RADON Implementation Summary Record - 03 - Summary Record

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| 01: | Does this site have any subterranean rooms (below ground): |  |
| If yes - has a list of all below ground rooms with occupancy information has been completed by FM (whether in a radon affected area or not): |  |
| This can be found at: |  |
| This was last reviewed on: | σ  None specified |
| Tick to confirm the register has been uploaded to related document section: |  |

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| 02: | A radon postcode survey has been obtained for the site: |  |
| Date of survey: | σ  None specified |
| Tick to confirm postcode survey has been uploaded to related document section: |  |

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| 03: | Does the radon postcode survey indicate that this site is in a radon affected area: |  |

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| 04: | Where identified in a radon affected area, or below ground rooms occupied for more than 50 hrs per year has air sampling been carried out? |  |
| Date air sampling carried out: | σ  None specified |
| Date air sampling report received by FM provider: | σ  None specified |
| Tick to confirm air sampling report has been uploaded to related document section |  |

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| 05: | The air sampling report indicates that radon levels: |  |
| If sampling indicates levels are exceeded, confirm that this has been communicated to the following **NOTE: Where a person has not received this communication, you must inform them** | |
| Date SHSFA was notified: | σ  None specified |
| Date PHSFA was notified: | σ  None specified |
| Date APOM was notified: | σ  None specified |
| Date RPOM was notified: | σ  None specified |
| Date Governor was notified: | σ  None specified |

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| 06: | Where sampling for subterranean workrooms exceeds the action level, mitigation measures to reduce the level as low as is reasonably practicable have been taken and/or access controls in place under the advice of the RPA: |  |
| Date this was Escalated to: SHSFA | σ  None specified |
| Date this was Escalated to: PHSFA | σ  None specified |
| Date this was Escalated to: APOM | σ  None specified |
| Date this was Escalated to: RPOM | σ  None specified |
| Date this was Escalated to: Governor | σ  None specified |

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| 07: | Where air sampling has been completed for sleeping accommodation, indicates that radon levels: |  |

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| 08: | Where levels in sleeping accommodation exceed the action level, measures to reduce the levels to the lowest reasonably practicable level have been implemented |  |
| Where answer is no, confirm date that this has been communicated to the following **NOTE: Where a person has not received this communication, you must inform them** | |
| Date this was Escalated to: SHSFA | σ  None specified |
| Date this was Escalated to: PHSFA | σ  None specified |
| Date this was Escalated to: APOM | σ  None specified |
| Date this was Escalated to: RPOM | σ  None specified |
| Date this was Escalated to: Governor | σ  None specified |

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| 09: | A copy of the risk assessment is located: |  |
| Risk assessment was last reviewed on: | σ  None specified |
| Risk assessment was completed by: |  |
| Date risk assessment shared with: SHSFA | σ  None specified |
| Date risk assessment shared with: PHSFA | σ  None specified |
| Date risk assessment shared with: APOM | σ  None specified |
| Date risk assessment shared with: RPOM | σ  None specified |
| Date risk assessment shared with: Governor | σ  None specified |
| Tick to confirm the risk assessment has been uploaded to related document section: |  |

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| 10: | Are local assurance processes (completed by site functional heads) in place to ensure that any mitigations put in place are visually checked i.e. vents not blocked or tampered with as part of workplace inspections/safety tours. |  |
| Is there evidence of annual or quarterly (in high risk areas) PPM being completed for the visual inspection of gas venting systems as per SFG 20 20 88-47 Ground Gas Venting Systems sections 2 and 3.: |  |
| Tick to confirm evidence of checks (as above) has been uploaded to related document section: |  |

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| Comments: |  |

RADON Implementation Summary Record - 04 - Implementation Summary Approved by

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| **Approver:** | **Name:** | **Date:** |
| Regional Property Operations Manager: |  | σ  None specified |
| Principle Health, Safety and Fire Lead |  | σ  None specified |
| Governor: |  | σ  None specified |