

ARK SCHOOLS
Part 4 - Appendices

Contents

	Page
A. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	2
B. Blood and Bodily Fluids	4
C. Administering medicines in School	5
D. Emergency Procedures	10
E. Control of Substances Hazardous to Health (COSHH) 2002	13
F. Electricity at Work Regulations 1989	14
G. Criteria and procedures for “designated” users	15
H. Display Screen Equipment Risk Factors and Guidance	16
I. Risk Assessments	19
J. New and Expectant Mothers at Work	21
K. Storage - Safe System of Work	23
L. The Prevention or Control of Legionellosis	24
M. Health and Safety (Consultation with Employees) Regulations 1996	25
N. The Health and Safety (Young Person's) Regulations 1997	27
O. Provision and Use of Work Equipment Regulations 1998	28
P. Lifting Operations and Lifting Equipment Regulations	30
Q. Asbestos	31
R. Noise Assessment Form	32
S. Vibration Assessment Form	33
T. Health and Safety Checklist	34
References	38
COSHH Assessments	See separate document
Fire Risk Assessment	See separate document
Risk Assessments	See separate document
Contractors on Site – a Code of Practice	See separate document

APPENDIX A

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

These Regulations place a statutory duty on employers to report accidents, diseases and dangerous occurrences which arise out of the workplace and its activities.

Regulation 2 (Interpretation)

This states that acts of violence to an employee which result in a major injury (defined below) must be reported.

The "responsible person" (for reporting) is the person "..... having control of the premises..... at which, or in connection with which, the accident or dangerous occurrence happens."

Regulation 3 (Notification and reporting)

Accidents to non-employees, i.e. members of the public, students, etc that result in a fatality or an injury that requires the injured person to be taken straight to hospital must be reported.

From 6 April 2012, the reporting requirement for over-three-day injuries to workers changed to over-seven-day injuries. Work-related injuries where a worker has been incapacitated for more than seven consecutive days excluding the day of the accident but including any non working days must be reported.

You must still keep a record of the accident if the worker has been incapacitated for more than three consecutive days.

The deadline by which an over-seven-day injury must be reported is 15 days after the accident.

Regulation 7 (Records)

The **responsible person** is required to keep records for 3 years from the date the record was made. The information required to be kept for injuries and dangerous occurrences is:

- a) the date and time of injury or dangerous occurrence
- b) the name of the injured person and nature of the injury (employee and non-employee)
- c) the occupation of the injured employee or status of the injured non-employee
- d) the place where the incident occurred and brief details of what happened
- e) the date the incident was first reported and the way it was reported, i.e. telephone or written notification.

Schedule 1 (Major Injuries)

- a) Any fracture, other than to fingers, thumbs or toes
- b) Any amputation
- c) Dislocation of the shoulder, hip, knee or spine
- d) Loss of sight (temporary or permanent)
- e) A chemical or hot metal burn to the eye or any penetrating injury to the eye
- f) Any injury from an electric shock or burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- g) Any other injury leading to hypothermia, heat-induced illness or to

- a) unconsciousness requiring resuscitation
- b) requiring admittance to hospital for more than 24 hours
- h) Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
- i) Either of the following conditions which result from absorption of any substance by inhalation, ingestion or through the skin
 - a) acute illness requiring medical treatment
 - b) loss of consciousness
- j) Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected materials.

Schedule 2 (Dangerous Occurrences)

These include

- a) the collapse or overturning or failure of lifting machines (eg lifts, hoists, mobile powered access platforms)
- b) the failure of pressure systems (eg boilers)
- c) electrical short circuit or overload attended by fire or explosion
- d) complete or partial collapse of scaffolding more than 5 metres high
- e) collapse of building or structure involving more than 5 tonnes of material and of any floor or wall of any building
- f) explosion or fire resulting in the suspension of normal work on the premises for more than 24 hours.

Schedule 3 (Reportable Diseases)

- a) There are many of these but note should be made of the following activities which might result in notifiable physical conditions
- b) work involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arms (cramps, repetitive strain injuries)
- c) fumes arising from the use of rosin as a soldering flux and dusts from wood (occupational asthma).

The "enforcing authority" for Education is the Health and Safety Executive. It should be noted that an immediate response is required, in the first instance. This is the duty of the responsible person and will normally be done after consultation with the Health and Safety Adviser.

Notice is drawn particularly to the fact that violence and subsequent non-accidental, major injuries have to be notified immediately as an investigation might be required.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 can be purchased from HMSO bookshops or good bookshops.

How to make a report

To make a report, go to www.hse.gov.uk/riddor. A telephone service can be used to report fatal and major injuries only – call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

A full guide to the regulations can be found at <http://www.hse.gov.uk/pubns/priced/l73.pdf>

APPENDIX B

Blood and Bodily Fluids

Accidents involving blood, e.g. cuts, nose bleeds etc, carry the danger of Hepatitis B, HIV (Aids) etc.

If possible make patients themselves put pressure on nose or cut to stop the bleeding.

If blood has been spilt on any work surface then carry out the following procedure, or if appropriate ask person involved to do this.

Cleaning of blood and bodily fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and bodily fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste.

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

APPENDIX C

It is important that staff and parents know what procedures are followed regarding administering prescribed and non-prescribed medication, together with the procedures followed in the very rare occurrence of the need for medical attention after an accident. The following provides this information.

Medication

Normally it is expected that the parent will administer medicine at home, e.g. antibiotics. However, where a student has to take a limited course of medication during the school day but is nonetheless fit to return to school, s/he may well be allowed to do so by agreement as long as full written instructions for administering the medication are given to the Office Manager.

Where it has been agreed to administer medication, 2 members of staff are to be named so that both the parent/ carer and the student are clear about who will be responsible for administering it. The medication log is signed by the parent/ carer, stating the dosage, application and time.

A few students, whilst fit to attend school, may require to take medication during the day to control their condition (diabetes, asthma, epilepsy, etc.). The following are guidelines on the administration of such medicines in school.

1. The Academy's Responsibility

The **Finance and Resources Director** shall ensure that a named person is responsible for medicines, together with a nominated deputy. The day-to-day mechanics of medicine administration may be delegated to competent, trained staff. At Isaac Newton Academy Secondary this will be Eleanor Seale, Office Manager, deputized by Bharti Vadher, Pastoral Administrator. At INA Primary this will be Pardeep Chaggar, Senior Administrator, deputized by Saeda Khanum, Receptionist.

