Health and Safety Policy

Appendices 21-41

Appendix 21

GENERAL PLANT INSPECTION REGISTER

Department.....

Date	Equipment	Visual Check OK? YES / NO	If NO Faults noted	Test Certificate ? YES / NO	Name	Signature

Use this register for recording the results of regular formal inspections of general mechanical plant and equipment.

Appendix 22

MACHINERY PLANT AND EQUIPMENT DEFECT REPORT

PART A: To be completed by Head of Department and submitted to the Maintenance and Safety Manager

Machine/plant/equipment:			
Equipment user:		**Department:**	
Nature of fault/defect:			
Reported by:		**Date:**	

PART B: **To be completed by the Maintenance and Safety Manager**

Job Nº:		**Date:**	
Action to be taken:			**Time scale:**
Action taken:			**Completed (Date & time)**
Faults rectified and equipment put back into use			
Maintenance and Safety Manager signature:		**Date:**	
		Time:	

Appendix 23

STAFF INDUCTION RECORD

Employee name:		**Start date:**	
Department:			

Section A

Ser	Item	Employee to Initial when completed
1	Tour of premises and introduction to key personnel	
2	Toilet facilities	
3	Canteen facilities	
4	Breaks and lunch times	
5	Over-time	
6	Notice boards	
7	Booking in/out system	
8	Introduction to qualified first aider(s)/appointed person(s)	
9	Telephone facilities (in emergency)	
10	Entrances and exits to be used	
11	How department relates to rest of HLC	
12	Standard of work expected and time keeping	
13	Introduction to the Health and Safety Policy	
14	Arrangements for consultation	

Section B

Ser	General arrangements	Employee to Initial when completed
1	Good housekeeping	
2	Fire prevention (including no smoking rule)	
3	Location of firefighting equipment	
4	Fire drills and raising the alarm	
5	Location of exits	
6	Assembly points	

7	Accident reporting	
8	Safety signs	
9	Defect reporting	
10	First aid	

Section C

Ser	Specific hazards relating to the job/ work area	Employee to Initial when completed
1	Manual handling	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Training guidelines required
Comments (e.g. previous safety training)

I have read and understood the relevant sections of the Company Health and Safety Policy. Employee name: Signature: Date:
Employee signature when induction completed: Date:
Manager signature when induction completed: Date:

Appendix 24

INDUCTION REGISTER

Ser	Employee Name	Department	Date	Induction carried out by (name/sign)	Employee signature

Appendix 25

Manual Handling

Your primary duty under the Regulations is to avoid operations which involve a risk of injury or, where this is not reasonably practicable, to assess those operations and reduce the risk of injury to the lowest level reasonably practicable. Look closely at the highest risk operations and do not use your resources on detailed assessments of low-risk tasks.

Make sure your workforce is fully involved in the risk assessment process. For information about HSE's risk assessment tools and links to other non-HSE tools look at

www.hse.gov.uk/msd/risk.htm.

Link to the current full version of Guidance Document L123 for the Manual Handling Operations Regulations 1992 can be found here:

http://www.hse.gov.uk/pubns/priced/l23.pdf

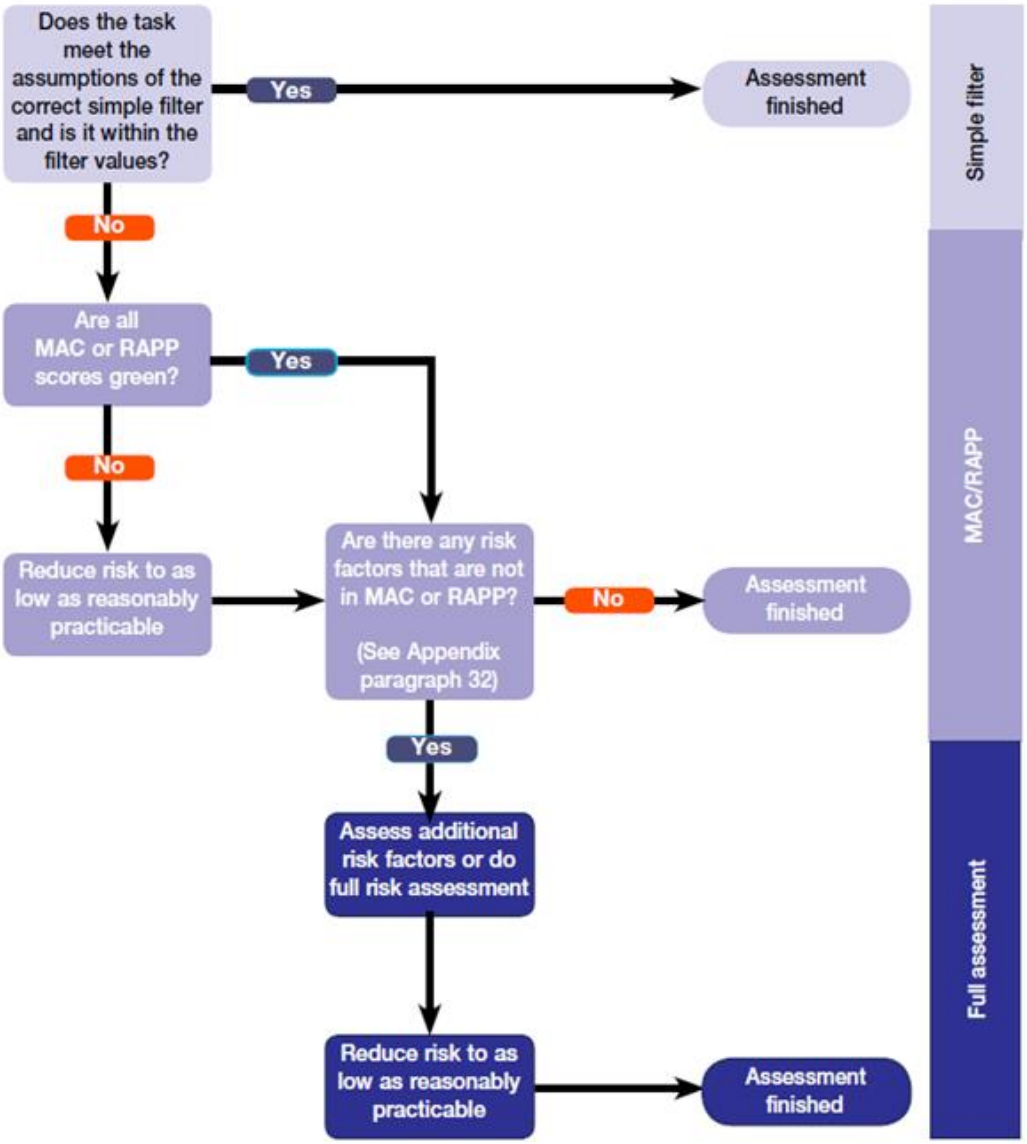
The above document can help you decide how detailed your manual handling risk assessments should be. If you choose to use HSE's approach, there are three levels of detail:

- **simple filters** to distinguish low-risk tasks from the tasks which need a more detailed assessment (see *Appendix paragraphs 4–22 of HSE Document L23*);

- the *Manual handling assessment charts* (the MAC tool) or the Risk assessment of pushing and pulling (RAPP) tool, which are **HSE's tools** for assessing the most common manual handling risk factors of these tasks. They will help you prioritise action to control the risks. (see *Appendix paragraphs 23–29 of HSE Document L23)*

- **full risk assessment**. If you have already done an assessment with the HSE tools (MAC or RAPP) then you can add any necessary information to ensure adequate coverage of the factors required by the Regulations *(see Appendix paragraphs 32–33 of this HSG Document L23).* Otherwise you can carry out a standalone full risk assessment. *(see Appendix paragraphs 34–36 of HSE Document L23 and the online checklist)*

- The flow chart below will assist you determine the level of risk assessment required depending on the type of manual handling operations in your workplace. You may not need to complete all three levels. For high-risk tasks you can go straight to a detailed full risk assessment. *Guidance relevant to your particular industry may also be available to help you.*


Does the task meet the assumptions of the correct simple filter and is it within the filter values?
Yes
Assessment finished
No
Are all MAC or RAPP scores green?
Yes
No
Reduce risk to as low as reasonably practicable
Are there any risk factors that are not in MAC or RAPP?
(See Appendix paragraph 32)
No
Assessment finished
Yes
Assess additional risk factors or do full risk assessment
Reduce risk to as low as reasonably practicable
Assessment finished
Simple filter
MAC/RAPP
Full assessment

How detailed should the risk assessment be?

*The following should be used as outline guidance only; full information and guidance in **HSE Document L23** must be used prior to completion of suitable and sufficient manual handling Risk Assessments for the undertaking by competent persons.*

1 Use the **filters** to identify tasks that are low risk. If the task is within the filter values you do not normally need to do any other form of risk assessment unless you have individual employees who may be at significant risk, e.g. pregnant workers, young workers, those new to the job, or those with a significant health problem or a recent injury. If you are not sure that a task is low risk, you should do a more detailed risk assessment.

2 The **filters** are based partly on data in published scientific literature and partly on practical experience of assessing risks from manual handling. They are pragmatic, tried and tested and set out approximate boundaries that will provide a reasonable level of protection to around 95% of working men and women. However, you must **not** regard them as safe weight limits for lifting. Because there are very many factors that influence risk, there is no weight threshold where manual handling operations change from 'safe' to 'unsafe'. Even operations lying within the boundaries of the filters should be avoided or made less demanding wherever it is reasonably practicable to do so.

1 Even for a minority of fit, well-trained individuals working under favourable conditions, operations which exceed the filter values by more than a factor of about two may represent a serious risk of injury. Always make these operations high priority for carrying out full risk assessments and implementing appropriate risk reduction measures

When to do a more detailed assessment

You will need to carry out either a MAC/RAPP (or equivalent) or full risk assessment when any of the following conditions apply:

- Lifting or lowering takes place such as with very large forward reaches, lifting below floor level or lifting above head height.
- The handling is more frequent than one lift every two minutes
- The handling involves torso twisting
- Team handling occurs
- The activities are complex
- The load is difficult to grasp or handle.
- Aspects of the working conditions are not favourable main guidance, Carrying happens with the load not held against the body.

The filters in detail
There are different filters for four types of manual handling operations. These are:

- lifting and lowering;
- carrying for up to 10 m;
- pushing and pulling for up to 20 m;
- handling while seated. 9 The filters do not take account of the full range of factors required by Schedule 1 of the Regulations.

The filters only assess risks from the weight and position(s) of the load or the force and postures needed to push or pull it. HSE's manual handling assessment tools (MAC and RAPP) help you assess more of the risk factors.

MANUAL HANDLING

Links to further HSE Guidance and Documents for Manual Handling Operations

http://www.hse.gov.uk/pUbns/priced/l23.pdf

http://www.hsebooks.com/Books/product/product.asp?catalog_name=HSEBooks&category_name=&product_id=2466

http://www.healthyworkinglives.com/advice/work-equipment/manual-handling

http://www.hse.gov.uk/msd/mac/index.htm

http://www.hsebooks.com/Books/product/product.asp?catalog_name=HSEBooks&category_name=&product_id=4337

http://www.opsi.gov.uk/si/si1992/uksi_19922793_en_1.htm

http://www.hse.gov.uk/msd/manualhandling.htm

END

MANUAL HANDLING ASSESSMENT FORM

General summary								
Operation covered by this assessment:								
Location of operation:								
Has the HSE MAC tool been used to determine the level of risk?		**If yes, what level did it give it? (Low, Medium, High, Very High)**						
Can the operations be avoided, mechanised or automated at reasonable cost?	**Yes**		**NO**		**Partly**			
Detailed assessment								
Element of operation	**Yes**	**Level of risk**				**Remedial action required**		
		L	**M**	**H**	**VH**			
THE TASKS - Do they involve: 1. Holding loads away from trunk? 2. Twisting? 3. Stooping? 4. Reaching upwards? 5. Large vertical movement? 6. Long carrying distances? 7. Strenuous pushing or pulling? 8. Unpredictable movement of loads? 9. Repetitive handling? 10. Insufficient rest or recovery? 11. A workrate imposed by a process?								
THE LOADS - Are they: 1. Heavy? 2. Bulky/unwieldy? 3. Difficult to grasp? 4. Unstable/unpredictable? 5. Intrinsically harmful (e.g. sharp/hot)?								
THE WORKING ENVIRONMENT - Are there: 1. Constraints on posture? 2. Poor floors/underfoot conditions? 3. Variations in levels?								

4. Extremes of weather? 5. Strong air movements? 6. Poor lighting conditions?						
INDIVIDUAL CAPABILITY - Does the task: 1. Require unusual capability? 2. Hazard those with a health problem? 3. Hazard those who are pregnant? 4. Call for special information/training?						
OTHER FACTORS - 1. Is movement or posture hindered by clothing or personal protective equipment?						
Date by which remedial action is to be taken:						
Assessment carried out by:						
Position:						
Date of assessment:						

Appendix 26

GUIDE TO SAFE KINETIC HANDLING/ LIFTING TECHNIQUES

Certain tasks will necessitate staff having to lift, move and carry various materials and items of equipment, so there will be a requirement for handling, lifting, carrying of all types, sizes and shapes of objects.

In order to avoid strain and injuries particularly to the back, staff must utilise the correct principles of lifting and carrying.

Staff must obtain assistance if they feel they cannot comfortably lift materials or items on their own. Personnel who are working singly at the time must not attempt to handle objects which are too heavy until assistance can be obtained.

The principles of correct lifting incorporate the use of strong leg muscles as opposed to the weaker muscles of the back. The momentum of body weight should be used to create movement in the direction you wish to go.

The following points are given as basic procedure for correct lifting:

1. Position the feet correctly i.e. Splayed approximately 0.5 metres apart (or shoulder width).

2. If it is intended to move off in a certain direction, position the lead foot in this direction and use the other to propel the body forward.

3. Keep a straight but relaxed back. Position the knees to enable this position to be maintained.

4. Keep the arms close to the body for both lifting and carrying.

5. Obtain a good hold (not just finger tips) of the item to be lifted or carried.

6. Pull the chin in.

7. Make use of body weight utilising the strong leg muscles to give power to the lift.

8. Even light weights can result in injury if lifted incorrectly or if carried in such a way as to obscure vision.

9. Extra care must be taken on any slippery surfaces which may be encountered.

Safe Lifting Reminders

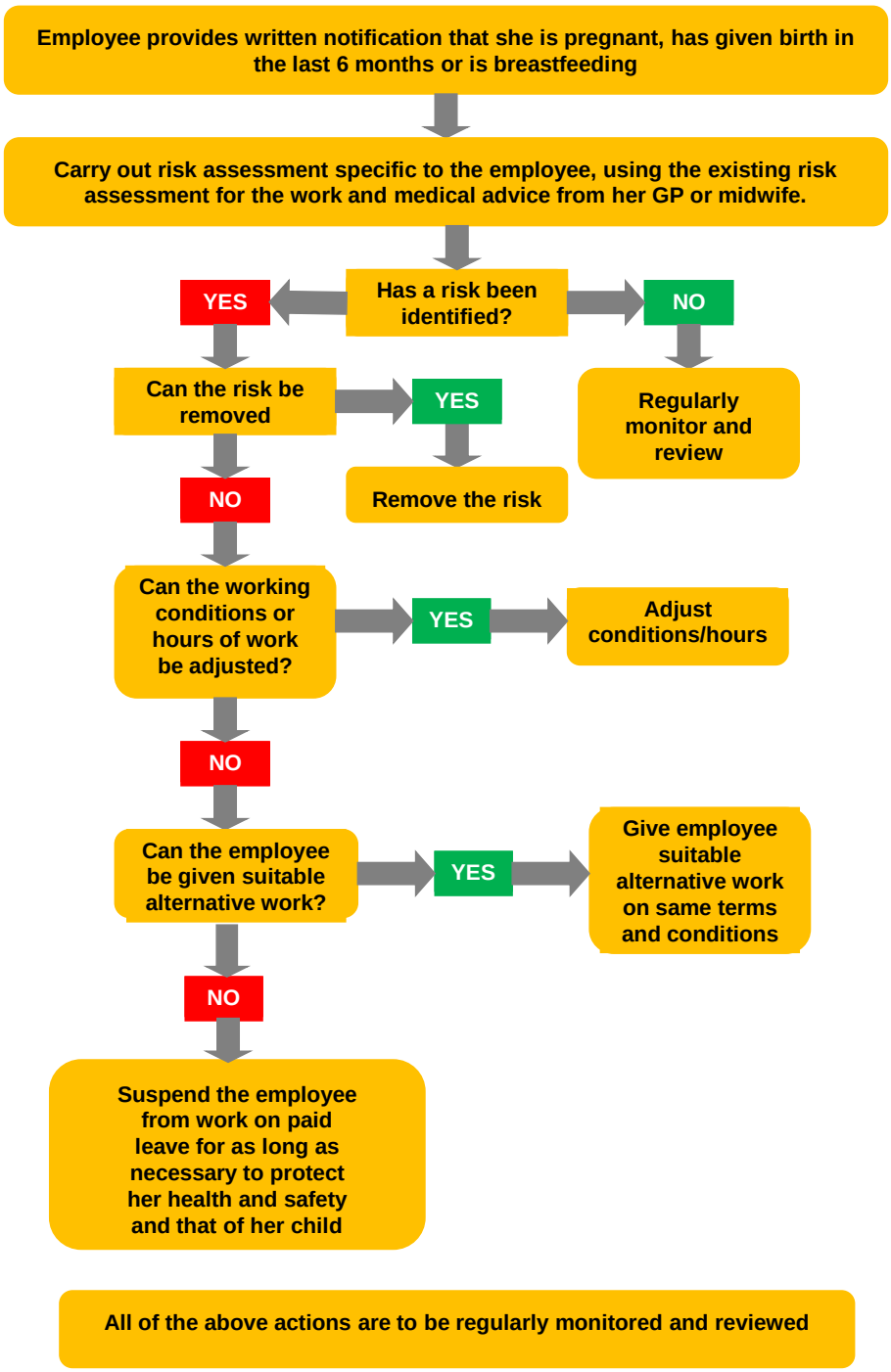
Do's

- Plan your lift
- Keep a shoulder-width stance
- Squat – bend the knees
- Tighten stomach muscles
- Maintain your back's natural curves
- Lift with your legs
- Minimise the weight you must lift
- Get help and make use of special handling equipment
- Exercise and limit stress on your back

Don'ts

- Bend at the waist
- Twist while lifting or carrying
- Try to lift more than you can handle
- Reach over your shoulders for a load
- Try to recover a falling load

NEW AND EXPECTANT MOTHER FLOW CHART



Appendix 28

RISK ASSESSMENT OF EXPOSURE TO NOISE

Record of findings of the assessment of risk due to exposure to noise, made in pursuance of Regulation 5 of the Control of Noise at Work Regulations 2005. This form can only be used where a reliable estimate of the exposure to noise can be made. If reliable estimates cannot be made, measurement of the noise levels is necessary.

Work location:				
Date	**Ref**			
Who is exposed (consider staff, pupils, visitors etc)			**How many in each group**	
Are any of the above particularly at risk? (consider any pre-existing hearing conditions, any family history of deafness, pregnant women, young persons)				
Who	**Why**	**Extra controls needed (possibly use of hearing protection at lower levels or additional hearing tests)**		
Does any of the work involve a combination of noise and vibration?		**Yes**		**No**
Does any of the work involve a combination of noise and the use of chemicals (such as solvents)?		**Yes**		**No**
The above combinations may increase the potential damage to hearing. If the answer to either of the above is 'yes' you may need to limit exposure by reducing the time spent on the task, monitor health surveillance results for these workers or increase frequency of health surveillance for these workers.				
Is health surveillance (hearing tests) of the employees carried out?		**Yes**		**No**
Has it identified any new or worsening cases of hearing defects relating to this work?		**Yes**		**No**
Noise control measures in place				
Noise levels – Include all significant sources of noise that the worker is exposed to in the working day (including break times).				
Source of noise	**How is the noise level estimated**	**Estimated noise level *dB(A)***	**Length of exposure (hours)**	**Point value from table 1**

From employees work:				
From work by others:				
Background noise:				
Total point value				
Noise exposure $^{L}EP,d$ *(dB)* (From table 2)				

If the noise exposure ^{L}EP,d reaches 80 *dB(A)* the employer must make suitable hearing protection available.

If the noise exposure ^{L}EP,d reaches 85 *dB(A)* the employer must establish a hearing protection zone, make suitable hearing protection available and must enforce its use.

Additional noise control measures required – (before relying on hearing protection consider if you can eliminate the noise at source, use other work methods, use quieter equipment or reduce noise by workplace layout or technical means)			
Can any audible warnings still be heard with control measures in place?	**Yes**	**No**	
If the answer to the above question is 'no' alternative warnings are required (such as visual warnings etc)			

	Name	**Position**	**Signature**
Assessment carried out by:			
Date for review:			

Table 1 (Exposure points)						
Estimated noise level (dB)	Length of exposure (hours)					
	1/4	1/2	1	2	4	8
105	320	625	1250			
100	100	200	400	800		
97	50	100	200	400	800	
95	32	65	125	250	500	1000
94	25	50	100	200	400	800
93	20	40	80	160	320	630
92	16	32	65	125	250	500
91	12	25	50	100	200	400
90	10	20	40	80	160	320
89	8	16	32	65	130	250
88	6	12	25	50	100	200
87	5	10	20	40	80	160
86	4	8	16	32	65	130
85		6	12	25	50	100
84		5	10	20	40	80
83		4	8	16	32	65
82			6	12	25	50
81			5	10	20	40
80			4	8	16	32
79				6	13	25
78				5	10	20
75					5	10

Table 2	
Total exposure points	Noise exposure $^{L}EP,d(dB)$
3200	100
1600	97
1000	95
800	94
630	93
500	92
400	91
320	90
250	89
200	88
160	87
130	86
100	85
80	84
65	83
50	82
40	81
32	80
25	79
20	78
16	77

EXPOSURE POINTS WORKED EXAMPLE

An employee has the following typical work pattern:

1. Five hours working where the noise level is around 80 dB;
2. Two hours at a machine for which the manufacturer has declared 86 dB at the operator position (a 'listening check' suggests this is about right);
3. 45 minutes on a task where noise measurement has shown 95dB to be typical.

Noise level	Duration	Notes	Exposure points
80	5 Hrs	No column for 5 hours, so add together values from 4 and 1 hour columns in row corresponding to 80 dB	16 + 4 = 20
86	2 Hrs	Directly from table	32
95	45 Mins	No column for 45 minutes, so add together values from 30 and 15 minute columns in row corresponding to 95 dB	65 + 32 = 97
		Total noise exposure points	149
		LEPd	86 to 87 dB

Table 1 (Exposure points)

Estimated noise level (dB)	Length of exposure (hours)					
	$^1/_4$	$^1/_2$	1	2	4	8
105	320	625	1250			
100	100	200	400	800		
97	50	100	200	400	800	
95	32	65	125	250	500	1000
94	25	50	100	200	400	800
93	20	40	80	160	320	630
92	16	32	65	125	250	500
91	12	25	50	100	200	400
90	10	20	40	80	160	320
89	8	16	32	65	130	250
88	6	12	25	50	100	200
87	5	10	20	40	80	160
86	4	8	16	32	65	130
85		6	12	25	50	100
84		5	10	20	40	80
83		4	8	16	32	65
82			6	12	25	50
81			5	10	20	40
80			4	8	16	32

Table 2

Total exposure points	Noise exposure $^{L}EP,d(dB)$
3200	100
1600	97
1000	95
800	94
630	93
500	92
400	91
320	90
250	89
200	88
160	87
130	86
100	85
80	84
65	83
50	82
40	81
32	80
25	79

Appendix 29

PERSONAL PROTECTIVE EQUIPMENT
ASSESSMENT RECORD

Name:.....

Job title:.....….....

Date of assessment: .....Carried out by:.....

Department: .....…

Is there a risk to:	**Yes**	**No**	**If there is a risk, state appropriate item of PPE to be provided(give sizes/ types/ colours etc where applicable)**
Head			
General body (Wet/dry/hot/cold)			
Hands/arms			
Hearing			
Sight			
Feet/legs			
Breathing/ respiratory			
Visibility to vehicles			

I confirm that I have been informed about the correct use of the above items and will use them in accordance with the requirements of this policy and any instruction given.

Signed ..... Date.....……..

RISK ASSESSMENT

Department:	**Date of assessment:**	**Ref:**
Operation / Activity		
Risk Assessment for:		

Hazards Noted (Who might be harmed and how?)	**Existing Controls (What are we already doing?)**	**S**	**L**	**R**	**Further Controls Required (What else do we need to do?)**	**Modified**		
						S	**L**	**R**
a	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**

Key **S = Severity** – **1**. First Aid **2**. Reportable **3**. Permanent Disablement **4**. Fatality **5**. Multiple Fatality

L = Likelihood – **1**. Negligible **2**. Low but possible **3**. Possible but not likely **4**. Probable **5**. Highly likely

R = Risk (S multiplied by L) – 1-3 = **L** (Low) 4-6 **M** (Medium) Over 6 **H** (High)

<table>
<tr><td colspan="3">Who is affected (Underline)</td><td colspan="2" rowspan="2">Numbers Exposed</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr>
<tr><td colspan="3">Staff Contractors Suppliers Visitors Young Persons Lone workers

Disabled New/Exp mothers Children Intruders</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5"></td><td colspan="5">A. 1 B. 2-5 C. 6-20 D. 21-100 E. 100+</td></tr>
<tr><td colspan="3">Specific assessment required (Underline)</td><td colspan="7">PPE required (Underline)</td></tr>
<tr><td colspan="3" rowspan="2">COSHH Noise Manual Handling PPE Fire Vibration Young Persons</td><td colspan="7" rowspan="2">Head protection Protective footwear High visibility clothing Gloves

Eye protection Hearing protection Overalls Respiratory protection

Other (state):</td></tr>
<tr></tr>
<tr><td colspan="2" rowspan="2">Written safe system of work required (method statement)</td><td>YES</td><td>NO</td><td colspan="7" rowspan="2"></td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="10">Signed: Name: Position: Review date:</td></tr>
</table>

Step 1
Look for the hazards

- **Look at what could reasonably be expected to cause harm**
- **Ask staff who carry out the task**
- **Look at manufacturers data sheets**
- **Consider past accident records**

Examples to look for

- **Slips & trips - poor housekeeping, cable discipline etc**
- **Fire - Storage, housekeeping etc**
- **Chemicals -Chemical cleaners, adhesives etc**
- **Moving parts - Cut off saws, bench saws, grinders etc**
- **Work at height - stepladders, ladders, towers etc**
- **Vehicles - Deliveries, contractors, plant machinery etc**
- **Electricity - Isolation, poorly maintained, 240/110v etc**
- **Fumes - Welding, 2 part epoxy, screeds etc**
- **Manual handling - Task, Individual, Load, environment**
- **Noise - Action levels, hearing protection zones etc**
- **Lighting - Time of year, emergency, task etc**
- **Temperature/Climate - Seasonal, task induced**

Remember there are more hazards than listed here !

Step 2
Decide who might be harmed and how

How many people could be harmed and who are they?

- **Staff**
- **Pupils**
- **Suppliers**

Pay particular attention to

- **Pupils**
- **Members of the public**
- **Disabled**
- **Visitors**
- **Young persons / inexperienced staff**
- **Lone workers**
- **Female staff**

They may be more vulnerable

Step 3
Evaluate risks and precautions

- **Consider how likely it is that the hazard could cause harm**
- **Some risk usually remains You must determine if it is high, medium or low**
- **Have you considered:**
- **Legal requirements**
- **Recognised standards**
- **Best practice**
- **Have I reduced the risk *as far as reasonably practicable***

When controlling risk:

- **Eliminate the hazard if possible**
- **Reduce the hazard**
- **Isolate the hazard from people**
- **Control the exposure to the hazard**
- **Personal Protective Equipment - almost a last resort**
- **Discipline**

Step 4
Record your findings

Also tell your staff about your findings
Risk assessments must be suitable and sufficient
You need to be able to show that :
A proper check was made.
You asked who might be affected.
You dealt with the obvious significant hazards.
The precautions are reasonable, and the remaining risk is low

Step 5

Review and revise if necessary

Set a date for review of the assessment
On each review check precautions are still adequate to control the risk.
Making changes in your workplace may introduce significant new hazards. Look for them and follow the 5 steps

TASK METHOD STATEMENT			
Work Location:		**Date:**	
The Work/ Task			
Who will carry out the work?			
What tools and equipment are required?			
What materials are used?			
Summary of hazards involved (detailed in attached risk assessments)			
Summary of control measures to be used (detailed in attached risk assessment)			

Are any of the following specific assessments required (if YES–attach to this form)				
Control of Substances Hazardous to health (COSHH)	**YES**		**NO**	
Noise	**YES**		**NO**	
Vibration	**YES**		**NO**	
Manual handling	**YES**		**NO**	
Control of lead	**YES**		**NO**	
Young persons	**YES**		**NO**	

Brief outline of how the work is to be done (ie sequence/ method)

Signed ……

Name ……Position ……

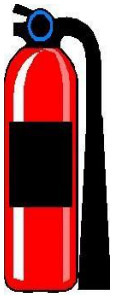
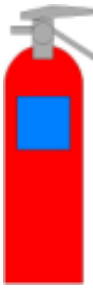
The following personnel who will carry out this task have read and understand this method statement and associated risk assessments and will carry out the task in accordance with these documents		
Name	**Signature**	**Date**

TEMPORARY WORKS FIRE RISK ASSESSMENT

This temporary works Fire Risk Assessment (FRA) form is only to be used for maintenance tasks. Where contractors carry out construction work where the risks change as the project develops they are required to provide their FRA for the project.

Work location:	
Responsible Person:	
Person carrying out FRA:	
Date of assessment:	

A reminder of fire extinguisher types:

WATER	CARBON DIOXIDE (CO_2)	FOAM	DRY POWDER
Use on wood, paper, textiles etc	Use on flammable liquids, electrical fires	Use on flammable liquids	Use on flammable liquids and electrical fires
 Solid red colour	 Red with black band or patch	 Red with cream band or patch	 Red with blue band or patch
DO NOT use on liquid electrical or metal fires	DO NOT use on metal fires	DO NOT use on electrical or metal fires	DO NOT use on metal fires

Symbol to use for type of extinguisher on Fire Risk Assessment form

W **CO2** **F** **P**

Additional hazards created by work to be carried out. Consider additional sources of: Ignition Fuel oxygen	Controls required (annotate if already in place or additional requirement)	Extinguisher type req (W, CO2, F or P)	Hot Works Permit req	
			Yes	No

Anyone especially at risk:				
How many people could be affected:		**Any Lone or remote workers?**	**Yes**	**No**

IF THE ANSWERS TO THE QUESTIONS BELOW ARE 'NO' INCLUDE THEM AS HAZARDS ON THE PREVIOUS PAGE						
Is the usual means of raising the alarm adequate (type & location):						
Any areas requiring additional emergency lighting:						
Types of fire extinguishers required at the work site:			**Do all work areas have clear escape routes to the assembly area?**		**Yes**	**No**
Are all extinguishers serviceable and in date with annual test?	**Yes**	**No**	**Is any additional warning signage required? (diverted emergency escape routes, additional fire points, flammable storage).**		**Yes**	**No**
Signature of person carrying out assessment:						

Appendix 33

RISK ASSESSMENT FOR EXPOSURE TO HAND ARM VIBRATION (HAV)

Record of findings of the assessment of risk due to exposure to vibration, made in pursuance of Regulation 5 of the Control of Vibration at Work Regulations 2005.
This form can only be used where a reasonably reliable estimate of the exposure to vibration can be made. If reliable estimates cannot be made, measurement of the vibration levels is necessary.

Date:	**Ref:**

Who is exposed (individuals and consider employee trades)	**How many in each group**

Are any of the above particularly at risk? (consider any pre-existing health conditions, any previous circulatory problems, pregnant women, young persons or smokers)

Who	**Why**	**Extra controls needed for those particularly at risk (alternative work equipment, reduced exposure times, additional health surveillance)**

Is health surveillance of the employees carried out?	**Yes**		**No**	
Has it identified any new or worsening cases of Hand Arm Vibration Syndrome (HAVS) relating to this work?	**Yes**		**No**	

HAV control measures in place

Vibration levels – Include all significant sources of HAV that the worker is exposed to in the working day (exposure times used should be 'trigger times' which is the amount of time the tool is handled whilst under load (trigger operated). The vibration calculator at the HSE web site can also be used if available.

Source of vibration	How is the vibration level (magnitude) estimated? 1. Manufacturers data with equipment under load 2. Manufacturers equipment manual (double the figure if from this source) 3. Technical measurement	Estimated vibration magnitude m/s^2	Total length of exposure (Trigger time) during working day	Point value from table 1
Total point value				

The exposure action value (2.5 m/s^2 A(8)) is equal to a total point value of 100.
The exposure limit value (5 m/s^2 A(8)) is equal to a total point value of 400.

Additional control measures required to reduce the points value to as low as reasonably practicable. **If the exposure limit value is exceeded, immediate steps must be taken to reduce the exposure before further work continues.**

	Name	Position	Signature
Assessment carried out by:			
Date for review:			

Table 1 (Exposure point values)								
Estimated vibration magnitude m/s^2	Total length of exposure (Trigger time) during working day							
	15 min	30 min	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs
30	450	900						
25	315	625	1250					
20	200	400	800					
19	180	360	720	1450				
18	160	325	650	1300				
17	145	290	580	1150				
16	130	255	510	1000				
15	115	225	450	900	1350			
14	98	195	390	785	1200			
13	85	170	340	675	1000	1350		
12	72	145	290	575	865	1150	1450	
11	61	120	240	485	725	970	1200	1450
10	50	100	200	400	600	800	1000	1200
9	41	81	160	325	485	650	810	970
8	32	64	130	255	385	510	640	770
7	25	49	98	195	295	390	490	690
6	18	36	72	145	215	290	360	430
5.5	15	30	61	120	180	240	305	365
5	13	25	50	100	150	200	250	300
4.5	10	20	41	81	120	160	205	245
4	8	16	32	64	96	130	160	190
3.5	6	12	25	49	74	98	125	145
3	5	9	18	36	54	72	90	110
2.5	3	6	13	25	38	50	63	75
2	2	4	8	16	24	32	40	48
1.5	1	2	5	9	14	18	23	27
1	1	1	2	4	6	8	10	12

Key

= Above limit Value

= Likely to be above limit value

= Above action value

= Likely to be above action value

= Below action value

RISK ASSESSMENT FOR EXPOSURE TO HAND ARM VIBRATION (HAV)
EXPOSURE POINTS WORKED EXAMPLE

An employee has the following typical work pattern:

1. One hour using a breaker in good conditions estimated at 5 m/s^2 ;
2. Four hours using a tool for which the manufacturer has declared 3 m/s^2 in comparable conditions to your use;
3. 45 minutes using a tool for which the handbook states 2 m/s^2 (from this source double the figure to 4 m/s^2).

Vibration level m/s^2	Duration	Notes	Exposure points
5	1 hour	Direct from table	50
3	4 Hrs	Directly from table	72
4	45 Mins	No column for 45 minutes, so add together values from 30 and 15 minute columns in row corresponding to 4 m/s^2	16 + 8 = 24
		Total exposure points	146

146 points does not exceed the exposure limit (400 points) but does exceed the action value (100 points) so further controls are required to reduce the figure to as low as reasonably practicable.

Table 1 (Exposure point values)

Estimated vibration magnitude m/s^2	Total length of exposure (Trigger time) during working day							
	15 min	30 min	1 hour	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs
14	98	195	390	785	1200			
13	85	170	340	675	1000	1350		
12	72	145	290	575	865	1150	1450	
11	61	120	240	485	725	970	1200	1450
10	50	100	200	400	600	800	1000	1200
9	41	81	160	325	485	650	810	970
8	32	64	130	255	385	510	640	770
7	25	49	98	195	295	390	490	690
6	18	36	72	145	215	290	360	430
5.5	15	30	61	120	180	240	305	365
5	13	25	50	100	150	200	250	300
4.5	10	20	41	81	120	160	205	245
4	8	16	32	64	96	130	160	190
3.5	6	12	25	49	74	98	125	145
3	5	9	18	36	54	72	90	110
2.5	3	6	13	25	38	50	63	75
2	2	4	8	16	24	32	40	48

Appendix 34

RISK ASSESSMENT FOR EXPOSURE TO WHOLE BODY VIBRATION (WBV)

Record of findings of the assessment of risk due to exposure to vibration, made in pursuance of Regulation 5 of the Control of Vibration at Work Regulations 2005.
This form can only be used where a reasonably reliable estimate of the exposure to vibration can be made. If reliable estimates cannot be made, measurement of the vibration levels is necessary.

Date:	**Ref**

Who is exposed (operators of which types of vehicles or machinery)	**How many in each group**

Are any of the above particularly at risk? (consider any pre-existing health conditions, any previous back problems)

Who	**Why**	**Extra controls needed for those particularly at risk (alternative work equipment, reduced exposure times, additional health surveillance)**

Is health surveillance of the employees carried out?	**Yes**	**No**
Has it identified any new or worsening cases of back problems relating to this work?	**Yes**	**No**
Does the manufacturers' information warn of risks of high exposure to WBV?	**Yes**	**No**
Are vehicles or machines being used for tasks deemed suitable for them in the manufacturers' instructions?	**Yes**	**No**
Are employees operating correctly as they have been trained to (no speeding or aggressive operations)?	**Yes**	**No**
Are employees driving/operating machines with likely high exposure to vibration for several hours a day?	**Yes**	**No**
Are drivers/operatives visibly jolted, continuously shaken or raised from the seat when going over bumps?	**Yes**	**No**
Are vehicle roadways or work areas potholed, cracked or covered in rubble?	**Yes**	**No**
Are road-going vehicles regularly driven off-road or over poorly-paved surfaces for which they are not suitable?	**Yes**	**No**

<u>Vibration levels</u> – How have the times to reach the Exposure Action Value (EAV) and Exposure Limit Value (ELV) below, been obtained (e.g. Manufacturers information or technical measurement)?	

Vehicle or machine	Vehicle or machine use	Duration of daily use Hrs : Mins	Time to reach EAV Hrs : Mins	Time to reach ELV Hrs : Mins

<u>Additional control measures required</u> - Where the duration of daily use exceeds the time to reach the EAV or the ELV. Where the time to reach the ELV is exceeded immediate steps must be taken to reduce the duration or level of exposure before further use of the vehicle or machine. Also consider controls to combat negative responses to question on the previous sheet.

	Name	Position	Signature
Assessment carried out by:			
Date for review:			

Appendix 35

MACHINERY SAFETY ASSESSMENT RECORD (COMMISSIONING)

Type of equipment:		**Machine No:**	
Location:			

Checklist of safeguards		**circle your answer**		
1	Has the equipment been selected by a competent person?	Yes	No	N/A
2	Is the equipment stable and secured in place as necessary?	Yes	No	N/A
3	Is the equipment suitable for the operations for which it is provided?	Yes	No	N/A
4	Is the equipment appropriately marked (ie CE marking)?	Yes	No	N/A
5	Does the equipment conform to EU requirements?	Yes	No	N/A
6	Does all electrical equipment comply with BS 2771?	Yes	No	N/A
7	Is the equipment properly maintained and is this maintenance recorded in a log?	Yes	No	N/A
8	Is there an effective system for checking and maintaining this equipment?	Yes	No	N/A
9	Is the servicing/maintenance repair of the equipment carried out by 'authorised' persons only?	Yes	No	N/A
10	Are any coolant systems effective and easy to maintain?	Yes	No	N/A
11	Is access for lubrication readily and safely available?	Yes	No	N/A
12	Are lubrication points clearly identified?	Yes	No	N/A
13	Are adequate controls fitted to start/stop the equipment?	Yes	No	N/A
14	Are controls correctly positioned and clearly visible?	Yes	No	N/A
15	Is there a means of isolating the equipment from the energy source?	Yes	No	N/A
6	Are all dangerous parts of the equipment adequately guarded or otherwise protected?	Yes	No	N/A
17	Does the equipment incorporate clear and unambiguous warnings/ warning devices?	Yes	No	N/A
18	Are safeguards appropriate for the purpose?	Yes	No	N/A
19	Are safeguards well-constructed and in good condition?	Yes	No	N/A
20	Is protection against failure of the equipment provided (including where necessary, PPE)?	Yes	No	N/A
21	Does the safeguard totally prevent dangerous access (or otherwise eliminate danger) when in its correct position and when working properly?	Yes	No	N/A
22	Is the guard reasonably convenient to use?	Yes	No	N/A
23	Are the guards such that they cannot be easily defeated or misused by the operator?	Yes	No	N/A
24	Are the components of the safeguard: - Reliable? - Fail-safe?	 Yes Yes	 No No	 N/A N/A
25	Does the guard cope with foreseeable equipment failures?	Yes	No	N/A
26	Is the safeguard straightforward to inspect and maintain?	Yes	No	N/A
27	Is there an efficient emergency stop device?	Yes	No	N/A
28	Is the emergency stop device clearly identified?	Yes	No	N/A

29	Is the equipment safely located so that others are not exposed to danger?	Yes	No	N/A
30	Does the current layout of the equipment area permit easy movement between equipment, workbenches and other items?	Yes	No	N/A
31	Is the sound pressure emitted from the equipment below 85 dB(A)?	Yes	No	N/A
32	If hearing protection is provided for operators and other workers in the immediate vicinity, are they appropriate to the noise risk and are they being worn all the time during equipment operation?	Yes	No	N/A
33	Have any chemical substances used in association with this equipment been assessed under COSHH?	Yes	No	N/A
34	Is the equipment free from emissions of: - Dust, Fumes, Gases or other airborne contaminants??	Yes	No	N/A
35	Is there a system in force for effectively removing contaminants at the point of emission?	Yes	No	N/A
36	If the equipment operates at high/low temperature, is any person prevented from being injured as a result of exposure to hot/cold surfaces?	Yes	No	N/A
37	Is the level of ventilation in the area of the equipment satisfactory?	Yes	No	N/A
38	Have all operators been properly trained to use this equipment?	Yes	No	N/A

Provision must be made for all 'No' answers within the machine's risk assessment. The risk assessment should be attached to this questionnaire.

Name of assessor:		**Position:**	
Signature:		**Date:**	

Appendix 37

HLC EXTERNAL TRIP REQUEST - APPROVAL FORM

The group leader should complete this form once they have developed initial proposals for an external visit/trip. The purpose of this form is for a representative of the School's Senior Team to approve the basis of the visit/trip prior to any firm arrangements being made.

Please submit this form to the relevant person below to gain approval for the trip prior to any arrangements being made:

- Harrogate Ladies' College: Day or UK Overnight Trip – Deputy Head (Pastoral and Organisation)
- Harrogate Ladies' College: Overseas Trip – Deputy Head (Pastoral and Organisation)
- Highfield: All Trips – Head of Highfield
- Highfield Pre School: All Trips – Head of Highfield Pre School

Group Leader:						
Year/Group attending:						
Destination:						
Proposed date(s) and timings of the outing:	Date and Time of Departure: Date and Time of Return:					
Purpose of the visit and specific educational objectives:						
Category of trip: **(A, B, C)**	A= Involving travel abroad B= Overnight stays C= Other / Day trips					
Number of pupils to make trip viable:						
Number of staff required to make trip viable: **(Please state names of staff you intend to take, if known)**						
Total cost of trip and cost per head:			**Per head cost to be re-charged to pupils:**			
Approved:	**Yes**	**No**	**By:**		**Date:**	
Reason for approval being refused:						

PLANNING AN EXTERNAL TRIP

The following steps must be completed when organising a trip:

1. Gain approval for your visit

In order to meet health and safety requirements, it is necessary to obtain the approval of the Deputy Head (Pastoral and Operations) for College, Head of Highfield or Head of Highfield Pre School before a visit takes place. This must be done by submitting an HLC External Trip Request Form for approval prior to a firm booking being made. The Trip Request may well be taken to the Senior Leadership team for discussion before approval is given.

2. Group Leader Preparation for Visit

Preparations should cover all administrative matters and providing adequate information to parents and pupils. The level of preparation will of course depend on the nature and extent of the trip. We have detailed the core information to be considered below:

Letter to parents:
A letter will usually be sent home informing parents of details of the trip, notably timings, pick-up and drop-off points and costs. This should be passed through the School Office for review in the first instance as well as formatting. Parents should be told before the visit whether any form of remote supervision will take place. We hold an annual consent form for all girls; however the following cover sentence should be included in your letter:

'We already hold a consent form for all trips through the year, but if your daughter is currently on medication, or any aspect of her health has changed please can you provide details to myself and the Health Centre.'

If visits are residential or abroad, parents should be encouraged to attend a briefing in school. The group leader should arrange for parents to be told of the group's safe arrival at their destination.

Transport:
If a coach is required, Mrs O'Neill in the school office will price and book this.

If a minibus is required, please use the Minibus Booking form in the staff admin pigeon holes, or on the T Drive.

Minibuses are used for school runs Monday-Friday until 9.00am and from 6.30-8.00pm (Fridays 4.30-6.00pm) but can be used at other times. Staff wishing to drive a minibus must be over 25 years and hold a full licence. Graham Johnson co-ordinates bookings (07833 444759) and he will also arrange drivers if you prefer. No member of staff is expected to drive a minibus. Before each journey the driver is responsible for basic checks of brakes, lights, indicators, washers/wipers, reversing lights, etc. Fuel can be obtained locally on production of a purchase order (obtained from the Director of Finance's Office). The staff member taking the minibus will be responsible for ensuring that the interior is left in a clean and tidy condition. Girls should be charged for the use of the minibus - 50p per mile, 30p per km, divided by the number of girls carried.

