

Redbridge Sports Centre Trust Limited
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A Registered Charity under the Charities Act 1960 No. 303187
 Registered in England No. 1000 490

EXISTING STAFF

Return this form to:		Ref. No.: _____
NAME OF EMPLOYEE:		
POSITION HELD:		
DEPARTMENT:		
FIRE PRECAUTIONS AND HEALTH & SAFETY	TICK IF COVERED	EMPLOYEE'S INITIALS
FIRE RISK ASSESSMENT/RISK ASSESSMENTS	<input type="checkbox"/>
CONDUCTED TOUR OF BUILDING	<input type="checkbox"/>
CLOSING OF FIRE DOORS	<input type="checkbox"/>
MEANS OF ESCAPE	<input type="checkbox"/>
FIRE WARNING SYSTEM	<input type="checkbox"/>
EMERGENCY OPERATIONAL PROCEDURES	<input type="checkbox"/>
ASSEMBLY POINT OF EVACUATION (rear of car park)	<input type="checkbox"/>
LOCATION OF NEAREST FIRE EQUIPMENT	<input type="checkbox"/>
TRAINING	<input type="checkbox"/>
KEEPING GANGWAYS & EXISTS CLEAR	<input type="checkbox"/>
NO SMOKING RULES	<input type="checkbox"/>
AREAS OUT OF BOUNDS	<input type="checkbox"/>
REPORTING OF FAULTS	<input type="checkbox"/>
ACCIDENTS & INJURIES	<input type="checkbox"/>
I have received instruction and training as shown above.		All items referred to above have been attended to. Those ticked & initialled have been entered on the employees' main training record.
Signature of employee		Signature of Training Officer
Date		Date