Parents will be required to sign an acknowledgement that they have requested the administration of medicine to their daughter/ son and that they are satisfied that the designated members of staff are competent perform this role. This also includes the permission for giving emergency Salbutamol Inhaler if their child is suffering from an asthma attack.

A clear written statement of their responsibility will be given to all parents, detailing:

- A.** How to make a request for medicines to be given by School staff, i.e. in writing or in person to the **Finance and Resources Director**
- B.** How medicine should be provided to the Academy, i.e. in the original container from the pharmacy and clearly labelled with:-
 - student's name
 - class
 - name of medicine
 - how much to give (i.e. dose)
 - when to be given
 - any other instructions
 - emergency contact number
 - family doctor's number.

See Appendix 1 for pro forma

- C. The need for parents to notify the Academy in writing of any changes in the medication, dosage levels or timing
- D. The need for parents, in person, to replenish the supply of medicines if necessary.
- E. A recommendation that the Academy be advised of any significant disease, medical condition or allergy the student may have, subject to confidentiality.

2. The Parent's/Carer's responsibility

Parents are required to sign an acknowledgement that they have requested the administration of medicine to their daughter/ son and that they are satisfied that the designated members of staff are competent perform this role.

The Parent/Carer is responsible for:

- A. Making a request for medicines to be given by School staff, i.e. in writing or in person to the **Finance and Resources Director**
- B. Providing to the Academy the student's medication in the original container from the pharmacy and clearly labelled with:-
 - student's name
 - class
 - name of medicine
 - how much to give (i.e. dose)
 - when to be given
 - any other instructions
 - emergency contact number
 - family doctor's number.

See Appendix 1 for pro forma

- C. Notifying the Academy in writing of any changes in the medication, dosage levels or timing
- D. Replenishing the supply of medicines if necessary.
- E. Advising the Academy of any significant disease, medical condition or allergy the student may have, subject to confidentiality.

A. Storage of Medicines

Medicines, when not in use, are kept in a safe and secure place (a refrigerator if appropriate). However medicines which may be required in an emergency are always readily accessible.

Where appropriate, with parental and Academy agreement, students are responsible for their own inhalers, although spares will be kept in the Pastoral First Aid Room (secondary) and the main office (primary).

B. Administration/ Record

The label on the medicine container is checked against the Academy medicine record (completed by parent). Any discrepancy is queried with the parent before administering a medicine. A parent should confirm their intentions, in writing, if their instructions differ from those on the medicine container.

A record is kept of doses given, when given and by whom (See Appendix 2)

C. Disposal

Medicines no longer required are not allowed to accumulate. They are returned to the parent in person for disposal. In the last resort, unwanted medicines are given to the local pharmacist for disposal as required by the Environmental Health Regulations.

D. Liability of School Staff

Staff designated to administer medicines to students are covered by the Academy in the event of liability/ negligence claims made against them, as long as they have taken all reasonable steps to follow the procedures contained in these guidelines and parental instructions.

E. Emergency Salbutamol Inhaler

The emergency Salbutamol inhaler will only be used by children for whom written parental consent for the use of the emergency inhaler has been given, who has either been diagnosed with asthma and prescribed an inhaler or who has been prescribed an inhaler as reliever medication.

See Appendix 3.

Isaac Newton Academy

Medicine Record

Responsible staff			
Student's name			
Class		Age	
Name of medicine			
How much to be given (dose)		When to be given	
How to be stored			
Any other instructions			
Name of parent or adult contact		Contact number	
Name of GP		Contact number	
I am satisfied with the arrangements for administering medicine to my daughter/son			
Signature		Date	

Isaac Newton Academy

Student	Medication	Dosage	Name and Tel. No. of GP prescribing medication	Tablets received from parent/carer		Time(s) medication to be given to student	Name of member of staff administering the medicine
				Amount	Date		

Week Commencing:	Time medication given to student	Dosage given to student	Confirmation slip for medication taken given to student		Signature of member of staff administering the medicine
			Yes	No	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Number of tablets remaining brought forward from previous week:

Date parent/carer contacted for additional tablets:

Number of tablets remaining week/ending:

Date tablets received:

Total number of tablets :

NB A separate sheet to be used for each medication being administered

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:..... Date:

Name (print).....

Child's name:

Class:

Telephone:

APPENDIX Ci

Protocol for the Safe Disposal of Sharps

Aim:

- To protect all students, staff and visitors from the dangers of exposure to sharps
- To ensure staff and pupils know how and where they can dispose of sharps correctly

Individual's responsibility:

- It is the individual's responsibility to ensure that sharps are always handled safely
- It is the individual's responsibility to dispose of them safely
- It is a criminal offence to discard an item in such a manner as to cause injury to others
- Use of sharps is covered by the Health and Safety at work Act 1974 and should be risk assessed in accordance with COSHH 1999 regulations.

Sharp Boxes:

- Ensure the sharps boxes comply with British Standard 7320, yellow and clearly marked 'DANGER CONTAMINATED SHARPS' and 'DESTROY BY INCENERATION'
- The sharps boxes are located in ???
- Sharps boxes must not be filled above the designated fill line on the outside of the box
- Once filled, boxes must be sealed immediately removed by a specialist collection service provided and a replacement arranged.

Disposal:

- Sharps should not be passed from hand to hand
- Keep all handling to a minimum
- All sharps must go directly into a sharps bin
- Do not re-sheath needles
- Always wear gloves and use litter picker tongues if available when picking up discarded needles on site
- Always hold sharps in the centre of shaft to prevent injury to fingers/hand
- Report any needlestick injury immediately and seek medical attention

APPENDIX D

Staff must familiarise themselves with the following arrangements in case of the need for an emergency evacuation:

- a practice drill will be held every term
- on discovering a fire, a member of staff should activate the nearest fire alarm via the nearest alarm point. Members of staff should ensure they know where the alarm points are situated in a number of locations around the Academy. They should know the position of the nearest alarm point and the nearest fire extinguisher and/or fire blanket
- members of staff should not tackle a fire unless it is small and they have been trained to do so. Their first duty is to ensure that the school is alerted and that the students in your charge are evacuated safely
- if possible and without anyone being put at risk, all windows should be shut on exiting. The door should be closed by the last person vacating a room, corridor or lobby and leaving the building
- all staff and students will be expected to exit the building calmly and **in silence** by the designated route and proceed to the MUGA which is the main assembly area. In the event of the MUGA not being a safe assembly point then people will be redirected to the graveyard at the side of the school
- staff allocated to students with special needs will accompany and supervise them
- staff and students should follow the evacuation signs for the route of exit, unless circumstances dictate otherwise
- all staff will be issued with key access to the gate (location?) and the first member of staff to arrive at the gate should open it
- lifts must not be used by anyone during a fire evacuation
- classes will line up in register order in the area identified. Classes should face inwards into the MUGA and teachers should stand in front of their class in the centre.
- the Principal (or in her absence the Vice-Principal) is the Controller of the assembled Academy.

The following procedures for checking for safe evacuation will apply:-

<u>Responsible Person</u>	<u>Duty</u>
Premises staff	Source the location of the alarm point and liaise with the fire brigade and the FRD, confirming when it is safe for re-entry into the building.
FRD	Liaises with the Premises staff and the Controller, notifying the Controller when it is safe for re-entry into the building.
Receptionist	Brings out class registers and distributes to teachers. Brings out the visitors' signing in book, checks visitors' presence and reports anyone missing to the Controller immediately. Brings out the students' signing in/out book. Brings out the staff signing in/out book.
Form Tutors	Call register and report any missing students to Controller immediately.

Office Manager

Brings out staff list, checks staff presence and reports anyone missing to the Controller immediately.

- Students with statements or mobility issues will have designated members of staff to support them.
- All staff without a specific duty must report to the Controller or designated person, to be available to provide support.
- Contractors and visitors will be issued with a sheet about Fire Safety and will be shown by their host/s the Assembly Point where they will be checked by the Receptionist.
- The Premises staff will direct the Fire Brigade to the site of the fire.
- No one will re-enter the building until instructed to do so.
- After each drill or real emergency the Academy's Leadership Team will review the effectiveness of the procedures. Other staff will be asked to comment if about how the system could be improved.

Note:-

-It is essential that staff and students evacuate and assemble in SILENCE. This will ensure that everyone concerned hears any important instructions given.

-Any teachers not attached to a class at the time the alarm sounds should position themselves along the evacuation routes and monitor student behaviour, arriving at the MUGA with the last of the students.

-A personal emergency evacuation plan will be developed whenever necessary.

-It should not take more than 4 minutes to evacuate the building and assemble on the MUGA

-Health & Safety regulations require the school to keep a log of all fire drills.

-In the event of a real fire which makes at least one of the buildings unusable for a while, parents will be notified at the earliest possible moment of new arrangements and of the future plan of action.

-In the event of a bomb warning or gas leak, the premises will be evacuated under the direction of the Police or the Gas Board.

Fire Safety Rules for Students

Make sure you are familiar with the Evacuation Procedures displayed in all main rooms and areas. You will practice a Fire Drill each term to help you be better prepared to get out in the event of a real fire.

Under the directions of your teacher during evacuation of the building you should:-

1. Exit in **silence**.
2. Do not collect coats or bags.
3. Shut doors on the way out if you are instructed to do so or you are the last person through them.
4. Leave immediately by the designated escape route, if safe to do so. Otherwise take the alternative escape route.
5. Move quickly but do not run.
6. Assemble in your tutor group at the designated assembly point.
7. Do not go back into the building for anything.
8. If separated from your class, rejoin it without delay at the Assembly Point by a safe and sensible route.
9. Join another class if there is a problem and report to the teacher.

Note the importance of

1. **Reporting to the office when arriving late at school.**
2. **Reporting to the office when having to leave school during school hours.**
3. **Reporting to the office if returning to school.**

APPENDIX E

Control of Substances Hazardous to Health (COSHH) 2002

These Regulations require that an assessment be made of the risks involved in using hazardous substances. If there is a significant risk, a non-hazardous or less hazardous substance should be substituted, if one is available. If not, then a safe system of work (an assessment) should be drawn up and documented. This would indicate, apart from technical details of the substance (e.g. description, level of toxicity) what other substances it should not be used with and

- how to store, handle, use it
- what it cannot be used or mixed with
- what protective clothing to wear
- what to do in case of accident, spillage, etc.

Everyone who uses these substances must be informed about, as well as instructed and trained in, their use.

Regular monitoring and review of the arrangements are required.

Where hazardous substances are used, the above-mentioned safe system of work must be drawn up and made available (e.g. by display) to all who use them.

If a COSHH assessment is not done and there is an accident to anyone while using a potentially harmful substance, the employer and/ or responsible person may be held liable.

Contractors are responsible for providing COSHH information and training for their employees. However, it is the duty of the School to bring it to the Contractor's notice if the COSHH arrangements are not being adhered to (e.g. cupboards containing harmful substances not being locked) as others are being put at risk.

Inflammable substances must be safely and correctly stored and used.

Hazardous substances are basically:

Chemicals

Micro-organisms which create risks to human health

Dust

Fumes

Gas

Any other substance which creates a risk to health.

Some common signs indicating hazardous substances

Very toxic	Skull and cross bones
Toxic	Skull and cross bones
Irritant	X
Harmful	X
Corrosive	Test tubes and liquid droplets

Heads of Department and the Senior Premises Manager hold the COSHH Assessment file for their specific areas.

APPENDIX F

Electricity at Work Regulations 1989

These Regulations advise a safe system of work which will be adopted by the Academy and which will include having

- all fixed installations tested at least every 5 years or at any interval recommended by the M & E Consultant
- a certificate of the test of fixed installations
- an inventory of all electrical apparatus/appliances
- a record/log of termly visual inspections and planned portable appliance tests
- all portable appliances (i.e. those appliances which are plugged in and out of an electrical socket, including double-insulated appliances) vulnerable to damage on account of their being used and moved a great deal (a risk assessment has to be carried out to identify these appliances, e.g. irons, vacuum cleaners, power tools, etc) should be inspected as per HSE guidelines
- a sticker displayed on tested appliances indicating pass (green) or fail (red) - any failed appliance must not be used until repaired or it must be disposed of
- stage lighting and switchgear inspected and tested after each alteration to the system and tested every year

Other points to be noted

- the need to test and service lightning conductors
- an assessment of the provision of continuity bonding should be made by an electrical engineer

Care must be taken to check all plugs to ensure that the correct fuse is used. It is common for 13 amp fuses to be used, mistakenly, instead of 3 or 5 amp fuses, e.g., on lamps, TVs, computers. The coloured wires should not be visible from the outside of the plug.

