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| **QUESTIONS** | **Date** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Accident and Emergency procedures** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all accidents, incidents, assaults, and Security Responses been reported via the online reporting system (AIR)? (If nothing occurred, insert 'Yes') | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all issues been followed up and completed? (If nothing occurred, insert 'Yes') | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the first aid box fully stocked and free from additional items? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Training and Competency** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all employees completed their on-site induction and Security Induction? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all employees been trained on and signed the AIs, SOPs, and risk assessments? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Has all service specific training been completed within the last 12 months:   * Conflict management * Patient restraint * Drug and alcohol awareness * Autism awareness * Learning difficulties awareness * Dementia awareness * Searching * ACT | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Has all service specific compliance been completed within the relevant timescale:   * SIA licences * First aid * BS7858 vetting | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| **PPE** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are all personnel wearing body armour? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| **QUESTIONS** | **Date** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| P.P.E continued |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are all personnel wearing non-slip boots? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Are all personnel carrying working radios and wearing earpieces? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Are all personnel carrying surgical gloves? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Fire Safety** | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| All cardboard in waste areas broken down and stored in roll cage/dedicated bin? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Faulty machinery & equipment taken out of use until repaired? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Multi-socket adaptors are not in use and where extension leads are required, they are not overloaded? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste and other materials are securely stored away from flammable materials in outside areas? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Areas around building under Compass control secured out of hours? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire exit doors can be opened easily without the use of a key? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Directional signs showing the escape route can be seen at all times? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| The fire alarm is tested weekly & can be heard in all areas? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency lighting is working and being tested? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguishers are in their designated locations, are not obstructed and in view at all times? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguishers have not been discharged and the security tags are intact? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| **C.O.S.H.H** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is there Risk assessments available for all chemicals team come into contact with? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Is PPE available /standby for response to potential controlled substance. | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **QUESTIONS** | **Date** | | **Jan** | | **Feb** | **Mar** | **Apr** | | **May** | **June** | | **July** | | **Aug** | **Sept** | **Oct** | **Nov** | | **Dec** |
| **Slip and trip hazards** | | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are passageways, stairs, floors etc. free from spillages, trailing cables, loose floor coverings or other hazards? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are materials to mop up spillages readily available? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are 'Wet Floor' signs available? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Have any obstructions in corridors been reported? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| **Working practices** | | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Do no less than 2 Officers attend incidents? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Is there a Clinical Lead at all patient restraint incidents? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Do all Officers wear hi-viz clothing when patrolling outside? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| **Electrical /Equipment safety** | | **Jan** | | **Feb** | | **Mar** | **Apr** | **May** | | **June** | **July** | | **Aug** | | **Sept** | **Oct** | **Nov** | | **Dec** |
| Is all electrical equipment, including plugs and cables free from obvious defects? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Are all storage racks and shelves stable and not over-loaded? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Are all fans free from dust? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| **PLEASE INITIAL** | **Initials** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |

**If action required, please complete the log and close off when completed, allow week/two weeks to chase to ensure timely correction**

**Log Sheet**

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| **Question** | Action | **Who** | **Due date** | Completed |
|  |  |  |  | Y/N |
| Date | Action | By who | completed | Further actions |
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PLEASE ADD ANY ACTIONS/ OBSERVATIONS HIGHLIGHTED THROUGH ‘DON’T WALK ON BY‘ POST-IT NOTE SYSTEM