

Health and Safety Template

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Terminology

Locations

This means the Cambian School, College, Children’s Home, Hospital or Care home and applies to all areas within the boundaries.

Rooms

This means all rooms within the location; in schools it applies in particular to classrooms, and in homes to the bedrooms.

1.1. The following policy documents must be signed by all staff to ensure that they have read and understood all points:

- **Health and safety**
- **Legionella**
- **Lone working**
- **Stress**

1.2. These policies can be found on Cambian Point.

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ACTIVITY			NAME (S) OF ASSESSOR(S):				LINE MANAGER'S NAME:
			DATE OF ASSESSMENT:				SIGNATURE:
No.	Potential Hazards	Who is affected?	Hazard Rating	Like-likelihood	(AxB) Risk	Control Measures to Eliminate / Minimise the Risk	Further Actions
(A)		(B)	(C)		Note: If risk (C) is above 3, REVIEW CONTROL MEASURES		
HAZARD RATINGS		LIKELIHOOD	RISK PRIORITY				
1. Minor injury 2. Serious injury 3. Major injury/death			1. Unlikely 2. Possible 3. Probable		1-3 = Low 4-6 = Medium 7-9 = High		

THE RESULTS OF THIS ASSESSMENT MUST BE AGREED WITH RELEVANT STAFF. THE RISK ASSESSMENT WILL NEED TO BE REVIEWED ANNUALLY UNLESS THERE IS A CHANGE IN EQUIPMENT, STAFF, PROCEDURES, OR FOLLOWING AN ACCIDENT AND MUST BE REVISED IF NECESSARY.

Review 1	Review 2	Review 3	Review 4	Review 5
Date & Initial				

Please sign below to confirm that you have read and understood the above risk assessment:

Employee Name

Employee signature.....

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Date:	
Carried out by:	

Question	Yes	No	Comments	Resolution and date
External				
Are all walkways clear from debris?				
Are all walkways even and free from damage?				
Are all gates secure and working properly?				
Are all walls and dividing fences free from damage?				
Is all external lighting working correctly?				
Are all drains secure and working properly?				
Are all down spouts intact?				
Is all guttering intact?				
Is all masonry and stonework intact?				
Are all roofing slates in place?				
Is all outdoor storage in good order?				
Internal				
is all flooring and floor covering level and free from damage?				
Are staircases free from damage?				
Is lighting satisfactory?				
Can the temperature be controlled?				
Are all radiators secured properly to the wall and working?				
Question	Yes	No	Comments	Resolutions and date
Do all doors operate correctly?				
Do all door locks operate correctly?				
Do all windows operate correctly?				
Are upper floor windows fitted with restrictors?				
Do all toilets operate correctly?				
Do all taps work correctly?				
Are all wall tiles intact?				

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Are all handrails secured?				
Is electrical equipment visually inspected regularly?				
Is bedroom or classroom furniture free from damage?				
Is all other furniture free from damage?				
Are all switches and power sockets easily accessible?				
Are all switches and power sockets free from damage?				

General Comments:

Has Maintenance been informed Yes / No?

Name of person who informed maintenance:

Date Maintenance Informed:

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Weekly Room Check

Location Name:	
Date	
Room:	

Description	Yes	No	Comments	Resolutions and date
Is the door in good working order?				
Can the door be secured?				
Are the door handles intact?				
Is the door closure working correctly? (Does it close itself where required?)				
Is the floor covering intact? (carpet laminate etc)				
Is the floor area free from damage?				
Are all threshold strips in place?				
Is the smoke detector intact?				
Is the light working and shade fitted?				
Is the light switch safe to use?				
Are the sockets safe to use?				
Are there any trailing wires across the floor?				
Are all electrical appliances positioned safely?				
Is all furniture free from damage?				
Can the windows be opened/ closed?				
Are restrictors fitted to the windows where required?				
Are the curtain/ blinds working correctly?				

Has maintenance been notified Yes / No Date notified:

Print name: Signature:

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Weekly First Aid Check

Date: _____ Box No. _____ Location: _____

	S	M	L	STOCK REMAINING	Check Carried Out By	ITEMS ARE ORDERD Y/N	NAME (PRINT AND SIGN)	Expiry date
First Aid Guidance Leaflet	1	1	1					
Contents Label	1	1	1					
Medium Sterile Dressing	2	4	6					
Large Sterile Dressing	2	3	4					
Triangular Dressing	2	3	4					
Eye Dressing	2	3	4					
Waterproof Plasters	40	60	100					
Sterile Wet Wipe	20	30	40					
Microporous Tape	1	2	3					
Nitrile Gloves – Pair	6	9	12					
Finger Dressing	2	3	4					
Face Shield	1	1	2					
Foil Blanket	1	2	3					
Burns Dressing 10 x 10cm	1	2	2					
Clothing Shears	1	1	1					
Conforming Bandage	1	2	2					

