

P7 S20 Health and Safety Checklist for Hire of Training Facilities / Venues

Room Location	
Location: <input type="text"/>	Venue: <input type="text"/>
Room name: <input type="text"/>	Eircode: <input type="text"/>

Movement around the classroom (slips, trips and falls)	Yes	Action req.	N/A
Internal flooring is in a good condition	<input type="checkbox"/>		<input type="checkbox"/>
There no changes in floor level or type of flooring that need to be highlighted	<input type="checkbox"/>		<input type="checkbox"/>
Gangways between desks are kept clear	<input type="checkbox"/>		<input type="checkbox"/>
Trailing electrical leads/cables are prevented wherever possible	<input type="checkbox"/>		<input type="checkbox"/>
Lighting is bright enough to allow safe access and exit	<input type="checkbox"/>		<input type="checkbox"/>
Procedures are in place to deal with spillages, e.g. water, blood from cuts	<input type="checkbox"/>		<input type="checkbox"/>
For stand-alone classrooms: Access steps or ramps are properly maintained	<input type="checkbox"/>		<input type="checkbox"/>
For stand-alone classrooms: Access stairs or ramps are provided with handrails	<input type="checkbox"/>		<input type="checkbox"/>
An 'elephant-foot' step-stool or stepladder available for use where necessary	<input type="checkbox"/>		<input type="checkbox"/>
A window-opener is provided for opening high-level windows	<input type="checkbox"/>		<input type="checkbox"/>
Furniture and fixtures	Yes	Action req.	N/A
Permanent fixtures in good condition and securely fastened, e.g. cupboards, , shelving	<input type="checkbox"/>		<input type="checkbox"/>
Furniture is in good repair and suitable for the size of the user	<input type="checkbox"/>		<input type="checkbox"/>
Portable equipment is stable, e.g. a TV set on a suitable trolley	<input type="checkbox"/>		<input type="checkbox"/>
Where window restrictors are fitted to upper-floor windows, they are working	<input type="checkbox"/>		<input type="checkbox"/>
The hot surfaces of radiators are protected to prevent the risk of burns	<input type="checkbox"/>		<input type="checkbox"/>
Manual handling	Yes	Action req.	N/A
Trolleys have been provided for moving heavy objects, e.g. computers	<input type="checkbox"/>		
Computers and similar equipment	Yes	Action req.	N/A
If you use computers are used a workstation assessment been completed	<input type="checkbox"/>		<input type="checkbox"/>
Learners been advised about good practice when using computers	<input type="checkbox"/>		<input type="checkbox"/>
Electrical equipment and services	Yes	Action req.	N/A
Fixed electrical switches and plug sockets are in good repair	<input type="checkbox"/>		<input type="checkbox"/>
Are all plugs and cables are in good repair	<input type="checkbox"/>		<input type="checkbox"/>
Portable electrical equipment, e.g. laminators, have been visually checked and, where necessary, tested at suitable intervals to ensure that the equipment is safe to use	<input type="checkbox"/>		<input type="checkbox"/>
Damaged electrical equipment has been taken out of service or replaced	<input type="checkbox"/>		<input type="checkbox"/>
Fire	Yes	Action req.	N/A
Fire exit doors in the classroom are unobstructed, unlocked and are easy to open	<input type="checkbox"/>		<input type="checkbox"/>
Fire-fighting equipment is in place in the classroom	<input type="checkbox"/>		<input type="checkbox"/>
Fire evacuation procedures clearly displayed	<input type="checkbox"/>		<input type="checkbox"/>
I am aware of the evacuation drill	<input type="checkbox"/>		<input type="checkbox"/>
Workplace (ventilation and heating)	Yes	Action req.	N/A
The room have natural ventilation	<input type="checkbox"/>		<input type="checkbox"/>
A reasonable room temperature can be maintained during use of the classroom	<input type="checkbox"/>		<input type="checkbox"/>
Measures are in place, e.g. blinds, to protect from glare and heat from the sun	<input type="checkbox"/>		<input type="checkbox"/>

COVID-19 - Pre Event	Yes	Action req.	N/A
Discuss with the venue owner at the earliest possible opportunity to understand any additional restrictions that they may have in place.	<input type="checkbox"/>		<input type="checkbox"/>
When assessing your event, it is critical that you understand the status of COVID-19 at Government and Local Council level.	<input type="checkbox"/>		<input type="checkbox"/>
Set-Up Pre-Event Registration Process: Ensure that all participants are aware that their contact information may be made available to the government/HSE in the event of a positive COVID-19 case from one of the participants.	<input type="checkbox"/>		<input type="checkbox"/>
Develop a non-contact number process.	<input type="checkbox"/>		<input type="checkbox"/>
Develop a start list that ensures the total number of people onsite does not exceed government guidelines.	<input type="checkbox"/>		<input type="checkbox"/>
Have a clear and flexible refund policy	<input type="checkbox"/>		<input type="checkbox"/>

COVID-19 - Communications	Yes	Action req.	N/A
Develop a Participant Communications Plan that outlines any special conditions or new ways of operating	<input type="checkbox"/>		<input type="checkbox"/>
Remind participants that they are not to attend if they have had any illness or symptoms of COVID19. Participants must not attend if in the last 14 days they have been unwell or had close contact with a known or suspected case of COVID-19 (cough, sore throat, fever, shortness of breath, etc), even if mild. Participants must leave immediately if they demonstrate any symptoms of COVID-19 during the event.	<input type="checkbox"/>		<input type="checkbox"/>
Consider appointing a COVID-19 Liaison Officer for the event	<input type="checkbox"/>		<input type="checkbox"/>

COVID-19 - At Event	Yes	Action req.	N/A
Ensure there is a registration process that maintains physical distancing and hygiene requirements.	<input type="checkbox"/>		<input type="checkbox"/>
Sanitising alcohol-based dispensers should be provided.	<input type="checkbox"/>		<input type="checkbox"/>
Only essential personnel should be appointed to help conduct the event.	<input type="checkbox"/>		<input type="checkbox"/>
All non-essential equipment and surfaces are closed off.	<input type="checkbox"/>		<input type="checkbox"/>

This is not an exhaustive list and you should identify any other hazards associated with the daily use of the training room in the space overleaf, including any further actions needed. If necessary, discuss this with the venue contact or e-mail hello@forustraining.ie.

Additional issues

Action Req.

Further action needed

Hazards noted:

Action taken and when:

Sign Off by Trainer

Does the Room meet the course entry requirements?

Yes ☐ No ☐

Name:

Position:

Signature:

Date: