
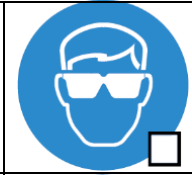

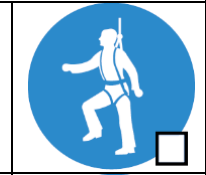






Langton House Hotel Ltd. Maintenance Department	Safe Plan of Action		Supervisor Name:		Date:		
					Time:		
Task:	Equipment	Emergency Plan	Access & Egress to work Area		Live Services in the work area		
	Ladders <input type="checkbox"/>	Exit Route:	Is there Clear Access/Egress to your work area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrical	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Scaffolding <input type="checkbox"/>				Do you have to cross another work area	Yes <input type="checkbox"/> No <input type="checkbox"/>	O/H Electrical
Work Platform <input type="checkbox"/>	Nearest Extinguisher Location:			Water			Yes <input type="checkbox"/> No <input type="checkbox"/>
Location:	Trolley <input type="checkbox"/>	ASSEMBLY POINT		Can Safe working conditions be maintained for staff in the area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hand tools <input type="checkbox"/>					If "No" make alternative access arrangements <input type="checkbox"/>	
	Power tools <input type="checkbox"/>						Sewer
Steps Required		Hazards		Safe Plan of Action			
Staff in Attendance (Print Name)		Signed:		Date:			
Further Equipment Required:		Additional PPE Requirements:		Standard PPE Requirements:			
				 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
				 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>