear for immediate use?		
<b>Floor</b>						
D				1. Is the floor kept in a safe condition (e.g. no loose floor tiles, no slippery areas, etc.)?		
<b>General Storage</b>						
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 methanol, 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?		
<b>Storage of Chemical Wastes</b>						
	W			1. Are chemical wastes properly separated and stored?		
	W			2. Are the storage pails and catcher trays free from signs of leakage?		
<b>Others (please specify)</b>						





<b>Signature:</b>			
<b>Inspecting Personnel:</b>		<b>Date:</b>	



## Self-Assessment Checklist for Kitchens

### Food temperature checks to be done daily

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		
	<b>Management</b>	<b>Yes / No</b>	
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		
	<b>Hygiene Training</b>	<b>Yes / No</b>	
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		
	<b>Cleaning</b>	<b>Yes / No</b>	
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		
	<b>Cross Contamination</b>	<b>Yes / No</b>	
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		
	<b>Chilling</b>	<b>Yes / No</b>	
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		
	<b>Cooking</b>	<b>Yes / No</b>	
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		
	<b>Management and Records: Opening Checks</b>	<b>Yes / No</b>	
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		
	<b>Management and Records: Closing Checks</b>	<b>Yes / No</b>	
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		
<b>Other Comments</b>			

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**Food Hygiene Management Action Plan**

Any 'No' responses to the questions on the Food Hygiene Management Quick Checklist and the actions that we need to take to prepare for the next inspection	Who	Due Date	Date Complete



## Vehicle Check List

Please sign to ensure that you are **OVER 25**, have been driving for at least **2 YEARS** and have no more than **6 POINTS** on your license in order to be able to drive this vehicle.

**If you do not meet the above criteria, you will NOT be insured**

Signed ..... Date .....

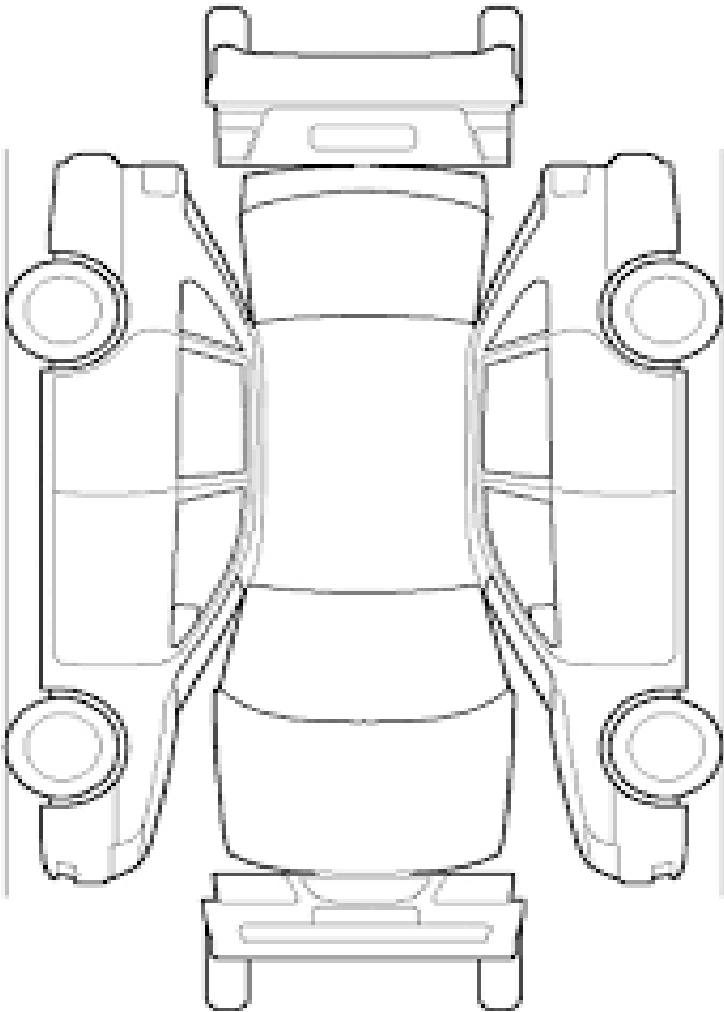
- The following check list **must** be carried out before every journey
- Once completed on return **must** be signed by all adults taking responsibility for these checks and kept in folder
- Please ensure at least ¼ tank of fuel on return

Date:	All adults (name):	Destination:
No of passengers:	No of Adults (inc. driver):	No of students:
Mileage out:	Mileage on return:	Vehicle Registration:
Vehicle Check (please $\sqrt$ or X) report any X to Trust Office:		
1. First Aid Kit present and contents correct		
2. Extinguisher present and maintained		
3. Dashcam; fitted and working		
4. Roadside triangle		
5. Hi vis jackets (number as per seating capacity)		
6. Permit added for Westbridge/destination if applicable		
7. Check all lights are working; headlights, brake lights indicators (internal and external lights to be off when vehicle returned)		
8. No warning lights on dash, if warning on, please list		
9. Windows (to be fully closed on return) clean/defects		
10. Tyres- visual check for flat or damage		
11. Brakes (handbrake/footbrake)		
12. When driving any noticeable pulling to steering wheel or when brakes applied		
13. Doors open and close without issue		
14. Mirrors (clean and unobstructed)		
15. Seat Belts work properly		
16. Clean (inside and outside)		
17. Mark any damage prior to driving on diagram overleaf		
18. Vehicle returned in a clean state (inside & outside)		

19. Fluids added		20. Fuel purchased	
Comments/defects noted on journey			

In the event of a breakdown, call 0333 202 3072 quoting B458 and the registration of the vehicle.  
 If requested, RAC Policy number is: PP2306400061 Insurance Policy number: 50636674

Signed ..... Date.....



