Name of Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
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**2. Annual Computer Room Check** Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Unsuitable layout of workstation | * + Repetitive strain injury   + Upper limb pain and discomfort   + Poor working posture   + Visual problems | Workstationsare arranged to avoid awkward movements, reflections, aches and pains |  |  |  |
| Damaged or unsuitable chairs | * + Falls   + Poor working posture | All chairs are suitable for student work.    All chairs are in good, safe working order. |  |  |  |
| Damaged equipment | * + Shocks   + Cuts | All computers, keyboards, mice, printers and other IT equipment are in proper working order or have been put away safely for repair |  |  |  |
| Electricity/ electrical cables | * + Trips and falls   + Shocks   + Fire | No trailing cables    Sockets are not overloaded    No stripped wires |  |  |  |
| Security | * + Unauthorized access | A secure system is in place to prevent unauthorized access into the Computer Room during Centre hours |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**3. Annual Woodwork Room Check** Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| General use of powered hand tools | * + Unsupervised use leading to injury   + Injury due to incorrect use   + Electrocution | Rules of the Woodwork Room are clearly displayed    Any unauthorized use of powered hand tools is prohibited  Students are instructed by their teacher before using any powered hand tool  Powered hand tools to be used by teachers only are clearly identified  Students are supervised by their teacher when using any powered hand tool  Powered hand tools are used in the manner for which they were designed to be used |  |  |  |
| Defective powered hand tools | * + Electrocution/electric shock   + Fire | Defective powered hand tools shall be clearly identified, labelled as out of use and stored separately to prevent accidental use. Report defects to person in control of the workplace to ensure all items are repaired or replaced |  |  |  |
| Tools in poor condition (general) | * + Cuts   + Bruises   + Puncture wounds | Tools are checked and damaged tools are discarded |  |  |  |
| Ejection of fragments | * + Flying objects or fragments causing injury | Eye protection is available and worn where required    Guarding is used where required |  |  |  |
| Contact by persons other than  the operator with moving machine (e.g. pedestal drill) | * + Entanglement   + Pinching   + Amputation of body parts | Safe operational areas are  marked out clearly around machines |  |  |  |
| Unsecured  work piece | * + Movement of work piece leading to injury during use | Appropriate clamps in place to ensure that work pieces are secured, where applicable |  |  |  |
| Ingestion of contaminated material    Contact with hazardous materials | * + Poisoning or ill health   + Exposure to hazardous materials | Food and drink are prohibited in working area    Personal hygiene is promoted (washing of hands, use of barrier creams etc.) |  |  |  |
| Electricity/ electrical cables | * + Trips and falls   + Shocks   + Fire | No trailing cables    Sockets are not overloaded    No stripped wires |  |  |  |
| Security | * + Unauthorized access | A secure system is in place to prevent unauthorized access into the Woodwork Room during Centre hours |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**4. Annual Communications Room Check**  Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Damaged or unsuitable chairs | * + Falls   + Poor working posture | All chairs are suitable for student work.    All chairs are in good, safe working order. |  |  |  |
| Electricity/ electrical cables | * + Trips and falls   + Shocks   + Fire | No trailing cables    Sockets are not overloaded    No stripped wires |  |  |  |
| Security | * + Unauthorized access | A secure system is in place to prevent unauthorized access into the Communications Room during Centre hours |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**5. Annual Hairdressing Room Check** Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Damaged or unsuitable chairs | * + Falls   + Poor working posture | All chairs are suitable for student work.    All chairs are in good, safe working order. |  |  |  |
| Electricity/ electrical cables | * + Trips and falls   + Shocks   + Fire | No trailing cables    Sockets are not overloaded    No stripped wires |  |  |  |
| Damaged electrical fittings and equipment | * + Electrocution Fire   + Burns   + Electric shock | Defective electrical equipment and fittings are disposed of, or clearly identified, labelled as ‘out of use’, and stored separately to prevent accidental use |  |  |  |
| Unsafe storage of hairdressing utensils and products | * + Toppling goods   + Burning | Hairdressing utensils are stored appropriately on shelves and in cupboards to prevent toppling and unsafe access    Hairdressing products are clearly labelled and left in a position that will avoid spillages |  |  |  |
| Damaged hand basin | * + Slips   + Cuts | There are no leaks from the hand basin    There are no significant cracks or chippings on the hand basins |  |  |  |
| Security | * + Unauthorized access | A secure system is in place to prevent unauthorized access into the Hairdressing Room during Centre hours |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**6. Annual Kitchen Check**  Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Unsafe storage of kitchen items | * + Toppling goods   + Slips, trips or falls | Utensils, crockery and other items are stored appropriately on shelves and in cupboards to prevent toppling and unsafe access |  |  |  |
| Fire | * + Burns   + Smoke inhalation | Designated staff have received training in the use of fire-fighting equipment    A fire blanket is provided and easily accessible    An F type fire extinguisher is accessible where a deep fat fryer is being used |  |  |  |
| Damaged electrical fittings and equipment | * + Electrocution Fire   + Burns   + Electric shock | Defective electrical equipment and fittings are disposed of, or clearly identified, labelled as ‘out of use’, and stored separately to prevent accidental use |  |  |  |
| Defective utensils | * + Cuts | Knifes, scissors, cutters, etc are all working properly |  |  |  |
| Explosion (water boiler) | * + Scalds | Pressurized water boilers examined by a competent person annually |  |  |  |
| Sharp knives and cutters | * + Cuts   + Lacerations | Safety cutters/knives kept sharp    Safety cutters/knives are checked for damaged blades or handles and disposed of if damaged    Safety cutters/knives are stored separately to other equipment |  |  |  |
| Contact with hazardous cleaning chemical products | * + Skin Irritation   + Splashes (eyes)   + Allergies   + Burns | Chemicals are labelled correctly and stored safely |  |  |  |
| Damaged or unsuitable chairs | * + Falls   + Poor posture | All chairs are stable |  |  |  |
| Security | * + Unauthorized access | A secure system is in place to prevent unauthorized access into the school buildings during Centre hours |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**7. Annual Offices & Staff Room Check** Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Unsafe storage of folders | * + Toppling goods   + Slips, trips or falls | Folders, files and general stationary are stored appropriately on shelves and in cupboards to prevent toppling and unsafe access |  |  |  |
| Damaged or unsuitable chairs | * + Falls   + Poor working posture | All chairs are suitable for staff work.    All chairs are in good, safe working order. |  |  |  |
| Electricity/ electrical cables | * + Trips and falls   + Shocks   + Fire | No trailing cables    Sockets are not overloaded    No stripped wires |  |  |  |
| Security | * + Unauthorized access | A secure system is in place to prevent unauthorized access into management offices and staff room during Centre hours    Filing cabinets storing sensitive information securely locked |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**8. Annual Toilets Check**  Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Damaged toilets | * + Falls   + Lacerations | All toilets are properly secured.    All toilets are devoid of significant chipping    All toilets have seats properly secured |  |  |  |
| Damaged hand basins | * + Slips   + Cuts | There are no leaks from any hand basins    There are no significant cracks or chippings on the hand basins |  |  |  |
| Unhygienic environment | * + Infection   + Spread of disease | Sanitary bins are available and a system is in place for their removal    Waste bins are in place and emptied regularly    Hand dryers are available and working properly |  |  |  |
| Unsafe access/ egress | * + Delayed escape in the event of a fire or other emergency   + Hand injuries   + Slips, trips or falls | Condition of tiles, steps, handrails, doors, and handles are in good order    Adequate lighting at entrance/exit    Fire exits are clearly marked |  |  |  |
| **OTHER** |  |  |  |  |  |