APPENDIX G

Display Screen Equipment Regulations

Criteria and procedures for “designated” users

It is pointed out that the nature and requirements of schools’ work have changed considerably since these Regulations were written (1992) and came into force (1993) greatly increasing the range and numbers of users as well as the time spent in front of the computer. The definition which follows should be considered in the light of this as should categories of users coming within its scope – as potential “designated users”.

As defined in the Guidance on the Regulations the “user” should be “designated” if s/he

- i. uses the display screen equipment habitually as a significant part of their normal work
- ii. depends on the use of the display screen for their job
- iii. has no discretion as to use or non-use of the equipment
- iv. needs training to use the equipment
- v. inputs at normally for 1hr+ at a time
- vi. uses the equipment in this way more or less on a daily basis
- vii. has to input quickly and with concentration

Academy examples of these **might** be categorised as:

Definite - Data Inputters, PAs, Secretaries, Administrators with own workstation, Librarian

Possible - IT Manager and team, senior and middle management with own workstation, HoYs and HoDs

Possible but less likely - Teachers and Technicians with own workstation

As a guideline 10hrs+ per week of necessary work at the computer is suggested. It is pointed out that some employers set a daily use of 1hr+ per day as the standard for being regarded as a “designated user”.

Line Managers are responsible for designating users along with the **FRD**.

A “designated user” should have an Eye and Eyesight test specifically for computer use before or upon starting the job and when advised by the optician, thereafter. A user may go more frequently if s/he feels their eyesight is being affected by the work (headaches, eyestrain, etc).

The employer has to pay for the test. The employer will establish the cost (normally the lowest carried out locally). Employees can go to whatever optician they wish but can only reclaim the established cost.

In respect of the payment for glasses, the employer will establish the cost (normally the lowest NHS-type glasses) and has to pay for glasses only where they are prescribed for computer work. This may be incorporated into a prescription for vario- or bi- focal glasses. The optician has to provide documentary evidence for the prescription for the employer. Employees can go to whatever optician they wish but can only reclaim the established cost.

The **FRD** will inform individuals of the current established costs

APPENDIX H

It is important to establish a comfortable working position in order to minimise/ reduce the risk of discomfort or injury from repetitive strain to your hands, wrists or other joints. The following Guidance will help you do so:

Display Screen Equipment Risk Factors and Guidance

General

Make sure there is adequate space around the computer for proper ventilation

Do not block the vents of the computer

Keep the computer free from dust, moisture and exposure to direct sunlight

Do not eat or drink near the computer

Do not use a mobile telephone in close proximity to a computer

Minimise reflection

Get yourself into a relaxed and comfortable position

Vary your posture frequently. Stand up and move about

Have a 5/6-minute break every hour – or a shorter break more frequently – away from the computer

Have your eyes tested as recommended by your optician

If you think you are having pains connected with your work at the computer, inform your line manager immediately

Self Assessment Checklist

Name		Department	
Location		Date of Assessment	
Section 1	Provision of suitable Display Screen Equipment		
Screen and Image		Yes	No
Screen can tilt and swivel			
Characters are well defined and screen is free from flicker			
Screen controls such as contrast and brightness can be adjusted			
Keyboard and Mouse			
The keyboard is separate from the screen and able to tilt			
All characters are easy to read			
The mouse works correctly, runs freely and is positioned correctly			
Workstation or Desk			
The work surface is large enough to allow flexibility in positioning equipment			
Is there glare or reflection from the work surface			
Is there a document holder if required			
Work Chair			
Is the chair stable			
Does the chair have adjustable back rest height, seat height and tilt			
Is the chair upholstered without a hard front edge			
Condition of Equipment			

Does all the equipment work correctly and is in a good state of repair			
Comments			
Section 2	Set up of Display Screen Equipment	Yes	No
Is your screen at a suitable viewing height (actual screen at eye level).			
Is your screen positioned at a comfortable viewing distance (350-600mm)			
Is your screen positioned in a suitable viewing region.			
Is your screen positioned to minimise reflective glare.			
Is your seat adjusted to correct height			
Is a footrest provided if required.			
Is your seat back height and tilt adjusted to provide support to lower back.			
Is there sufficient room in front of keyboard for resting forearms when not in use.			
Is your mouse positioned correctly (i.e. close to body).			
Are all repetitive and overreaching actions limited			
Is there anything preventing you sitting comfortably or easily changing posture			
Comments			

Section 3	Working Environment	Yes	No
Space			
Is there sufficient space to adopt a normal comfortable posture, to stand up and sit down easily and to arrange your work to suit your position			
Is the floor area around your workstation free from tripping hazards			
Lighting			
Is there sufficient light for you to do your tasks			
Is the lighting suitable, ie no significant glare or lighting gradients			
Temperature, Humidity and Noise			
Are the noise levels from equipment low enough not to distract attention or disturb speech			
Are the temperature and humidity levels reasonable			
Interface and Working Practices		Yes	No
Is the software available suitable for your tasks and presented in a suitable format			
Do you take sufficient breaks from DSE work e.g. 5-6 minute break every hour			
Have you had your eyes tested as recommended by an optician			
Do you think you are having any pains that may be connected to your work at the computer			
Comments			

Signed	
--------	--

Please Print	
Date	

Please pass this self assessment to the Office Manager

Line Manager Review	Further assessment required	Yes	No
Signed		Date	
Additional actions to be taken	By when	By who	

APPENDIX I

THIS IS AN EXAMPLE ONLY

Food Technology Risk Assessments

Staff Tasks		
<p>On entering the Food Technology room the teacher will ensure that:</p> <p>The dials on both gas and electrical cookers are at zero</p> <p>The cooker hoods are down</p> <p>There is no smell of gas - if there is, the windows have to be opened to ventilate the room</p> <p>No one enters the room till it is clear that there is no residual problem (If the smell of gas persists, the Gas Board should be contacted. Their advice about evacuating the building should be followed, but evacuate if in any doubt.)</p> <p>All the dangerous knives are accounted for (and before the end of each lesson)</p> <p>No dangerous equipment is easily accessible</p> <p>Soap and towels are available</p> <p>Protective clothing is available</p>		
<p>All equipment has to be maintained and serviced to a safe standard - as recommended by the manufacturers - and records kept</p>		
Hazard	Risk	Control Measures
Use of sharp knives	Cutting yourself Cutting someone else Damaging property	Instructions will be issued every lesson on how to use the knife for the particular item being processed; there must be enough space to carry out the operation without risk to the pupil or others; spills must be cleaned up immediately; there are two kinds of knives. Information, instruction and demonstration will be provided for the use of these knives and there will be supervision during their use.

<p>Use of hob and oven</p>	<p>Burning yourself Burning others Fire Shock or Gas leak</p>	<p>Students will receive instructions and demonstration on the correct use of this equipment</p> <p>the equipment must be tested and serviced at least annually by a competent person (e.g. CORGI registered or electrician)</p> <p>appropriate protective clothing must be worn (e.g. oven gloves)</p> <p>saucepan handles must be turned inwards but not across hotplates</p> <p>there must be adequate space around the cooker for safe working</p> <p>ensure no risk of knocking against others when taking hot food out of the oven or off the hotplate</p> <p>use both hands to grip the dish or saucepan when lifting out of the oven or off the hotplate</p> <p>turn off all hotplates when they are no longer in use</p> <p>equipment must be cleaned at the end of each lesson</p> <p>See also General Rules for Students.</p>
-----------------------------------	--	--

APPENDIX J

The Management of Health and Safety at Work Regulations 1999

New and Expectant Mothers at Work

"Regulation 16 - (1) where -

(a) the persons working in an undertaking include women of child-bearing age; and

(b) the work is of a kind which could involve risk, by reason of her condition, to the health and safety of a new or expectant mother, or to that of her baby, from any process or working conditions, or physical, biological or chemical agents..... the assessments required by regulation 3(1)* shall also include an assessment of such a risk".

*i.e. the requirement to carry out risk assessments where hazards or hazardous activities have been identified.

This means that particular account of risks to women of **child-bearing age** must be taken when making risk assessments in the workplace. If the assessments reveal particular risks to them, they have to be informed that they might be at risk

- of being rendered incapable of conceiving
- while being pregnant
- while breast feeding.

They have also to be told how the risk will be further reduced.

Risk Assessment entails identifying hazards and hazardous activities, identifying the risks associated with them and eliminating them if possible. If not, control measures/safety procedures must be introduced to minimise or reduce the risks where they are "significant". These must be documented, implemented and monitored. If, having done this, there is still a significant risk to the health and safety of a woman of child-bearing age, a new or expectant mother and this goes beyond the level of risk to be expected outside the workplace, the employer must, on a temporary basis

- adjust her working conditions and/or hours **or**
- offer her suitable alternative work, if any is available **or**
- give her paid leave for as long as necessary to protect her safety or health or that of her child.

These possible actions have to be taken only when the employer has been informed in writing that an employee is pregnant. The employer must request in writing for the pregnancy to be confirmed, i.e. certified by a registered medical practitioner or midwife.

These actions, moreover, are only necessary where, as a result of a risk assessment, there is genuine concern. If there is any doubt professional advice must be sought.

The employer has to keep the risk assessment for new and expectant mothers under review.

The kinds of hazards or hazardous activities most likely to be encountered in the Academy which might affect new or expectant mothers are:

- Manual handling of loads
- Working in very hot conditions
- Fatigue from standing
- Excessive physical or mental pressure
- Working at height
- Lone working, home visits - especially in the dark

Each case is likely to be different and it is important that, when the Principal/ Manager is advised that an employee is pregnant, the HR Director at ARK should be contacted so that consideration can be given as to what action is appropriate.

The following publications are recommended as references:-

1. The Management of Health and Safety at Work Regulations 1999 New and Expectant Mothers at Work - A guide for employers. ISBN 0 7176 0826 3 (HMSO)
2. The Management of Health and Safety at Work Regulations - Approved Code of Practice 1999 ISBN 0 7176 0412 8
3. 5 steps to risk assessment (Free leaflet) IND(G)163(L)

APPENDIX K

Storage - Safe System of Work

- a) Storerooms, stock cupboards, etc., will be arranged in such a way that any risk of accident, injury or fire is reduced to a minimum, if not eliminated.
- b) Heavy items will be placed at a height consistent with a person's physical capacity to lift them up and down without risking injury i.e. not too high, or too low.
- c) Storage will be planned so that the lightest and smallest (and not the heaviest or most bulky) equipment etc., is in the more out-of-the-way places.
- d) There will be appropriate means of accessing any high level storage, i.e. kick-stool or stepladders.
- e) Large or heavy packets can be split up to make carrying easier and safer.
- f) Stored items will be steady and firm, not precariously balanced or easily knocked over.
- g) Heavy items will not be stacked on top of each other unless they are very secure and not too high.
- h) There will be ease of access i.e. clear passage, to any stored items. Clutter will be cleared and extraneous materials disposed of.
- i) Rotation of stock is a factor which will be considered.
- j) Stepladders used for storing will be inspected before being used, by the user, to ensure that they are in good condition. Help should be sought from a member of the Premises Staff if there is any doubt.
- k) Care will be taken, when lifting, not to strain and run the risk of injury. Anyone who lifts regularly (e.g. Premises Staff, Technicians) will ask for an assessment to be made if it is thought that there is a potential for injury and will have training on correct methods of lifting.
- l) All hazardous substances (see COSHH) and potentially dangerous equipment and instruments must be kept out of reach of students when not in use.
- m) Inflammable substances will be kept in metal containers and locked when not in use. A record of their whereabouts will be held centrally.
- n) Gas cylinders will be stored according to requirements.

APPENDIX L

Control of Substances Hazardous to Health

A Summary of the Prevention or Control of Legionellosis (L8 - Approved Code of Practice)

Legionellosis is the term used for infections caused by *Legionella pneumophila* and other bacteria from the family Legionellaceae. Legionnaires' disease is a pneumonia that principally affects those who are susceptible due to age, illness, immunosuppression, smoking etc. and may be fatal. Legionellae can also cause less serious illnesses which are not fatal or permanently debilitating but which can affect all people.

Infection is attributed to inhaling legionellae, either in those water droplets which are small enough to penetrate deeply into the lung, or in droplet nuclei (the particles left after the water has evaporated). Legionellae are widespread in natural sources of water. They may enter man-made systems or water services, where they can multiply under certain conditions, and if there is a means of creating and transmitting water droplets, people in the vicinity may be at risk. Most cases and outbreaks of legionellosis have been attributed to water services in buildings, cooling towers and whirlpool spas. Other sources have been identified in foreign outbreaks including a humidification system, industrial coolants and respiratory therapy equipment.