If a member of staff drives pupils in his/her own car, this should be indicated on the trips form. Business use extension to a personal car policy is not needed. However, if members of staff are going to use their own car, a copy of their insurance and MOT should be kept with the Estates Manager in advance of the trip.

Risk Assessment
The appropriate Risk Assessment form for a day, overnight or overseas visit should be used. These can be found on the T:drive in the Trips 2013-14 folder. Please also refer to the 'Guidance Notes on Completing a Trip Risk Assessment Form' also located in the same folder.
Trip specific Risk Assessment should be completed at least
week in advance of the trip departing. This must be submitted to the Deputy Head (Pastoral and Operations) who may cross check any anomalies with the Estates Manager.

Contact and Medical Details
Please complete the left hand Names column on the 'Contact and Medical Details Form' found in the Trips 2013-14 folder on T:drive and pass to Leah O'Neill in the School Office. She will source the information for daygirls from the individual Annual Trips Consent Forms and also information for the boarders from the Health Centre. Leah O'Neill will return the form to you signed, once complete.

Contact Telephone Numbers
The member of staff in charge of the trip should take mobile phone numbers from the girls and ensure that they take a Trips Phone from the Deputy Head. This needs to be signed out and signed back in on your return. The Trips Phone Number should be issued to all girls on the trip and also to the parents if requested for a day trip. It is mandatory to give the trips phone number out for a residential trip or overseas trip. It is important that the staff members carry an emergency contacts card on them for the duration of the trip. A designated member of staff will be assigned to your trip and that person from the Senior Management Team should be used in an emergency or should a problem arise during the trip.

First Aid Kit
A first aid kit must be ordered in advance from the Health Centre and taken on the trip. This will be left in the school office or your pigeon hole for collection. Please remember to return the first aid kit once your trip is complete.

Informing staff
All academic and House staff who may be affected by the trip must be informed in writing, with full details, and a list of girls who are going out must be posted on the Future board in the staff room, all well in advance of the trip. Out of courtesy, girls should seek personal approval by staff. Please also inform Kathleen Cave of the girls that you are taking on the trip so that she may assign them to the calendar event on iSAMS.

Cover
Staff taking trips during the working day must request cover for lessons, if required, well in advance using the Cover Request Form and this should be submitted to the Deputy Head (Academic)

Supervision
Normally 1 to 20 pupils for non-hazardous routine trips with a minimum of two adults. Check with the venue – they sometimes insist on a specific ratio. Where several staff are involved, all should be briefed by the leader on what is expected of them. Normally male staff should be accompanied by a member of female staff.

Instructions to pupils
The group leader should give pupils clear instructions in advance and in writing, if appropriate. They should be instructed to dress and behave sensibly and responsibly. Pupils whose behaviour is considered to be a danger to themselves or the group may be stopped from going on the visit. Parents and pupils should be told in advance about the procedures for dealing with

misbehaviour. Clear instructions should be given about rendezvous points. For all residential and overseas trips, girls must sign a Pupil Code of Conduct Form, found in the Trips folder on the T:drive.

Food
Packed meals (or late/early meals) should be ordered from the kitchen on the designated form, located in the staff room admin pigeon hole. Please give at least 48 hours' notice.

Contingency plan:
A contingency plan for delays of any sort should be in place before the trip.

Emergency procedures:
If an emergency occurs on a school visit, first establish the nature and extent of it as quickly as possible. Ensure all the group are safe and get immediate medical attention. A teacher must accompany the casualty to hospital; the group leader must ensure that the rest of the group are adequately supervised and kept together. In some circumstances, the emergency may means the group leader has to notify the police/British Embassy. The contact in school should be informed. As soon as possible, the group leader or supervisory teacher concerned should record all details of the incident in writing.

Charges:
Venue and transport charges, including any staff tickets, are calculated by the leader and divided by the number of girls. A list of girls' names (plus Year Group) with the charge must be given to the Bursary on the designated form, located in the staff room admin pigeon hole. This should be done within 5 days of the trip to ensure billing can be kept up to date.

General:
Check lists should be carried by supervisory staff and head counts regularly taken. Staff must ensure they can contact a member of staff at College, regardless of the time of day or night. The emergency numbers Contact Card should be carried by all supervisory staff. If girls are to be out of school overnight, detailed arrangements must be made with the Principal and parents' permission sought.

Register before departure:
A register must be taken before departure which outlines the vehicle registration number that you are leaving School with (if applicable) and also which pupils are being carried in each form of transport. These registers should be left in the post box on the laundry room door (under Highfield).

On arrival at your venue, it is wise to send a text through to Deputy Head (Pastoral) to let them know of your safe arrival. On the return once all children have been collected and are out of your care, another text should be sent through to the Deputy Head (Pastoral) to confirm this. For all residential trips, you would follow the above procedure except a text must be copied to the Principal too. An update text should be sent mid-way through your trip and another on return, once all the children are safely matched up with their parents.

HLC EXTERNAL TRIP – CHECKLIST

Arrangement checked	Yes	No	Any further comments / action
If an external activity provider is to be used has their competence been established?			
If an external adventure activity provider is to be used do they hold the necessary licence?			
Has a risk assessment been received from any external providers?			
Have any special educational needs been identified and arrangements made for them?			
Have any special medical needs been identified and arrangements made for them?			
Have you ordered your first aid kit from the Health Centre?			
Have all necessary contact lists and emergency procedures been provided to those requiring them?			
Is there a contingency plan for delays (including late return home)?			

Appendix 38

GUIDANCE ON COMPLETING A TRIPS RISK ASSESSMENT FORM

1. **Why three different forms?** The trips risk assessment forms have been developed to reduce the time and effort needed to complete these documents (which are a statutory requirement) and initially identify potential hazards in a variety of environments. This provides you with template that can easily be made trip specific. There are three versions (day, overnight and overseas trips) in order to eliminate those aspects which will not be applicable for that type of trip.

2. **How is the risk assessment made trip specific?** Once page 1 has been completed, you can tailor the table which starts on page 2 to the trip you are organising either electronically or in manuscript, depending on how you prefer to work. If you prefer to work electronically, delete the rows in the table which are not applicable to your trip. For example if you are planning a day trip in an urban environment you could delete the whole row relevant to drinking water in rural areas (a hazard identified in column b), or if you are planning an overseas trip and are flying, you would delete all rows relating to travel by ferry, and so on. If you prefer to work in manuscript, you would work down the potential hazards in column b and put a tick to the left (in column a) of those which do apply to your trip. The templates have included a range of foreseeable hazards and controls for various trips. If you can foresee any additional hazards which are specific to your trip and are not included, you will need to include these in the blank rows in the assessment, including the hazard that you have identified, what you will do to control it and the level of risk (taking into consideration your controls), in the relevant columns under the relevant sub heading (travelling to the venue, at the venue etc).

3. **If we're not on the trip yet how can there be existing controls?** The existing controls in column c are the basic precautions that are to be taken to minimise the potential for someone to be harmed by the hazard. We also need to take into account our standard procedures (the existing controls) when identifying the level of residual risk that we will be left with.

4. **How is the level of risk determined?** The level of risk takes into consideration the potential **S**everity of the outcome if an accident happened (column d) and the Likelihood of it happening considering what we are doing to control the hazard (column e). In this system we use a numeric value from the key following the table. So a number 1 in column d would show that the accident could potentially result in an injury requiring first aid, a number 2 an injury reportable under RIDDOR etc. A similar approach is taken to column e when deciding how likely it is that an accident could happen with the controls we have in place. The two figures are then multiplied together to produce either a Low, Medium or High level of residual risk (again using the same key). Using this system some levels of risk will never get down to low. This is because of the potential severity of the accident if it does happen, regardless of what is in place to try and prevent it. Consider that if there is a potential for a fatality, how the activity could can ever be a low risk! Remember the figures in the assessments provided are based on experience of those producing the template, but risk assessment is subjective. If you feel that you wish to amend the figures for your assessment, also consider that it is very rare that the controls will affect the potential severity. The aim of the controls is to reduce the likelihood of an accident.