**9. Annual First Aid Check** Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Inadequate first-aid equipment/ kits | Injuries could be serious or life threatening if not  dealt with quickly and appropriately | First-aid kits are kept well stocked in accordance with the Health and Safety Authority guidelines **See ‘Recommended contents of first-aid boxes and kits’ below**    Specific responsibility has been given to a designated staff member for restocking the kit |  |  |  |
| Inadequate information about trained first-aiders | Injuries could be serious or life threatening if not  dealt with quickly and appropriately | The appropriate number of occupational  first-aiders are available during working hours    Staff and pupils should be aware of who the occupational first-aider is and how to alert him/ her in emergencies. |  |  |  |
| **OTHER** |  |  |  |  |  |

**Recommended contents of first-aid boxes and kits**

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| --- | --- | --- | --- | --- |
| **Materials First-aid travel First-aid box contents kit contents** |  |  |  |  |
|  |  | **1 - 10**  **Persons** | **11 - 25**  **Persons** | **26 - 50**  **Persons\*1** |
| Adhesive plasters | 20 | 20 | 20 | 40 |
| Sterile eye pads (no.16) (bandage attached) | 2 | 2 | 2 | 4 |
| Individually wrapped triangular bandages | 2 | 2 | 6 | 6 |
| Safety pins | 6 | 6 | 6 | 6 |
| Individually wrapped sterile unmedicated wound dressings - medium (no. 8) (10 x 8cms) | 1 | 2 | 2 | 4 |
| Individually wrapped sterile unmedicated wound dressings - large (no. 9) (13 x 9cms) | 1 | 2 | 6 | 8 |
| Individually wrapped sterile unmedicated wound dressings - extra large (no. 3) (28 x 17.5cms) | 1 | 2 | 3 | 4 |
| Individually wrapped disinfectant wipes | 10 | 10 | 20 | 40 |
| Paramedic shears | 1 | 1 | 1 | 1 |
| Pairs of examination gloves | 3 | 5 | 10 | 10 |
| Sterile water where there is no clear running water\*2 | 2x20mls | 1x500ml | 2x500mls | 2x500mls |
| Pocket face mask | 1 | 1 | 1 | 1 |
| Water based burns dressing - small (10x10cms)\*3 | 1 | 1 | 1 | 1 |
| Water based burns dressing - large\*3 | 1 | 1 | 1 | 1 |
| Crepe bandage (7cm) | 1 | 1 | 2 | 3 |
| ***Notes:***  ***\*1: Where more than 50 persons are employed, pro rata provision should be made.***  ***\*2: Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 20ml and should***  ***be discarded once the seal is broken. Eye bath/eye cups/refillable containers should not be used for eye irrigation due to the risk of cross-infection. The container should be CE marked.***  ***\*3: Where mains tap water is not readily available for cooling burnt area.*** |  |  |  |  |

**10. Annual Manual Handling Check** Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hazard** | **What is the risk?** | **Control measures** | **Is this control in place?**  **Y/N** | **If no, what actions are required to implement the control** | **Date completed** |
| Pushing/ pulling heavy or awkward items | * + Back strain   + Slipped disc   + Hernia | An appropriate trolley is provided for moving heavy items    Individuals ask for help when moving heavy items |  |  |  |
| Injury sustained due to lack of knowledge, instruction  or training to complete manual  handling tasks appropriately | * + Back or upper limb injury | Staff receive training from a competent instructor where necessary |  |  |  |
| Lifting a heavy load above shoulder height, e.g. lifting cooking utensils from shelves in canteen | * + Back or upper limb injury | Storage of regularly accessed utensils is arranged so that heavier items are stored on middle shelves not on the floor or above shoulder height |  |  |  |
| **OTHER** |  |  |  |  |  |