All employees, volunteers or contractors are required to ensure the following factors are considered and checked prior to commencing the intervention:

|  |  |  |
| --- | --- | --- |
| **Venue Details** |  |  |
| **Name of Venue:** | **Address:** | **Date:** |
| **Intervention type:** | **Practitioner Name:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Factors to consider in the space you will be working in** | **Yes** | **Further Action Needed** | **N/A** |  | **Factors to consider in the space you will be working in** | **Yes** | **Further Action Needed** | **N/A** |
| **Movement in the Room (slips and trips)** | **Furniture and Fittings** |
| Is the internal flooring in a good condition? |  |  |  | Are permanent fixtures in good condition and securely fastened, e.g. cupboards, display boards, shelving? |  |  |  |
| Are there any changes in floor level or type of flooring that need to be highlighted? |  |  |  | Are hot surfaces of radiators etc. protected where necessary to prevent the risk of burns? |  |  |  |
| Are gangways between desks/chairs/tables kept clear? |  |  |  | Is furniture in good repair and suitable for the size of the user, whether adult or child? |  |  |  |
| Are trailing electrical leads/cables prevented wherever possible? |  |  |  | Is portable equipment stable, e.g. a TV set on a suitable trolley? |  |  |  |
| Is lighting bright enough to allow safe access and exit? |  |  |  | Where window restrictors are fitted to upper-floor windows, are they in good working order? |  |  |  |
| Are procedures in place to deal with spillages, e.g. water, blood from cuts? |  |  |  | **Electrical equipment and services** |
| For stand-alone classrooms: | Are fixed electrical switches and plug sockets in good repair? |  |  |  |
| Are access steps or ramps properly maintained? |  |  |  | Are all plugs and cables in good repair? |  |  |  |
| Are access stairs or ramps provided with handrails? |  |  |  | Has portable electrical equipment, eg laminators, been visually checked and, where necessary, tested at suitable intervals to ensure that it’s safe to use? (There may be a sticker to show it has been tested.) |  |  |  |
| **Workplace ventilation and heating** |
| Does the room have natural ventilation? |  |  |  |
| **Factors to consider in the space you will be working in** | **Yes** | **Further Action Needed** | **N/A** | **Factors to consider in the space you will be working in** | **Yes** | **Further Action Needed** | **N/A** |
| **Workplace ventilation and heating (continued)** | **Electrical equipment and services (continued)** |
| Are measures in place, for example blinds, to protect from glare and heat from the sun? |  |  |  | Has any damaged electrical equipment been taken out of service or replaced? |  |  |  |
| Can a reasonable room temperature be maintained during use of the room? |  |  |  | **Asbestos** |
| **Fire** | If the building contains asbestos, have details of the location and its condition in the room been provided and explained to you? |  |  |  |
| If there are fire exit doors in the room, are they:■ unobstructed;■ kept unlocked; and■ easy to open from the inside? |  |  |  |
| Have you been provided with guidance on securing pieces of work to walls/ceilings that may contain asbestos? |  |  |  |
| Are fire evacuation procedures clearly displayed? |  |  |  | **This list is not exhaustive and you should identify any other hazards associated with the daily use of the room in the space below, including any further actions needed. If necessary, discuss this with your Line Manager or the venue manager.** |
| Are you aware of the evacuation drill, including arrangements for any children you are working with? |  |  |  |

|  |  |
| --- | --- |
| **Additional Issues** | **Further Actions Needed?** |
|  |  |
|  |  |
|  |  |

See overleaf for table for you to enter the identified hazards and actions which need to be taken; you may wish to consult with your Line Manager to assist you in the completion of this section:

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard** | **Action required** | **By whom** | **Date action completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |