SAFE WORKING CHECKLIST

TUTOR:			VENUE:														
CLASS:			ARTFORM:														
POTENTIAL HAZARD (please refer to the Arts Service Practitioner Risk Assessment for clarification and give details in the spaces provided below the hazards if appropriate).	IS THERE A RISK? Y/N		PLEASE DESCRIBE REMEDIAL ACTION (please refer to the Arts Service Practitioner Risk Assessment for suggested remedial actions / control measures).	DATE (please enter the date at the top of each column and intitial against each line below once you have assessed the risk and taken any remedial action)													
Venue size/space obstructed or insufficient																	
Furniture or other items in the activity space																	
Loose items such as cables, instruments, classroom resources in the activity space.																	
Spillages																	\vdash
Spinages																	
Electrical Equipment (must be PAT tested within last 12 months)																	
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Specialist Instruments and Equipment																	$\vdash\vdash\vdash$
Participants (physical hazards - clothing, footwear etc)																	
Participants (additional needs e.g. medical, ASN)																	
Lone Working																	
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OTHER HAZARDS NOT INCLUDED ABOVE (please list):																	\vdash
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PLEASE CONFIRM YOU ARE AWARE OF THE VENUE'S FIRST AID ARRANGEMENTS (access to a first aid kit or first aider)																	
PLEASE CONFIRM YOU HAVE READ THE YMI PRACTITION				ING PI	EOPL	E DO	CUM	ENT:	S								
	SIGNED:				:												