

NOT PROTECTIVELY MARKED

**Lesson Plan**

<b>Lesson Title</b>		<b>Duration</b>	
<b>Trainer</b>		<b>Group</b>	
<b>Aim</b>			
<b>Objectives</b> - By the end of the session, students will be able to:			
<b>Link to NOS</b>			
<b>Time</b>	<b>Content, including teaching methods, audio visual aids used and resources needed.</b>		
2 mins	<b>Resources:</b>  <b>MASLOW – Welfare and removal of blocks to learning</b> <ul style="list-style-type: none"> <li>• Environmental check (heating/lighting etc)</li> <li>• Meet and greet and any other formal introductions</li> <li>• Administration including Fitness to Train Declaration</li> <li>• Domestic Arrangements – breaks; location of facilities etc</li> <li>• General Health and Safety and Safety Briefing (if relevant)</li> <li>• Relevant Instructions e.g. mobile phones/questioning strategy</li> <li>• Encouragement to share experiences appropriately/participation</li> </ul>		
5 mins	<b>GESTALT – Overview of what is to come in session</b> <ul style="list-style-type: none"> <li>• Outline aim and objectives</li> <li>• Outline learning strategies/assessment method</li> </ul> <b>Objective One:</b>		
(Continue overleaf if necessary)			

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<b>Time</b>	<b>Content, including teaching methods, audio visual aids used and resources needed.</b>
5 mins	<b>Objective Two:</b>

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**Training Risk Assessment Record**

Training Portfolio			
Assessor		Date	
Lesson / HEP / Task / Activity / Process			
Hazards which could result in Significant Harm		Checklist (not exhaustive)	
		<input checked="" type="checkbox"/> Slips, Trips and Falls <input type="checkbox"/> Vehicle Contact <input type="checkbox"/> Manual Handling/Lifting <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Working at height/use of ladder <input type="checkbox"/> Ladders <input type="checkbox"/> Use of tools and machinery <input type="checkbox"/> Environmental conditions <input type="checkbox"/> Lack of Instruction, supervision & Training <input type="checkbox"/> Pressure systems or temperatures <input type="checkbox"/> Dust & Fumes <input type="checkbox"/> Fall of objects <input type="checkbox"/> Biological Agents (COSHH) <input type="checkbox"/> Excavations <input type="checkbox"/> Lifting Operations <input type="checkbox"/> Electricity <input type="checkbox"/> Hazardous substances (COSHH) <input type="checkbox"/> Noise <input type="checkbox"/> Fire or Explosion	
Those Persons At Risk		Checklist (not exhaustive)	
STATE HOW MANY OF EACH		<input checked="" type="checkbox"/> Students <input type="checkbox"/> Supervisors <input type="checkbox"/> Maintenance Workers Cleaners <input type="checkbox"/> Visitors/Contractors <input type="checkbox"/> Operatives <input type="checkbox"/> Disabled Staff <input type="checkbox"/> Inexperienced Staff <input type="checkbox"/> Lone Workers <input type="checkbox"/> Pregnant workers <input type="checkbox"/> Members of the Public	
Current Control Measures		Checklist (not exhaustive)	
STATE WHERE INFORMATION IS KEPT		<input checked="" type="checkbox"/> H&S Briefing <input type="checkbox"/> Compliance with current legislation <input type="checkbox"/> Engineering Controls, e.g. LEV <input type="checkbox"/> Isolation <input type="checkbox"/> PPE/RPE <input type="checkbox"/> Information, Instruction, Training <input checked="" type="checkbox"/> Adequate Supervision <input type="checkbox"/> SSOW/Permit to work <input type="checkbox"/> Compliance with Recognised Industry Standards	
Assessment Of Risk		<p>5 4 3 2 1</p> <p>1 2 3 4 5</p> <p>Place and 'X' in the appropriate box having considered all of the risks</p> <p><b>Vertical Axis:</b>  <b>Horizontal Axis:</b>  <b>Final Assessment:</b></p>	
If current control measures are not adequate further protective and preventative measures necessary.		Checklist (not exhaustive)	
		<input type="checkbox"/> Elimination or substitute operation <input type="checkbox"/> Reduction of exposure <input type="checkbox"/> Safe systems at work <input type="checkbox"/> Permit to work system <input type="checkbox"/> Information, Instruction & Training <input type="checkbox"/> Provision of Special Equipment / Facilities <input type="checkbox"/> Increased Supervision	

Assessor

Signed

Supervisor

Signed

Date for next assessment

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Where risks are assessed as requiring additional controls, the following action plan should be used to manage the process:

<b>ACTION PLAN FOR FURTHER CONTROLS</b>		
What is required?	By whom?	When?

Action timescales depend on levels of risk – so far as is reasonably practicable – the greater the risk the sooner the action must be taken

<b>PLAN FOR ACTIVE MONITORING (for low and medium risks only)</b>		
Control Measure	How monitored	How often

In order to ensure that work continues to be safe, the control measures identified in the risk assessment must be implemented and maintained. The following checklist should be used to highlight how controls will be checked

<b>DETAILS OF REVIEW</b>			
Date of Review	Findings	Reviewed by	Signature

Risk assessments must be reviewed following any significant change if there is any reason to suspect that the assessment is no longer valid **and at least annually**. The results of reviews are to be recorded below: