

<b>RISK ASSESSMENT FOR:</b>	<b>Broughton Defibrillators</b>	
<b>Establishment:</b>	<b>Assessment by: Heather Bourner</b>	<b>Date: 01/10/19</b>
<b>1<sup>st</sup> Review Date Due :01/10/2020</b>	<b>Chairman Approval:</b>	<b>Date:</b>

Hazard / Risk	Who is at Risk?	How can the hazards cause harm?	Normal Control Measures	Are Normal Control Measures Y/N/NA	
				In Place	Adequate
<b>Equipment does not work</b>	Any person in need of equipment	Equipment not regularly checked	<ul style="list-style-type: none"> <li>The Parish Council ensures the equipment is checked weekly for signs of damage or equipment failure</li> <li>The Parish Council ensures the equipment is tested monthly</li> <li>The Parish Council will engage suitable contractors if the machines require repair</li> </ul>	Y	Y
<b>Pads out of date</b>	Any person in need of equipment	Life saving equipment would not function correctly	<ul style="list-style-type: none"> <li>The Parish Council ensures pads are replaced when used or before expiry date</li> </ul>	Y	Y
<b>Code to locked cabinets unknown</b>	Any person in need of equipment	Life saving equipment could not be accessed	<ul style="list-style-type: none"> <li>Parish Council to ensure sufficient named guardians know the code and can relay this to users when needed</li> <li>Machines to be registered to ambulance service who can direct users to the machines and provide access codes</li> </ul>	Y	Y
<b>Vandalism of equipment</b>	Any person in need of equipment	Damage would mean equipment may not work	<ul style="list-style-type: none"> <li>Machines kept in locked cabinets</li> <li>Regular checks of equipment are made</li> </ul>	Y	Y

<b>Additional Control Measures</b> <i>(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).</i>	<b>Action by Whom</b> <i>(list the name of the person/people who have been designated to conduct actions)</i>	<b>Action by When</b> <i>(set timescales for the completion of the actions – remember to prioritise them)</i>	<b>Action Completed</b> <i>(record the actual date of completion for each action listed)</i>	<b>Residual Risk Rating</b>
<b>DATE OF REVIEW:</b> <i>Record actual date of review</i>	<b>COMMENTS:</b> <i>Record any comments reviewer wishes to make. Including recommendations for future reviews.</i>			
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