To comply with their legal duties, the Academy will

- (a) identify and assess sources of risk – this includes checking whether conditions are present which will encourage bacteria to multiply and if there are susceptible people who may be exposed to the contaminated aerosols
- (b) prepare a scheme for preventing or controlling the risk
- (c) implement, manage and monitor precautions – if control measures are to remain effective, then regular monitoring of the systems and the control measures is essential
- (d) keep records of the precautions
- (e) appoint a person to be managerially responsible

The following extract is from the HSE “Legionnaires’ Disease - A guide for Employers”

“Managing the risk

You need to appoint someone to take responsibility for managing the control scheme that you have put in place.

The ‘responsible person’ needs to be competent – that is, they need to have sufficient knowledge and experience of your system to enable them to manage and control the scheme effectively, including record keeping, viz. have received training

If there are several people responsible for managing the system and/or control scheme, for example because of shift-work patterns, you need to make sure that everyone knows what they are responsible for and how they fit into the overall management of the system

If you decide to employ contractors to carry out water treatment or other work, it is still the responsibility of the appointed person to ensure that the treatment is carried out to the required standards.”

APPENDIX M

Health and Safety (Consultation with Employees) Regulations 1996

Specific provisions requiring employers to consult with employees on health and safety matters are contained in

- The Health and Safety at Work Act 1974
- The Safety Representatives and Safety Committees Regulations 1977
- The Management of Health and Safety at Work Regulations 1999
- The Health and Safety (Consultation with Employees) Regulations 1996

The Health and Safety at Work Act 1974 - Section 2(4) provided for Regulations to be made which allowed the appointment of Safety Representatives from **recognised Trade Union** members. **The Safety Representatives and Safety Committees Regulations 1977** implemented this particular provision - detailing the appointment, functions and rights of Trade Union safety representatives.

The Management of Health and Safety at Work Regulations 1999 requires employers to consult in more detail with safety representatives.

The Health and Safety (Consultation with Employees) Regulations 1996 closed the gap created by the 1977 Regulations whereby non-unionised workers had no rights of consultation with their employers on health and safety matters. Employers must now consult directly with employees directly or through elected "representatives of employee safety". This does not affect the roles and functions of union safety representatives.

Regulation 3 - duty of employer to consult

Employers must consult in good time on health and safety matters particularly, with regard to

- any new measures which may affect health and safety of employees
- the arrangements for appointing/ nominating persons to assist the employer in complying with relevant legislation and to assist in emergency procedures
- the provision of relevant health and safety information
- the planning and organisation of relevant health and safety training
- the health and safety consequences of the introduction of new technologies into the workplace.

Regulation 4 - persons to be consulted

Employers may consult directly with their employees or through "employee representatives" elected by a group of employees to represent them. Where consultation is through employee representatives, the employers must inform all employees of

- the names of the representatives
- the groups they represent
- when consultation with the representatives has discontinued
- if they change from consulting with the representatives to consulting directly with employees.

Regulation 5 - provision of information

Employers must provide all employees or their representatives with all such health and safety information as will permit them to participate fully in the consultation process and health and safety information associated with the records kept under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Regulation 7 - training, time off and facilities

Employers must provide representatives with appropriate and reasonable (negotiable) training and other relevant facilities to enable them to perform their functions, reasonable costs in connection with training, including travel and subsistence costs, time off to perform their functions and to attend relevant training courses.

It should be noted that certain Trades Unions have accepted the notion of representing non-members on health and safety matters in the workplace, if non-unionised staff wish this arrangement.

APPENDIX N

The Management of Health and Safety at Work Regulations 1999 - Young Persons

These Regulations apply to students (i.e. not over compulsory school age) and to young persons (under 18 years) who are employed and to those who are on work experience. They also apply to all students and young persons who have part-time or casual work.

An employer is required to carry out a suitable and sufficient risk assessment before employing a young person. The assessment should take into account

- the young person's inexperience, lack of awareness of risks and immaturity
- the fitting-out and layout of the workplace and the workstation
- any exposure to physical, biological and chemical agents
- the type of work equipment and the way it is handled
- the organisation of processes and activities
- the health and safety training provided
- the risks from agents, processes and work listed in the Annex to Council Directive 94/33/EC(b) on the protection of young people at work.

The employer and any school placing **students** in work experience have to ensure that the place of work is safe for them and provide the parent with comprehensible and relevant information on

- the risks to the young person's health and safety identified by the assessment
- the preventive and protective measures in place
- the risks from other users of the premises.

Any part of the Academy in which a young person is employed or is on work experience will carry out risk assessments specific to them. If young person is of compulsory school age, a parent will be informed of the risks and the control measures.

An employer **shall not employ** a young person for work which

- is beyond the physical or psychological capacity of the young person
- involves exposure to harmful agents or substances
- involves exposure to radiation
- involves the risk of accidents owing to insufficient attention to safety or lack of experience or training
- exposes the young person to extreme cold or heat, noise or vibration.

An employer **may employ** a young person who is no longer a pupil, in such environments where

- it is necessary for her training
- there is supervision by a competent person
- the risks have been reduced to the lowest level reasonably practicable.

APPENDIX O

The Provision and Use of Work Equipment Regulations 1998 (PUWER '98)

This document provides guidance on the key features of these Regulations.

Detailed information can be obtained from the Regulations, Approved Code of Practice and Guidance published by the Health and Safety Executive (ISBN 0 7176 1626 6).

Complying with PUWER '98

These Regulations contain additional and updated requirements from the initial legislation, introduced in 1992. They contain broad general duties for all types of equipment along with specific requirements for mobile equipment, inspection and examination of power presses.

The Regulations are supported by an Approved Code of Practice (ACoP) and Guidance. They include definition of terms and the duties of responsible people including employers, self-employed, those who control work equipment, those who use work equipment and those who supervise people using work equipment.

A non-exhaustive list of work equipment includes

- hand tools such as hammers, knives, handsaws, etc.
- machines such as drilling machines, circular saws, photocopiers, etc.
- apparatus such as laboratory equipment, Bunsen burners, etc.
- lifting equipment such as hoists, lifts, etc.
- other equipment such as ladders, pressure water cleaners, etc.

Items that would **not** be classified as work equipment are

- livestock
- substances (e.g. acids, alkalis, water, cement)
- structural items (e.g. walls, floors stairs, roofs)
- private car.

The Regulations require that work equipment is suitable for the purpose of its use and that it is selected with regards to the risk to health and safety of anyone who will use or come into contact with it. Before purchasing any equipment, the initial integrity of the equipment, the place it is to be used, the purpose for which it is to be used and how the associated risks to health and safety will be controlled, have to be considered.

