Raedwald Trust

connection learning without exception resilience respect

Health & Safety Manual

Policy Details	
Person Responsible for this Policy	**Angela Ransby**
Policy Author	**Angela Ransby**
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CEO Signature	**Angela Ransby**
Trust Board Signature	**Alan Whittaker**

Updates Made	Date
Amendments to H&S Checklists to complete in Iris Vehicle Checklist amended Allergen risk assessment added	November 2026

Table of Contents

Daily Responsible Person Inspections Classroom 4

Daily Responsible Person Inspections Corridors, Offices, Staff Areas and Toilets 5

Corridors, Offices, Staff Areas and Toilets 5

Daily Responsible Person Inspections External Areas and Perimeters 7

Daily Responsible Person Inspections Plant and Hazardous Areas 9

Weekly Premises Inspection 10

Monthly Premises Inspection 11

School Health and Safety Inspection Checklist - Termly 12

Annual Premises Inspection 20

Risk Assessment Checklist 21

Risk Assessment – Lone Working 22

Risk Assessment – Manual Handling 26

Risk Assessment – Pre Post-Natal Employees 29

Risk Assessment – Young Persons 32

Risk Assessment Template 35

Working in a Pupil's Home Risk Assessment Template 38

Laboratory Safety Inspection Checklist 40

Vehicle Check List 46

Water & Legionella Schedule of Works - Monthly 48

Hot water Flow and Return Temperatures-Monthly Min 60^0C, Flow 50^0C Return 49

Cold Water Mains Outlets-Ground floor and Upper floor-3 monthly 50

Hot Water Outlets-nearest to and furthest from source-monthly 51

Cold Water Tanks-Temperatures – Monthly 52

Cold Water Outlets from tanks-Showers/Taps-Monthly 53

Low usage outlets-Weekly 54

Personal Emergency Evacuation Plan 55

First Aid Contents Checklist 58

Grab Bag Checklist 60

Fridge/Freezer Temperatures 61

Food Temperature Records 62

Emergency Plan Drill 63

Fire Drill Record 64

Fire Alarm Call Point Testing 65

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 using our Management Information System (MIS).

The manual should be read in conjunction with the Health and Safety policy which addresses the arrangements for managing health and safety. Health and Safety Checks are completed using IRIS Every Compliance.

The checklists and completed risk assessments are reviewed by leaders and during annual Health & Safety Audits.

Daily Responsible Person Inspections
Classroom _____

Week commencing: __/__/__ Completed by 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. Once the full week has been completed, to be uploaded onto IRIS.

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 **H0S**. X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise **HoS** as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
Entrances						
Unobstructed / no coats or bags etc. blocking exit removed from floor hang up						
Exit signage / fire action notices / extinguishers in place						
Electrical Equipment						
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						
Desks and chairs						
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						
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						

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

Week commencing: __/__/__ Completed by 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. Once the full week has been completed, to be uploaded onto IRIS.

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 **H0S**. X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise **HoS** as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
Corridors and Halls						
Check intruder alarm panel has no error messages at the start of the day						
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.						
Office and waiting Rooms						
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						
Staff and Communal Areas						
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: __/__/__ Completed by 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. Once the full week has been completed, to be uploaded onto IRIS.

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 **H0S**. X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise **HoS** as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
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						
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						
Play Areas (Fields and Playgrounds)						
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: __/__/__ Completed by 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. Once the full week has been completed, to be uploaded onto IRIS.

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 **H0S**. X carried forward until issue resolved.					Observations and action required e.g door does not close properly, advise **HoS** as contractor required to fix
	Mon	Tues	Wed	Thurs	Fri	
Plant room						
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						
Electrical Cupboard						
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						
Boiler Area						
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						
COSHH Cupboard						
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. Once completed, upload to IRIS. All actions to be added as an issue on IRIS.

Completed by (full name) _____ Date __/__/__

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 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				
Water Purging and Flushing				
Little and unused outlets purged each week, including urn				
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 and rinse, bottles exchanged every 3 weeks, ensure bottle dated when commenced/storage bag cover required?				
Gymnasium Equipment				
Wall brackets / mountings padded / visible / firm				
Frames / ramps / platforms stable / solid				
Equipment free of defects or damage from use				
Notice Boards – Kitchen/staff room/gymnasium/reception/general				
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. Once completed, upload to IRIS. All actions to be added as an issue on IRIS.

Completed by (full name) _____ Date __/__/__

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				
Kick stall/hoppers visually inspected for damage				
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.)				
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. Complete the following inspection checklist and list any observations that are present. Once completed, upload to IRIS. All actions to be added as an issue on IRIS.

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?	☐	☐	
1.2	Are manholes secure?	☐	☐	
1.3	Are grass areas reasonably even and free of glass, needles etc.?	☐	☐	
1.4	Do trees/branches appear safe?	☐	☐	
1.5	Is the perimeter fencing sound?	☐	☐	
1.6	Is play equipment well maintained and free from sharp edges or rough surfaces?	☐	☐	
1.7	Is play equipment suitably anchored and stable?	☐	☐	

Section 2 – Traffic Routes				
		Yes	No	Comments
2.1	Are traffic routes marked or signed?	☐	☐	
2.2	Where possible, is there segregation of vehicles and pedestrians?	☐	☐	
2.3	Is there designated parking?	☐	☐	
2.4	Are there designated loading/unloading bays?	☐	☐	
2.5	Are traffic warning signs and markings clear?	☐	☐	
2.6	Is external lighting over traffic routes acceptable?	☐	☐	
2.7	Are speed signs appropriate – e.g. 10mph?	☐	☐	
2.8	Are yellow hatched markings placed around building fire exit routes which could become blocked by parked vehicles?	☐	☐	
2.9	Are walkways leading to main entrances from car parks and drop off points clear and gritted?	☐	☐	

Section 3 – Evacuation				
		Yes	No	Comments
3.1	Are escape routes clear of obstructions?	☐	☐	
3.2	Are exit doors free from internal/external obstruction?	☐	☐	
3.3	Are evacuation notices displayed adjacent to alarm call-points and key locations?	☐	☐	
3.4	Are fire drills held termly?	☐	☐	
3.5	Have extinguishers/alarm been serviced within last year?	☐	☐	
3.6	Is the alarm audible?	☐	☐	

Section 4 – General Building Issues				
		Yes	No	Comments
4.1	Are floors and floor coverings in good condition?	☐	☐	
4.2	Are handrails on stairs sound?	☐	☐	
4.3	Are door mechanisms in good working order?	☐	☐	
4.4	Is safety glass used where appropriate?	☐	☐	
4.5	Are facilities for people with disabilities appropriate?	☐	☐	
4.6	Do gutters, down-pipes and other fixtures appear sound?	☐	☐	
4.7	Do roof tiles appear secure?	☐	☐	
4.8	Are security systems adequate?	☐	☐	
4.9	Asbestos management plan is easily accessible?	☐	☐	

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

Section 6 – Lighting				
		Yes	No	Comments
6.1	Are all lights working?	☐	☐	
6.2	Are diffusers clean?	☐	☐	
6.3	Is internal lighting adequate?	☐	☐	
6.4	Is external lighting adequate?	☐	☐	

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

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?	☐	☐	
8.2	Are certificates valid?	☐	☐	
8.3	Are first aid boxes adequately stocked?	☐	☐	
8.4	Are there two emergency spare epi pens available?			
8.5	Are arrangements in place for safe disposal of body fluids and sharps?	☐	☐	
8.6	Do staff wear gloves when dealing with body fluids?	☐	☐	
8.7	Are staff aware of your policy for administering medicines?	☐	☐	

