**Health and Safety Building Checklist and Risk Assessment**

**(Own Venue)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Venue Name and Address** |  | | |
| **Centre Manager** |  | | |
| **Date of Check** |  | **Date of Last Check** |  |

**DELETE** or provide **DETAILS** as appropriate

|  |  |  |
| --- | --- | --- |
| 1 | Is the Public Liability certificate up to date and displayed in public area? | Yes/No |
| 2 | Is there a fire certificate in operation for the building? | Yes/No |
| 3 | Are there written evacuation procedures for the venue? | Yes/No |
| 4 | Name of Fire Marshall re evacuation of venue? |  |
| 5 | Are fire exits marked and kept clear? | Yes/No |
|  | * If the premises are to be used in the evenings, are **all** fire exits adequately lit inside and outside the building to ensure safe exit from the building in the event of a fire? | Yes/No |
| 6 | Are evacuation notices displayed? | Yes/No |
| 7 | State location of assembly point. | Location  …………………………… |
| 8 | Are fire extinguishers available? | Yes/No |
| 9 | Have they been serviced within the last 12 months? | Yes/No |
| 10 | Is there an up to date Fire Risk Assessment for the venue? | Yes/No |
| 11 | Is the health and safety law poster displayed? | Yes/No |
| 12 | Is there access to a first aid box (and is it adequately stocked in line with HSE guidelines)? | Yes/No |
| 13 | Is there a first aider available for staff and customers? | Yes/No |
| 14 | Do you have access to an alternative telephone in event of emergency? | Yes/No |
| 15 | Are Incident Reporting procedures known? | Yes/No |
| 16 | Are there adequate welfare facilities (male/female toilets, washing facilities, eating facilities etc)? | Yes/No |
| 17 | Is the venue clean and hygienic? | Yes/No |
| 18 | Is heating adequate and all radiators working? | Yes/No |
| 19 | Is there adequate ventilation? | Yes/No |
| 20 | Is there adequate lighting? | Yes/No |
| 21 | Windows cleaned regularly? | Yes/No |
| 22 | Is all electrical equipment PAT tested? | Yes/No  DATE ………………… |
| 23 | All gas services inspected and maintained by CORGI registered fitters. | Yes/No  DATE ………………… |
| 24 | Waste disposed of appropriately including secure waste? | Yes/No |
| 25 | All hazardous substances stored and used only in accordance with manufacturer recommendations. | Yes/No/not applicable |
| 26 | Are there adequate plug sockets available for electrical equipment? | Yes/No |
| 27 | If extension leads must be used, are they approved type, PAT tested and regularly visually inspected for defects? | Yes/No |
| 28 | Is the gas installation/gas boiler regularly inspected by a competent engineer? (provide last date of inspection) | Yes/No  DATE…………………… |
| 29 | Are there adequate arrangements in place with regard to personal security? | Yes/No |
| 30 | Is paper based personal data storage secure ie within a locked store behind a locked door and retained in line with CW&C guidelines? | Yes/No |
| 31 | Are all corporate PCs shielded from public view? | Yes/No |
| 32 | Is the venue accessible for all potential service users? | Yes/No |
| 33 | Is there a CW&C approved Covid Risk Assessment in place for the building? | Yes/No |
| 34 | Is there an annually reviewed Critical Incident Plan (see CW&C proforma) in place for the building? | Yes/No |

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| --- | --- | --- |
| **Any Actions to be taken as a result of above assessment:** | **By Whom:** | **By When:** |
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**BUILDING RISK ASSESSMENT (cont)**

**Identification of Hazards**

Consider all the activities taking place within the building and tick the boxes of significant hazards that apply:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fire hazards |  | Manual handling |  | Violence/aggression |  | Falling objects |  |
| Slips, trips and falls |  | Hazardous substances |  | Lone working |  | Drugs/alcohol |  |
| Falling objects |  | Heating and ventilation |  | Electrical equipment |  | Theft |  |
| Portable appliances |  | Public access entry points |  | Data management |  | Sanitation |  |
| Food provision |  | Confined space |  | Vehicles, driving |  | Machinery |  |
| Covid-19 |  | Other: |  |  |  |  |  |

**For all hazards identified above, complete the following risk assessment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | **What are you already doing to control risk?** | **Do you need to do anything else to control this risk?** | **Action by whom?** | **Action by when?** | **Done (date)** |
|  |  |  |  |  |  |
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| --- | --- |
| Are you satisfied that the venue is suitable for the provision of learning and employment support to be provided and standards sufficient to ensure the Health and safety of employees and customers? | **Yes/No** |

**Signed**: ………………………………….………………………….. (**Centre Coordinator)** **Date:** …………………………………………....

**Action Plan checked as completed:** …………………………………………………….. **(Line Manager)** **Date:** …………………………………………...