**Health & Safety – Risk Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Questions You** **Should Ask** | **Notes** | **Responsibility** | **Yes** | **Further Action Needed** | **Responsibility**  |
| **Car Park** | Is the car park surface maintained to minimise slip and trip risks? | Check regularly. | AllCT | [x]  |  |  |
| Are vehicle and pedestrian routes/flows and car park and site entrance/exits clearly marked?  |  | AllCT | [x]  |  |  |
| Is the car park well lit? | Check regularly. | AllCT | [x]  |  |  |
| Can emergency vehicles gain access? |  | AllCT | [x]  |  |  |
| **Movement Around The Building** | Are paths, steps and any ramps to and from the hall properly maintained to minimise slip and trip risks? | Check regularly. | AllCT | [x]  |  |  |
| Is lighting suitable and sufficient to allow safe access and exit (including lighting of emergency exits)? | Check regularly. | AllCT | [x]  |  |  |
| Have you provided matting to minimise rainwater etc being carried into the building?  | Check regularly. | AllCT | [x]  |  |  |
| Do rooms and corridors have sufficient lighting? | Check regularly. | AllCT | [x]  |  |  |
| Are corridors clear of clutter?  | Check regularly. | AllCTUsers | [x]  |  |  |
| Are there any trailing electrical leads/cables? | Check regularly. | AllCT | [x]  |  |  |
| Are permanent fixtures in good condition, eg seats, shelving, cupboards, notice boards, signage etc? | Check regularly. | AllCT | [x]  |  |  |
| Is internal flooring in good condition, eg are carpets fixed? | Check regularly. | AllCT | [x]  |  |  |
| Where any doors contain glass, is this made from a safety material? | Yes – Toughened Glass Check interior doors. | AllCT | [x]  |   | CT |
| **Electrical Equipment And Services** | Fixed electrical installations: Are they correctly installed, modified or repaired, then inspected and tested by an electrician or other suitably qualified person before being put into use? Are they inspected and tested at suitable (occasional) intervals by an electrician or other suitably qualified person?  | Check annually. | AllPAT | [x] [x]  |  |  |
| If you own or hire any portable or fixed electrical equipment (eg a cooker or vacuum cleaner etc): Has it been visually checked and, where necessary, tested at suitable (occasional) intervals to ensure that it is safe to use?Has any damaged electrical equipment been taken out of service or replaced? | Check annually. | AllPATUsers | [x] [x]  |  |  |
| **Asbestos** | Does the hall contain any asbestos?  | N/A |  | [ ]  |  | CT |
| **Fire** | Has a fire risk assessment been completed and are adequate fire safety measures in place? | Announcements made before event.Posters.Place on website. |  | [x]  |  |  |
| Has an evacuation plan been implemented and tested? |  |  | [x]  |  |  |
| Is the fire alarm tested regularly? | Check regularly & annually. |  | [x]  |  |  |
| Are fire drills carried out at least once a year?  |  |  | [x]  |  |  |
| Are regular checks made to ensure escape routes and fire exit doors are: unobstructed; and adequate and effective for the number of people using the hall (including those who are disabled or vulnerable)?  | Check regularly. |  | [x]  |  |  |
| Are combustible substances or waste stored safely?  |  |  | [x]  |  |  |
| Is fire-fighting equipment in place and tested regularly in line with the manufacturer’s guidance? Are staff (and others) trained in how to use it? | Check regularly & annually. |  | [x]  |  |  |
| **Legionnaires’Disease** | Do you or users do anything that involves spraying/sprayed water (eg using showers in changing rooms, or a humidifier) that could contain legionella bacteria? (These bacteria can cause legionnaires’ disease.) If you cannot avoid spraying water, do you have an up-to-date plan for dealing with this risk? | N/A |  | [ ]  |  |  |
| **Responsibility** | Do users have all the information about the hall they need to operate safely?  | RA is to be put on the website (hardcopy available on request).Users are asked to read it before signing a Hiring Agreement.Poster for First Aid etc… to be on display. |  | [x]  |  |  |

|  |
| --- |
| **Health & Safety – Risk Assessment** |
| Date Created | 28/02/2020 | Chairperson Signature |  |
| Date Reviewed | Enter Date | Chairperson Signature |  |
| **All Policies & Procedures will be reviewed and amended by the Committee as needed.****NO Policy or Procedure will go more than 2 years without a review.** |