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

Section 10 – Working at Height				
		Yes	No	Comments
10.1	Are steps or 'kick-stools' available and used appropriately?	☐	☐	
10.2	Are ladders/scaffold towers in good condition and stored securely?	☐	☐	
10.3	Are ladders/scaffold towers used by authorised persons only?	☐	☐	
10.4	Is there a safe system for working at height e.g. roofs?	☐	☐	
10.5	Where staff cleans windows, have safe procedures been agreed?	☐	☐	
10.6	If a window-cleaning contract is used has a safe system of work been agreed?	☐	☐	
10.7	Are staff appropriately trained in relation to work at height?	☐	☐	
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?	☐	☐	
11.2	Do staff know of their existence?	☐	☐	
11.3	Is the health and safety law poster displayed?	☐	☐	
11.4	Are staff recording accidents / near misses on Compass?	☐	☐	
11.5	Are accidents and near misses reviewed by leaders?	☐	☐	

Section 12 – Miscellaneous				
		Yes	No	Comments
12.1	Is furniture in good condition?	☐	☐	
12.2	Are wall mounted fixtures, shelving, furniture etc. in good condition and secure?	☐	☐	
12.3	Is storage of small quantities of flammable/hazardous substances suitable?	☐	☐	
12.4	Do office staff have enough working space?	☐	☐	
12.5	Are all parts of the school maintained in a clean and tidy condition?	☐	☐	
12.6	Are there adequate facilities for the safe storage and disposal of waste?	☐	☐	

Section 13 – Gymnasium				
		Yes	No	Comments
13.1	Is gym equipment in good condition?	☐	☐	
13.2	Are gym mats stored in a suitable area away from ignition sources?	☐	☐	
13.3	Are ropes and climbing frames in good order and secure?	☐	☐	
13.4	Is the floor surface suitable and in good order?	☐	☐	
13.5	Is lighting working and provides sufficient illumination?	☐	☐	
13.6	Are wall brackets and other obtrusions padded and clearly identified?	☐	☐	
13.7	Are equipment stores secure and locked when not in use?	☐	☐	
13.8	Has all equipment been annually serviced and serviced before use?			

Section 14 – Lifts				
		Yes	No	Comments
14.1	Do all lifts appear to work correctly?	☐	☐	

14.2	Does the emergency alarm work accordingly – a monthly test is recommended.	☐	☐	
14.3	Is a 'Do not use in the event of fire sign displayed next to each call point?	☐	☐	
14.4	Does the lift level out to the floor sufficiently?	☐	☐	
14.5	Is the lift illuminated sufficiently?	☐	☐	
14.6	Is a current LOLER certificate in place?	☐	☐	
14.7	Does the lift return to ground floor and remain out of service in the event of a fire?	☐	☐	

Section 15 – Chemicals				
		Yes	No	Comments
15.1	Are chemicals stored correctly with flammables locked separately in a fireproof cabinet or similar?	☐	☐	
15.2	Are Safety Data Sheets (SDS) available for each chemical?	☐	☐	
15.3	Are COSHH cleaners' cupboards kept locked when not in use?	☐	☐	
15.4	Do all bottles and containers have correct labels?	☐	☐	
15.5	For Science Rooms – are suitable CO2 or Powder extinguishers available?	☐	☐	
15.6	For Science Rooms – is a spill kit available nearby?	☐	☐	

Section 16 – Kitchens				
		Yes	No	Comments
16.1	Are kitchens clean and tidy with surfaces wiped and in good order?	☐	☐	
16.2	Are separate food chopping boards and utensils used in line with food safety guidance?	☐	☐	
16.3	Is food subject to regular temperature checks?	☐	☐	
16.4	Are fridges and freezers subject to regular temperature checks?	☐	☐	
16.5	Are records of these temperature checks kept? Are any results erroneous?	☐	☐	
16.6	Are kitchen exit routes unobstructed and lead to a place of safety?	☐	☐	
16.8	Have all appliances been inspected by a competent engineer within 12 months?	☐	☐	

16.9	Is there a suitable method of isolating any gas supplies? (Valves/ interlocking systems).	☐	☐	
16.10	Is the kitchen environment comfortable with ventilation available?	☐	☐	
16.11	Are fly nets / screens available?	☐	☐	
16.12	Do kitchen staff have appropriate training / certificates?	☐	☐	
16.13	Are full ingredients included in labelling, including allergens on prepared and packaged food? (Natasha's Law)	☐	☐	