Please record expiry dates of items that are un-shaded. Any items that are below the level indicated must be re-ordered

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Water Temperature Record Sheet

Hot and cold water temperatures are recorded to reduce the risk from production of legionella. Hot water temperatures must be kept below 43°C (as there is a risk of scalding). Cold water temperatures must be kept below 20°C. This check should be carried out weekly (unless instructed otherwise)

Date & Time	Area temperature taken in	Temperature	Hot water - Action if above 43 °C Cold water – Action if above 20 °C	Test carried out by
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		
Date – Time –		Hot – Cold –		

Descaling of shower heads must take place every 3 months. This is done by removing the shower head and submerging it in a descaling agent.

Date showerhead was last descaled:

All taps that are not used regularly must be run for two minutes every week.
 All toilets that are not used regularly need to be flushed weekly
 Please sign here to confirm this has been done.....

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Ladder Safety Checklist

The following checks must be carried out each time a step ladder is used.

Week Commencing:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Comments
Metal spreader is secure								
Joints between steps and side rails are secure								
All hardware and fittings are secure								
Movable parts operate freely								
Rungs are free from contamination								
Metal support bars are straight								
Does the locking mechanism work								
Feet supports are in place and not damaged								
All bolts are secure								
All welds are secure								
Step ladder is stable when extended out								
Steps are parallel and level when positioned								
Check carried out by:								

Please tick the relevant box if the check is ok, mark a cross in the box and add any comments if the check fails.

Any ladder that fails any part of the check must be marked 'Do Not Use'. The Maintenance Team and Health and Safety Manager must be notified immediately.

If there is no ladder kept on site please insert a piece of paper in front of this sheet stating "there is no ladder in this Location".

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Visual Display Unit Register

REGISTER OF WORKSTATIONS

Location Name:	Assessors name:
Date of assessment:	Position:

Location of Equipment	Persons Involved (staff/young people)

Anybody that uses a computer should complete a VDU checklist to ensure that they are using the equipment effectively and safely. This will reduce the risk of injury from carrying out this work practice.

This register must be reviewed if the equipment is changed or moved.

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CONTRACTORS PERMIT TO WORK

This permit is to be completed by the contractor

Name of Contractor:	Company Name:
Duration of Work:	Telephone No:

Nature of Work to be Undertaken – tick appropriate box

Roof Work	<input type="checkbox"/>	Hot work, including welding	<input type="checkbox"/>
Confined Space	<input type="checkbox"/>	Window Cleaning	<input type="checkbox"/>
Lift Shaft Work	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Electrical Work	<input type="checkbox"/>		
Work of Gas Installation	<input type="checkbox"/>		

Health and safety competence questions for contractors - initial box as confirmation

I am fully aware of Cambian’s health and safety policy	<input type="checkbox"/>	All contractors are trained and competent to the correct level to carry out this process	<input type="checkbox"/>
I have provided a copy of our health and safety policy prior to carrying out the work	<input type="checkbox"/>	No formal notices have been issued to the company by the Health & Safety Executive in the last three years	<input type="checkbox"/>
All parties are issued with all suitable PPE and sufficient apparatus	<input type="checkbox"/>	No legal proceedings have been taken against, the organisation or staff in the last three years	<input type="checkbox"/>

Work Detail:
Safety Precautions and safe system of work to be adopted (Absolute Duty)

1. No tools are to be left unattended
 2. Material must be cleared away at the end of each job (or when leaving the work area)
 3. CAMBIAN staff must be informed at all time when there is a change to the working procedure
 4. No contractor must enter a room without the permission of the CAMBIAN staff
 5. All contractors must be supervised at all times
 6. All contractors must sign in and sign out at the start and end of the job (each day)
- Should there be any additional question or clarification be sought, the Health and Safety Manager (Colin Muddle) should be informed immediately.

I have read the conditions which apply to short term contractors and agree to ensure the safety of myself and others:

Signed: (Contractor)
Date:
I have agreed to your safety precautions and safe system of work:	
Signed: (Manager)
Date:

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Asbestos management plan

This plan is to be utilised in conjunction with the Asbestos Survey, all items identified in the survey are to be checked individually on an annual basis. In addition to this all asbestos containing material are to be checked on a weekly basis during the weekly building checks.

All Medium and High risk asbestos items are removed before the Location opens; low risk items are made safe and checked regularly for damage. Should any asbestos containing material be disturbed it is to be isolated and Maintenance and Health and Safety are to be informed immediately.

Name of Location			
Date of check			
Location of Asbestos [Enter location of all asbestos]	Condition of asbestos [Enter OK or damaged]	Action taken [Complete if damaged]	Completed by
			Print name:
			Sign :