Damage to interior:
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### Water & Legionella Schedule of Works - Monthly

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.	
Annually	Cold water storage tank.	Visual inspection, cleaning and disinfection, if required.	
Annually	Calorifiers	Arrange for sample to be taken from hot water calorifiers to confirm condition of drain water, if practical.	
Annually	Calorifiers	Visual check on internal surfaces for scale or sludge. Pasteurise or disinfect as necessary.	













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

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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:

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### First Aid Contents Checklist

<b>Item Medium workplace BS8599-1:2019 Low hazard 25-100 people High risk 5-25 people</b>	<b>Minimum Qty</b>	<b>Date Checked</b>	<b>Initials</b>	<b>Expiry date</b>	<b>Notes</b>
First Aid leaflet	1				
Contents list	1				
Pen	1				
Medium sterile gauze dressings	6				
Large sterile gauze dressings	2				
Triangular bandages	3				
Crepe/conforming rolled bandages	2				
Finger dressings	3				
Sterile Cleaning wipes	20				
Plasters	30				
Steri-strips (optional)	3				
Burn dressings	2				
Burns Gel (optional)	6				
Sterile eye pads	3				
Eye wash ( <i>Sodium Chloride Irrigation Solution 0.9% can also be used to clean wounds</i> )	6				
Disposable nitrile gloves (pairs)	9				
Resus face shield	1				

Apron (optional)	2				
Face Masks (optional)	2				
Yellow Bags (optional)	2				
Vomit Bags (optional)	2				
Adhesive tape/micropore	1				
Safety pins	6				
Scissors	1				
Tweezers (optional)	1				
Ice packs (optional)	2				
Foil blanket	2				
Defibrillator pads (add expiry date)	1				

### Grab Bag Checklist

Grab bag checks, undertaken quarterly	Date ..../...../.....	
Contents	Quantity	Checked
Laminated site plan	1	
Notebook	1	
Pen (check they work)	2	
First aid bag inc foil thermal blanket*	1	
Wet wipes	1	
Bottled water*	1	
Dextro tablets*	1	
Clinell univeral spray/anti bac wipes	1	
Hand sanitiser	1	
Vomit bags	Minimum 2	
Dust masks	10	
Whistle	1	
Toilet roll	1	
High Viz Jacket medium	1	
High viz jacket large	1	
Barrier tape	1	
Wind up torch	1	
Bio hazard bags (optional)	2	

## Fridge/Freezer Temperatures

Daily Fridge Temperature			
Month:	Fridge Temperature to be in the range of 0-5 ideally below 5	Food Hot/Cold Freezer temperature Ideal temp around -18	Staff initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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23			
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25			
26			
27			
28			
29			
30			
31			

Once completed for the month upload onto the Staff Hub, FOHR, Health and Safety Checklist, monthly

### Food Temperature Records

Food Temperature check for				
Month:	Daily Thermometer calibrated by	Food Hot/Cold	Temperature on Arrival	Temperature on Serving
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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### Emergency Plan Drill

School	
Responsible person	
Date of practice	
Time of practice	
Time for all persons to reach lockdown location	
Announced to staff or unannounced?	

Did all personnel locate to lockdown area?	
Was the reaction to the alarm satisfactory? <ul style="list-style-type: none"> <li>• By staff</li> <li>• By pupils</li> <li>• By visitors, including contractors</li> </ul>	
Were all staff and pupils accounted for?	
Was there a predetermined lockdown area?	
Did the persons in each delegated area correctly carry out area checks?	
Did personnel stop to collect belongings?	
Were the lockdown procedures adequate for physical or sensory impaired persons?	
Were there any contraventions to the procedure such as mobile phones being used or ringing?	
Were doors and access points correctly secured and windows closed?	
Were pupils calm and act in accordance with instructions given?	
Was an all-clear signal issued correctly and within a reasonable time?	

<b>Comments</b>
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Responsible person: ..... Date: .....

### Fire Drill Record

Site \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<b>Person undertaking drill:</b>			
<b>Evacuation time for all persons to reach the assembly point (Time taken from alarm sounding to last person out of the building):</b>			
<b>Were any exit routes blocked to simulate a real evacuation? If so which one?</b>	<b>Y/N</b>	<b>Staff aware of drill happening prior to alarm sounding?</b>	<b>Y/N</b>

<b>Was the reaction to the alarm satisfactory?</b>			
• By staff			
• By pupils			
• By visitors including contractors			
<b>Did all personnel evacuate the buildings?</b>	<b>Y/N</b>	<b>Were the wardens identifiable?</b>	<b>Y/N</b>
<b>Were the registers taken to the assembly point?</b>	<b>Y/N</b>	<b>Were the registers carried out calmly and efficiently?</b>	<b>Y/N</b>
<b>Did the persons in each delegated area correctly carry out area checks?</b>	<b>Y/N</b>	<b>Were lifts used?</b>	<b>Y/N</b>
<b>Was there a pre-determined assembly point?</b>	<b>Y/N</b>	<b>Is the assembly point clearly signed?</b>	<b>Y/N</b>
<b>Did all persons use the nearest fire escape route?</b>	<b>Y/N</b>	<b>Did personnel stop to collect belongings?</b>	<b>Y/N</b>