Section 17 – Art & Design				
		Yes	No	Comments
17.1	Storage Is storage acceptable with combustible items placed in a suitable storage area or cabinet?	☐	☐	
17.4	Substances including Paints, inks, varnishes etc. / Have these been stored correctly and kept within a cabinet or other suitable store?	☐	☐	
17.5	Use of Plaster of Paris. Are these stored correctly in relevant bins or trays?	☐	☐	
17.6	Inhalation of dusts including pottery glazes / Harm to health Is local ventilation sufficient? Are Safety Data Sheets available?	☐	☐	
17.7	Sharp blades / Cuts Have knives and scissors been placed in a safe store area or kept away from work benches when not in use?	☐	☐	

Section 18 – ICT				
		Yes	No	Comments
18.1	Is a CO2 extinguisher available nearby?	☐	☐	
18.2	Are electrical isolators accessible and clearly signed?	☐	☐	
18.3	Does local air conditioning work sufficiently?	☐	☐	

18.4	Are workstations kept secure and logged out when not in use?	☐	☐	
18.5	Have all IT appliances been PAT tested within the last 2 years?	☐	☐	
18.6	Have valuable items including laptops etc. been kept in a secure lockable store or cupboard?	☐	☐	
18.7	If used, are Kensington locks in good order?	☐	☐	
18.8	Have exhaust grills and fans been checked for dust build-up and signs of overheating?	☐	☐	

Annual Premises Inspection

Complete the following inspection checklist and list any observations that are present. Once completed, upload to IRIS. All actions to be added as an issue onto IRIS.

Completed by (full name) _____ Date __/__/__

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 regime				
Chargers / lamps / laptops / projectors etc. in good condition				
Gas Installations and Appliances				
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				
Fire Installation Servicing and Testing				
Fire alarms / extinguishers / emergency lights tested/annual service				
Miscellaneous				
Water tanks cleaned / bacteriological tests completed				
Asbestos Materials Inspected annually / Survey Reviewed (check RED Asbestos folder)				
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 on site folders in Sharepoint.

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			
Allergens			
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

Raedwald Trust	**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	- 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 unauthorised entrants. - 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. - Any lone workers with health conditions that could be at risk may not be able to lone work.	**2**	**2**	**4**				

			- Regular contact with line manager to ensure any signs of stress are identified. - 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	- Employees - Public	- Physical assault - Verbal abuse	- All employees who deal with members of the public will have an appropriate level of conflict management training. - CCTV systems and signage are in place to deter theft / acts of violence. - Conflicts with members of the public must be reported 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	**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** **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		3	**INFREQUENTLY**	Between quarterly and annually	3
MINOR	**RIDDOR Reportable, over 7 day injury, GP fit note**	2	**RARELY**	Once every 1-5 years	2
INSIGNIFICANT	**Cuts, bruises** **No damage to person or property**	1	**FEASIBLE, BUT UNLIKELY**	Less than once every 5 years	1

Severity						
	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
		Likelihood				

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 – Manual Handling

Raedwald Trust	**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
Incorrect posture – twisting, stooping, reaching and technique of holding/transportin g 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** **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		3	**INFREQUENTLY**	Between quarterly and annually	3
MINOR	**RIDDOR Reportable, over 7 day injury, GP fit note**	2	**RARELY**	Once every 1-5 years	2
INSIGNIFICANT	**Cuts, bruises** **No damage to person or property**	1	**FEASIBLE, BUT UNLIKELY**	Less than once every 5 years	1

Severity						
	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
		Likelihood				

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

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



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**	4	**REGULARLY**	Between weekly and once a quarter	4

MODERATE	**or property** **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

Severity						
	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**
		Likelihood				

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

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

Severity						
	5	M	M	H	H	H
	4	L	M	M	H	H
	3	L	M	M	M	H
	2	L	L	M	M	M

H	**High Risk** = Action Immediately
M	**Medium Risk** = Action within three months of completing the assessment

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

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

Manager name:	

Manager signature:	

Risk Assessment Template

Raedwald Trust	**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

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

Severity						
	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

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

1	2	3	4	5
Likelihood				

Manager name:		Manager signature:	