The ergonomic design should also be considered at this point, e.g. where mobile equipment with a combustion engine is used, there must be sufficient air of good quality. Equipment should only be used for operations for, and under conditions, which it is suitable with regard to the risks to health and safety of persons. The onus is on selecting the correct equipment.

The equipment has to be maintained in good condition - efficient working order and state of repair. Where equipment has a log for maintenance, it must be kept up-to-date. The rate of inspection and maintenance is dependant on the frequency of use, who is using it, the environment it is used in, the variety of options it is used for and the risks associated with malfunction or failure. Records of all maintenance work carried out.

A competent person, that is someone with the necessary knowledge and experience of the equipment, must carry out any inspections and maintenance. *(The user should carry out visual inspections before each use or on a frequent basis, e.g. each week, depending on the level of risk involved, the nature of the work, the susceptibility to damage, etc. Any faults or damage should be reported immediately and the use of the equipment discontinued until it is repaired.)*

An inspection, if there is a significant risk of injury when it is first used after installation, should be

considered.

Where there are specific risks associated with equipment then only authorized, trained people should be allowed to use, maintain or service the equipment, e.g. only a trained individual is allowed to change a grinding wheel.

Employees must be given adequate information and instruction pertaining to their use of the equipment. The information and instruction should include

- how and in what conditions the work equipment can be used
- the foreseeable abnormal situations
- the actions to be taken as a consequence
- any conclusions drawn from using the equipment.

All the information should be understandable.

When arranging training the following should be considered

- the level of competence of the individual
- their age and experience
- environment
- what information they need to use the equipment safely.

Where an employee does not use the equipment regularly, refresher training should be made available. All training should take place during working hours (Regulation 11, Management of Health and Safety at Work Regulations 1992).

All new equipment must comply with these Regulations. In the Approved Code of Practice there is detailed advice and guidance that covers hardware requirements relating to guarding controls, control systems, stability, lighting, isolation facilities and suitable warning markings or devices.

There are separate regulations dealing with mobile work equipment where the operator or worker should be protected against falling out of the equipment and from unexpected movement.

APPENDIX P

The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

This document provides guidance on the key features of the recent Regulations.

Detailed information can be obtained from the Regulations, Approved Code of Practice and Guidance published by the Health and Safety Executive (ISBN 0 7176 1628 2).

LOLER is designed to apply specifically to work equipment that is used for lifting. It adds further requirements to those imposed by PUWER '98. These Regulations standardise, and are a major change to, existing UK law on lifting equipment.

A non exhaustive list of lifting equipment and types of equipment include

- passenger lift, dumb waiter, scissors lift
- rope and pulley used to raise parts of machinery
- fork lift truck, mobile cranes, tower cranes
- ropes used for climbing at work, hoist for lifting people

The following have to be considered

- the strength and stability of the equipment
- the measures to prevent it from falling or trapping a person
- the position and installation

in order to reduce the risk to the lowest level practicable.

The equipment should be clearly marked with the following

- the safe working load
- whether or not it is safe for lifting persons

All lifting operations have to be managed by a competent person in such a way that they are carried out safely by a trained person who is appropriately supervised.

Where lifting equipment is installed, it must be thoroughly examined for any defect unless it has an EC declaration of conformity, which is less than 12 months old. Where lifting equipment carries persons, it must be examined at least every six months. For other forms of lifting equipment there is either a 12-month examination period or a period laid down in the written scheme of examination. A competent person must carry out all examinations.

Where an EC declaration of conformity is received, it must be kept as long as the equipment is in use. Detailed examination reports must be kept for a minimum of two years.

APPENDIX Q

Control of Asbestos Regulations 2006

The Academy has a duty to manage any identified asbestos or asbestos containing materials (**ACM**). This duty is contained in **Regulation 4 of the Control of Asbestos Regulations 2006**. It requires the person, the "dutyholder" to

- (i) take reasonable steps to find out if there are materials containing asbestos in non-domestic premises, and if so, its amount, where it is and what condition it is in
- (ii) presume materials contain asbestos unless there is strong evidence that they do not
- (iii) make, and keep up-to-date, a record of the location and condition of the asbestos containing materials - or materials which are presumed to contain asbestos
- (iv) assess the risk of anyone being exposed to fibres from the materials identified
- (v) prepare a plan that sets out in detail how the risks from these materials will be managed
- (vi) take the necessary steps to put the plan into action
- (vii) periodically review and monitor the plan and the arrangements to act on it so that the plan remains relevant and up-to-date **and**
- (viii) provide information on the location and condition of the materials to anyone who is liable to work on or disturb them.

There is a requirement on anyone to co-operate as far as is necessary to allow the duty holder to comply with the above

HSE definitions for information

A Management Survey: the purpose is to manage ACMs during the normal occupation and use of premises

The Management Survey aims to ensure that

- nobody is harmed by the continuing presence of ACMs in the premises or equipment
- that the ACMs remain in good condition
- that nobody disturbs it accidentally

The Survey must locate ACMs that could be damaged or disturbed by normal activities, by foreseeable maintenance, or by installing new equipment. It involves minor intrusion and minor asbestos disturbance to make a Materials Assessment. This shows the ability of ACMs, if disturbed, to release fibres into the air. It guides the client, e.g. in prioritising any remedial work

A Refurbishment and Demolition Survey (R&D): the aim is to ensure that:

- nobody will be harmed by work on ACMs on the premises or equipment
- such work will be done by the right contractor in the right way

The Survey must locate and identify all ACMs before any structural work begins at a stated location or on stated equipment at the premises. It involves destructive inspection and asbestos disturbance. The area surveyed must be vacated, and certified 'fit for reoccupation' after the survey

Site Management needs to be briefed on the contents of a Management Survey. Works such as drilling through walls should not be carried out until the Survey has been checked and the area is confirmed as not containing asbestos

A Management Survey needs to be reviewed to ensure all areas are covered that are 'foreseeable maintenance works' where materials will be disturbed by maintenance works

