Lighting and equipment management plan

**Personal workstations and offices**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own**(tick if applicable) | ***OR*****Duty assigned to**(staff name) | Checked by (Initials, check randomly) |
| **Personal computers/laptops** |  |  |  |
| **Personal printers** |  |  |  |
| **Personal heaters** |  |  |  |
| **Monitors** (If leaving desk for 5 minutes or more) |  |  |  |
| **Chargers** |  |  |  |
| **Lamps** |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |

**Communal areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own**(tick if applicable) | ***OR*****Duty assigned to**(staff name) | **Checked by** (Initials, check randomly) |
| **Printers** |  |  |  |
| **Scanners/photocopiers** |  |  |  |
| **Overhead lighting** |  |  |  |
| **Heating** |  |  |  |
| **Paper shredders** |  |  |  |
| **Laminators** |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |

**Kitchen areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own**(tick if applicable) | ***OR*****duty assigned to**(staff name) | **Checked by** (Initials, check randomly) |
| **Kettle** |  |  |  |
| **Microwave** |  |  |  |
| **Toaster** |  |  |  |
| **Lights** |  |  |  |
| **Heating/cooling** |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |

**Meeting rooms**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own**(tick if applicable) | ***OR*****Duty assigned to**(staff Name) | **Checked by** (Initials, check randomly) |
| **Computers** |  |  |  |
| **Projectors** |  |  |  |
| **Lights** |  |  |  |
| **Heating/cooling** |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |
| *(insert equipment name)* |  |  |  |