5. **What is column g for?** We have tried to account for as many eventualities as possible based on previous trips carried out and include the existing controls that we expect to be in place. If however when planning your trip you identify that one of the hazards identified requires additional controls to those listed (due to a specific aspect at the venue for example) then note this in column g and sign and date column h when these further controls are in place.

6. **What if an unforeseen hazard arises during the trip?** You will need to decide at the time how someone could be harmed, what is the best thing to do to reduce the likelihood of that happening and act on it. After the event you should fill out the post trip risk assessment review so that the event can be incorporated into the template risk assessment for future use.

Appendix 39

EXTERNAL TRIP – ATTENDEE CONTACT & MEDICAL DETAILS

Group leader to complete the Name column of pupils and staff attending the trip prior to handing the form to the School Office. School Office to complete additional details below in liaison with the Health Centre.

PARTY LEADER:		**DESTINATION:**	
DEPARTURE DATE:		**RETURN DATE:**	

NAME	YEAR	DoB	MOBILE	MEDICAL/DIETARY INFORMATION	MEDICATION	EMERGENCY CONTACT PARENT/GUARDIAN
STAFF						
PUPILS						

Apendix 40

HLC EXTERNAL TRIP – KEY INFORMATION FORM

This form is to be completed together with a Risk Assessment and Pupils contact/medical details form. These forms are then to be submitted to the following people at least 10 days prior to the Trip Departure date for their review and approval of the details therein:

Harrogate Ladies' College: All Trips – Deputy Head (Pastoral and Organisation)
Highfield: All Trips – Head of Highfield
Highfield Pre School: All Trips – Head of Highfield Pre School

Destination / Trip:		
Venue Address:		
Proposed date(s) and timings of the outing:	Date and Time of Departure: Date and Time of Return:	
Group Leader	Name:	Personal Mobile No: Trip Phone No:
Accompanying Staff	Name: Name:	Mobile No: Mobile No:
Year/Group attending	Please attach a completed Attendee Contact and Medical Form	
Emergency Contact at School	Name:	Number:

Complete Trip Costing Form	**Yes** **No**
Which Parental Trip Consent Form is to be used? (please circle)	**Individual** **Annual**
Code of Conduct completed by pupils for Residential trips? (please circle)	**Yes** **No**

Organising company/agency (if any)			
Name:		**Tel:**	
Address:		**Licence Nº**	Licence reference Nº if the body is registered with the Adventure Activities Licensing Authority.

Transport arrangements:					
Leg	**Mode of transport:**	**From:**	**To:**	**Provider:**	**Vehicle registration if known:**
1					
2					
3					

Insurance arrangements outside of School Policy (for all members of the party)			
Insurer:		**Policy Nº:**	
Insurers address:		**Cover provided:**	

Accommodation to be used (where applicable)			
Name:		**Tel:**	
Address:		**Name of head of centre:**	

Does the group leader have any knowledge of the places to be visited?	**Yes**	**No**	**Partial**	**Is an exploratory visit intended or recommended?**	**Yes**	**No**

Group Leader Signature: _____ Date:_____

Group Leader Name: _____

Appendix 41

PERMIT RECORD BOOK

Permit Nº	Issued		Valid until		Issued to	Issued by	Cleared		Cancelled	
	Date	Time	Date	Time			Date	Time	Date	Time

HOT WORK PERMIT
(Applies only to area specified below)

Permit No: ……..

PART 1					
Building					
Dept/area		**Floor(s)**			
Nature and description of work to be carried out including exact location:					
Permit valid on (date)		**From**	hours	**To**	hours

PART 2

PRECAUTIONS TO BE TAKEN

The person issuing this permit should delete the following precautions which **DO NOT** apply to this permit. All other precautions listed apply.

HOT WORK AREA

- Loose combustible materials to be cleared.
- Non moveable combustible material to be protected.
- Suitable extinguishers to be at hand.
- Gas cylinders to be secured in a vertical position on a trolley.
- Gas cylinders to be fitted with a regulator and Flashback arrester.
- Other personnel who may be affected by the work to be removed from the area.
- Other:

WORK ON WALLS, CEILINGS OR PARTITIONS

- Opposite side to be checked and combustibles moved away.
- Other:

WELDING, CUTTING OR GRINDING WORKS

- Work area to be screened to contain sparks.
- Other:

BITUMEN BOILERS, LEAD HEATERS ETC

- Gas cylinders to be at least 3 metres from burner.
- If sited on roof, heat insulating base to be provided.
- Other:

PART 3
PERMIT ISSUED BY (to be completed by HLC): Name: ……..….Position: ……..…….. Signature: ……..... Time ..... Date .....
RECEIPT OF PERMIT (to be completed by person in charge of the work) I have read this form and understand the special precautions to be taken prior to and during entry Name: ……..….Position: ……..…….. Signature: ……..... Time ..... Date .....
CLEARANCE (to be completed by person in charge of the work) Work areas and all adjacent areas to which sparks and heat might have spread (ie. Floors and opposite walls etc) were inspected one hour after the work finished and were found fire safe. Name: ……..….Position: ……..…….. Signature: ……..... Time ..... Date .....
CANCELLATION (to be completed by HLC) All copies of this permit are hereby cancelled. Name: ……..….Position: …….. Signature: ……..... Time ..... Date .....

FLOOR VOID ENTRY PERMIT

IMPORTANT: This permit applies only to entry to the floor void where the purpose of entry does not introduce any additional hazards into the environment (use of substances, hot works etc). If the work to be carried out involves the introduction of additional hazards a specific Risk Assessment and Permit to Work for the task is required prior to entry.

Permit No: ……..

PART 1					
Building					
Area					
Nature and description of work to be carried out including exact location:					
Permit valid on (date)		**From (time)**	hours	**To (time)**	hours

PART 2			
Control of plant services	**Yes/ No**	**N/A**	**Signature**
The heating **HAS** been off for sufficient time for the system to have cooled.			
Access to the heating controls by any other person **HAS** been prevented.			
Where the above cannot be achieved, warning signage **HAS** been put in place covering the heating controls.			
The relevant area **HAS** been checked for anything unusual which may restrict the existing flow of fresh air.			
Electrical circuits **HAVE** been isolated and locked off.			
Other:			

General precautions	Yes/ No	N/A	Signature
Two way radio communications **ARE** in place and **HAVE** been tested.			
Warning signage **IS** in place at the entry/exit points.			
Entry/exit points in floors **ARE** barriered off to prevent falls by others.			
Torches/Head torches **HAVE** been tested.			
The following protective clothing **SHALL** be worn: Bump cap Coveralls Knee pads Elbow pads Safety footwear			
Additional precautions where void access is restricted (crawling through gaps in dividing walls in voids)	**Yes/ No**	**N/A**	**Signature**
A second person **is to be** positioned at the entry point or in the void, to stay in constant communication with the worker and be able to summon immediate assistance if the worker is in difficulty.			
Other:			

PART 3
PERMIT ISSUED BY (Maintenance and Safety Manager or Estates Manager): Name: ……..….Position: ……..……. Signature: ……..... Time ..... Date .....
RECEIPT OF PERMIT (to be completed by person undertaking the work) I have read this form and understand the special precautions to be taken prior to and during entry Name: ……..….Position: ……..……. Signature: ……..... Time ..... Date .....
CLEARANCE (to be completed by person undertaking the work) Work in the specified area/areas of the floor void has been completed (or stopped) and this area/these areas are clear of all persons. Name: ……..….Position: ……..……. Signature: ……..... Time ..... Date .....
CANCELLATION (Maintenance and Safety Manager or Estates Manager) All copies of this permit are hereby cancelled. Name: ……..….Position: ……..……. Signature: ……..... Time ..... Date .....