

## **Able Training and Consultancy Health and Safety Policy**

Able Training and Consultancy is committed to ensuring that Health and Safety practices are adhered to in order to ensure the safety, well-being and welfare of all associates, workers and participants and any one else who may be associated with Able Training and Consultancy.

Able Training and Consultancy recognises the need to conduct all its activities with due regard to the *Health and Safety at Work Act 1974* and the *Management of Health and Safety at Work Regulations 1992* and will carry out risk assessments prior to every course and will report breaches of Health and Safety to the nominated officer at the venue and the commissioning agency

Able Training and Consultancy require that commissioners of training ensure that:

The venue and all equipment should meet all current statutory and internal requirements in terms of health and safety legislation. All testing of equipment and risk assessments must have been carried out and relevant information passed to the trainer.

The trainer will be briefed in the fire procedure and other emergency procedures, prior to the arrival of participants.

The purchaser of training will carry all liabilities unless otherwise specified and agreed in writing.

Able Training and Consultancy  
Health and Safety Policy

## RISK ASSESSMENT FORM

<b>Date of event</b>		
<b>Event / activity</b>		
<b>Venue</b> (name / address / phone)		
<b>Contact at Venue</b> <b>Contact at Commissioning Agency</b>		
<b>Phone no. for local hospital</b>		
<b>First Aider at venue</b>		
<b>First Aider name</b>		
<b>Is there a first aid box?</b>		<b>Y N</b>
<b>Where is it kept?</b>		
<b>Has Trainer been advised of Fire and Emergency Procedures</b>		<b>Y N</b>
<b>Are emergency exits accessible and unlocked</b>		<b>Y N</b>
<b>Are appropriate washing / toilet facilities available?</b>		<b>Y N</b>
<b>Is there adequate heating and ventilation?</b>		<b>Y N</b>
<b>Are there adequate and appropriate fire extinguishers?</b>		<b>Y N</b>
<b>Are refreshments/food available</b>		<b>Y N</b>
<b>Is the kitchen area clean with food stored in an appropriate way</b>		<b>Y N</b>

**Is the flipchart stable**

<b>Y</b>	<b>N</b>
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**Are all electrical wires from OHP and data projectors taped down**

<b>Y</b>	<b>N</b>
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**Have all electrical appliances been visually checked**

<b>Y</b>	<b>N</b>
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**Are all chairs and tables stable**

<b>Y</b>	<b>N</b>
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**Do any Participants have medical or other health needs?**

<b>Y</b>	<b>N</b>
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**Specify who and needs**

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**Assessment done by**

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**Signed**

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**Dated**

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**All hazards noted need to be listed on pages 4 and 5**