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

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

CONSEQUENCE					
	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
		LIKELIHOOD			

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
				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?		
		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		
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 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?		
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 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		
	**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 received training on allergens and follow guidance on the Allergen Risk Assessment		

18	Our staff know which students have allergies and take appropriate action to keep them safe		
20	Our staff know that if they have diarrhea and/or vomiting they must not return to work until 48 hours after symptoms cease		
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 staff have been instructed and know how and when to wash their hands properly		
25	Our staff wear clean work clothing and/or over clothing		
26	We regularly check for signs of pests, and there is no evidence of pests in our premises		
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

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 <u>NOT</u> be insured

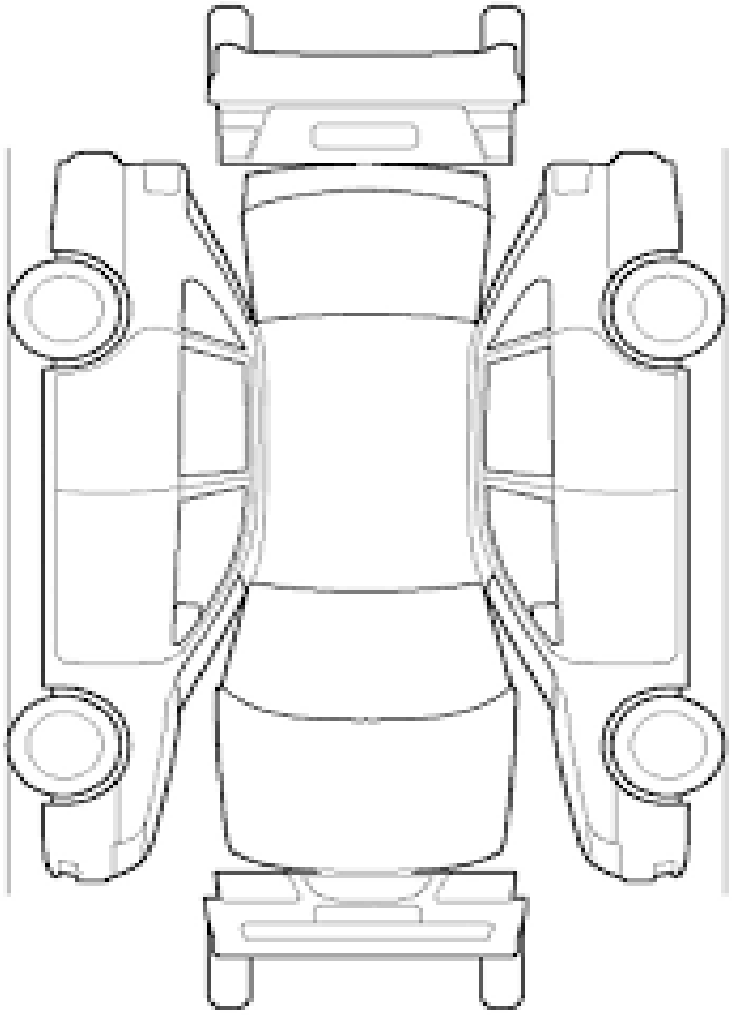
Signed ..... Date ....

- 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:	Name of adults in the vehicle:	Destination:
No of passengers:	No of Adults (inc. driver):	No of students:
Mileage out:	Mileage on return:	Vehicle Registration:
Vehicle Check (please circle Y or N) report any issues to Central FOHR team (01473 550472):		
1. First Aid Kit present		(Y /N)
2. Any first aid kit contents used		(Y /N)
3. Extinguisher present		(Y /N)
4. Breakdown contact details in glove compartment		(Y /N)
5. Dashcam present and working		(Y /N)
6. Roadside triangle present		(Y /N)
7. Hi Vis jackets present		(Y /N)
8. Permit added for Westbridge/destination if applicable		(Y /N)
9. Are all lights working - headlights, brake lights and indicators		(Y /N)
10. Are warning lights on		(Y /N)
11. Windows closed and cleaned		(Y /N)
12. Are tyres legal		(Y /N)
13. Handbrake and footbrake working		(Y /N)
14. Doors open and close without issue		(Y /N)
15. Mirrors clean and unobstructed		(Y /N)
16. Seat belts working properly		(Y /N)
17. Car left clean and tidy (inside and outside)		(Y /N)
18. Any fluids added		(Y /N)
19. Fuel Purchased		(Y /N)
20. Name of person keys and fuel card returned to		(Y /N)

In the event of a breakdown, call 0800 246876. They will connect you to the RAC. Please have the registration to hand and the Insurance Policy number: 97MF18261135

Signed …… Date……



List any damage and location of damage

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.	

