GENERAL SCHOOLS RISK ASSESSMENT

PART A. ASSESSMENT DETAILS:

Area/task/activity: Use of Electrical Equipment

Location of activity: Whole school site

School name: **Address & Contact details:**	St Peter's C of E Primary School Fabians Way Henfield BN5 9PU	**Name of Person(s) undertaking Assessment:**	Cheryl Marrs
		Signature(s):	
Head Teacher (Name):	Laura Roberts	**Date of Assessment:**	6 May 2016
Signature:		**Planned Review Date:** **(Minimum 12 months)**	5 May 2017
How communicated to staff:	Email Distribution: All staff	**Date communicated to staff:**	18 August 2016

PART B. HAZARD IDENTIFICATION AND CONTROL MEASURES:

Step 1 Identify significant hazards	**Step 2 Identify who might be harmed and how**		**Step 3 identify precautionary measures already in place**
List of significant hazards (something with the potential to cause harm) **(1)**	**Who might be harmed? (2)**	**Type of harm (3)**	**Existing controls (4)** (Actions already taken to control the risk)
3. Use of electrical equipment	Staff, pupils, visitors , contractors	Electrical shock Burns Fire Power leads present a tripping hazard (Cuts / abrasions, muscular skeletal and other physical injuries)	♦ Pre-use check conducted as per training/inset day/staff handbook ♦ No electrical item to be used in school unless it has been PAT tested and labelled to confirm ♦ Pre-use check for cable damage – split, worn, damaged plug, screws loose/missing ♦ Laminators should all be kept in Year 5 Resource area. Laminators should not be kept in any other part of the school ♦ Electrical equipment subject to regular safety inspection and annual PAT testing ♦ Sufficient sockets to support the range of equipment normally used. Use extension leads and adaptors only where necessary. ♦ System for reporting faults/requesting additional sockets and taking equipment out of service in place (Fault book in School Office)

Risk Rating: Use of Electrical Equipment

Please mark appropriate number (1 = very low, 5 = high) and Risk Priority Rating			
Likelihood 1 (2) 3 4 5		Severity 1 2 (3) 4 5	
Risk (Likelihood x Severity)			
Risk Rating	High (16-25)	Medium (9 – 15)	Low (1 – 8)

I have read and understood the Risk Assessment and agree to adhere to the measures as detailed in this assessment.

Signed: Name:

PART C: ACTION PLAN

No.	Action required	Person(s) to undertake action?	Priority(1-5)	Projected time scale	Notes / comments	Date completed
1	Caretaker to advise if no suitable RCD or sufficient socket in place, prior to use	Caretaker	4	On going	SBM to arrange after caretaker notification	