APPENDIX R

ARK Schools

Noise Assessment

<u>Operative:</u>		<u>Date:</u>		<u>Job:</u>		
Are you suffering hearing loss?					Yes	No
If Yes , please describe:						
Tool/ equipment/ machine/ item	Noise level	Exposure time	Fractional exposure "f" value			
Assessed L_{EP1d} =						
Tick if L_{EP1d} is above 80dB (1st Level Action)	<input type="checkbox"/>	Ear Defenders/ Plugs will be given to the operative if requested				
Tick if L_{EP1d} is above 85dB (2nd Level Action)	<input type="checkbox"/>	Ear Defenders/ Plugs will be worn at all times by the operative using this equipment				
<u>Other action (to be) taken:</u>						
Tick if L_{EP1d} is at or above Peak Level Action	<input type="checkbox"/>	Ear Defenders must be worn by the operative using this equipment				
<u>Other action (to be) taken:</u>						
Signed: _____ (Operative) Print name:				Date: _____		
Signed: _____ (Assessor) Print name:				Date: _____		
Review outcome: Signed: _____ (Assessor)				Date: _____		
Next review Date: _____						

APPENDIX S

ARK Schools

Vibration Assessment

<u>Operative:</u>		<u>Date:</u>		<u>Job:</u>	
Do you suffer from possible effects of vibration (white finger, circulation problems, etc)?				Yes	No
If Yes , please describe:					
Tool/ equipment/ machine/ item	Vibration magnitude (m/s²)	Exposure time	Partial exposure (m/s²)		
Assessed daily vibration exposure (m/s²) A(8) =					
<u>Action (to be) taken:</u>					
<u>Information/ Advice:</u>					
Signed: ... (Operative) Print name:				Date:	
Signed: (Assessor) Print name:				Date:	
Review outcome:				Date:	
Signed: (Assessor)					
Next review Date:					

Appendix T

Health and Safety Workplace Checklist

Name of Assessor: _____ Position: _____ Building: _____

Item	Yes	No	N/A	Comments
Fire:				
Are evacuation signs and notices clearly displayed?				
Do the fire exits open easily?				
Are the routes to them clear?				
Are the extinguishers accessible?				
Are store rooms a fire hazard?				
Is there too much paper and/or combustible material around classrooms?				
Is there any around and/or on doors				
Are there combustible displays in stairwells?				
Are extinguishers and call points clearly signed?				
Have the extinguishers been serviced in the last year?				
Is the alarm being tested weekly?				
Do you know when the last drill took place?				
Does everyone know the location of the fire assembly point?				
Hazardous Substances:				
Are COSHH assessments known about?				
Are there warning notices about dangerous chemicals?				

Item	Yes	No	N/A	Comments
Are teachers using any?				
Are they stored safely, if yes?				
If there is a spillage or an accident involving a hazardous substance, are remedial measures in place?				
Electricity: Have all portable appliances been tested in the past year?				
Are staff checking that appliances are safe before they use them (not damaged)?				
Are they checking that the plugs and sockets are not damaged?				
First Aid: Are the names of First Aiders and the whereabouts of the boxes clearly displayed?				
Are the boxes well stocked?				
Is the treatment book being filled in?				
Workplace: Is it warm enough?				
Is it clean?				
Are passageways kept clear?				
Is the lighting adequate?				
Is the ventilation adequate?				
Are the storage arrangements safe?				
Is there adequate provision of hot water, soap and towels?				
Personal Protection: Have staff who need it, been provided with the appropriate protective clothing?				

Item	Yes	No	N/A	Comments
Have they been shown how to use and look after it?				
Risk Assessment: Has everyone been informed of the hazards and risks in the workplace?				
Is there a pregnant member of staff?				
Is there a disabled person?				
Has any additional action been taken for their safety?				
Premises: Are the premises well enough maintained?				
Are there any obvious, serious defects?				
Are the floors, flooring and stairs well enough maintained?				
Furniture – are there any (i) broken/ damaged chairs?				
(ii) broken/ damaged tables/ desks/ work tops?				
(iii) unsafe shelves/ shelving/ racking?				
(iv) unsafe/ damaged equipment				
(v) unsafe/ damaged play equipment				
(vi) broken/ damaged cupboards?				
(vii) broken/ damaged doors or door handles?				
(viii) broken/ cracked windows?				
(ix) torn/ badly worn carpet/ flooring				

Item	Yes	No	N/A	Comments
Security: Do staff, generally, feel safe at work?				
Display Screen Equipment: Have workstation assessments been carried out?				
Any other comments: 				
Signature: Position:			Date:	

COSHH = Control of Substances Hazardous

References

- (i) The Health and Safety at Work etc Act 1974
- (ii) The Environmental Protection Act 1990
- (iii) Construction (Design and Management) Regulations 2007 and Approved Code of Practice
- (iv) The Control of Asbestos Regulations 2006
- (v) The Control of Substances Hazardous to Health Regulations 2002
- (vi) The Corporate Manslaughter and Homicide Act 2007
- (vii) Health and Safety (Offences) Act 2008
- (viii) Prevention or Control of Legionellosis - Approved Code of Practice (COSHH)
- (ix) The Electricity at Work Regulations 1989
- (x) Electrical Safety in Schools - Guidance Note 1991
- (xi) The Noise at Work Regulations 2005
- (xii) The Work at Height Regulations 2005
- (xiii) First Aid at Work Regulations 1981 and Code of Practice (1997)
- (xiv) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- (xv) The Management of Health and Safety Regulations 1999 and Approved Code of Practice
- (xvi) The Workplace (Health, Safety and Welfare) Regulations (as amended) 2002) and Approved Code of Practice
- (xvii) The Manual Handling Operations Regulations (as amended) 2002 and Guidance
- (xviii) The Display Screen Equipment Regulations (as amended) 2002 and Guidance
- (xix) The Personal Protective Equipment at Work Regulations (as amended) 2002 and Guidance
- (xx) The Provision and Use of Work Equipment Regulations 1998 and Approved Code of Practice
- (xxi) The Safety Representatives and Safety Committees Regulations 1977
- (xxii) Accidents to pupils on construction sites 1989
- (xxiii) Health and Safety (Consultation with Employees) Regulations 1996
- (xxiv) Health and Safety (Young Persons) Regulations 1997
- (xxv) Activity Centres (Young Persons' Safety) Act 1995
- (xxvi) The Adventure Activities Licensing Regulations 1996
- (xxvii) Safety Signs and Symbols Regulations 1996
- (xxviii) The Regulatory Reform (Fire Safety) Order 2005
- (xxix) Health and Safety of Pupils on Educational Visits 1998 (DfEE)
- (xxx) Managing medicines in Schools and early years settings (DfES/Department of Health, 2005)