Hot water Flow and Return Temperatures-Monthly Min 60^0C, Flow 50^0C Return
Boiler ID:

Date	Time	Flow ^{0}C	Return-^{0}C	Initials

Comments:

Cold Water Mains Outlets-Ground floor and Upper floor-3 monthly

Note: Must be below 20^0C within 2 minutes of opening tap.

Location	Date	Temperature ^{0}C	Initials

Comments:

Hot Water Outlets-nearest to and furthest from source-monthly

Note: must reach 45^0C within 1 minute of opening tap.

Location	Date	Temp ^{0}C	Initials

Comments:

Cold Water Tanks-Temperatures – Monthly

Note: Take temperature at furthest end from float valve and mains temperature at float valve inlet must be below 20^0C within tank and at float valve inlet within 2 minutes.

Identification	Date	Temp ^{0}C	Visual Condition	Initials

Comments:

Cold Water Outlets from tanks-Showers/Taps-Monthly

Note: Must be below 20^0C within 2 minutes of opening outlet full cold.

Location	Date	Temperature ^{0}C	Initials

Comments:

Low usage outlets-Weekly

Note: Cold – Run tap for 2 minutes, must be below 20^0C.
Hot – Run tap for 2 minutes, must reach 50^0C.

Location	Date	Temperature ^{0}C	Initials

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 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

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:

_____

First Aid Contents Checklist

Location of First Aid Kits					
Location of AAIs / Epi Pen / Sharps bin					
Location of defibrillator					
Item Medium workplace BS8599-1:2019 Low hazard 25-100 people High risk 5-25 people	**Minimum Qty**	**Date Checked**	**Initials**	**Expiry date**	**Notes**
First Aid leaflet	1				
Contents list	1				
Pen	1				
Adrenaline auto-injector (AAI) / Epi-pen	2				
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 *(Sodium Chloride Irrigation Solution 0.9% can also be used to clean wounds)*	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				
Epi pen (300 or 150 - junior) as appropriate, are present and in date	2				

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 for			
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			
17			
18			
19			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Once completed for the month upload onto Iris 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				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

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? • By staff • By pupils • By visitors, including contractors	
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?	

Comments

Responsible person: …….. Date: ……

Fire Drill Record

Site _____ Date_____ Time_____

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

Was the reaction to the alarm satisfactory?			
• **By staff**			
• **By pupils**			
• **By visitors including contractors**			
Did all personnel evacuate the buildings?	**Y/N**	**Were the wardens identifiable?**	**Y/N**
Were the registers taken to the assembly point?	**Y/N**	**Were the registers carried out calmly and efficiently?**	**Y/N**
Did the persons in each delegated area correctly carry out area checks?	**Y/N**	**Were lifts used?**	**Y/N**
Was there a pre-determined assembly point?	**Y/N**	**Is the assembly point clearly signed?**	**Y/N**
Did all persons use the nearest fire escape route?	**Y/N**	**Did personnel stop to collect belongings?**	**Y/N**
Were the escape procedures adequate for physical or sensory impaired persons	**Y/N**	**Staff aware of Personal Emergency Evacuation Plans for students and staff?**	**Y/N**

Issues Identified	**Actions and by whom**	**Date completed**
Aspects of drill that worked well:		

Form completed by:		**Responsible Person signature**	

Fire Alarm Call Point Testing

Fire Alarm Weekly Test of Call Point Record					Site			
Date	Call Point no.	Satisfactory	Auto door release	satisfactory	Faults	Remedial	Date repaired	Initials & signature