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| --- | --- |
| Local document title: |  |
| Completed by user(s): | Add... |
| Date of RADON Implementation Summary Record: | |  | | --- | | None specified | |
| Date for review of RADON Implementation Summary Record (12 Months) | |  | | --- | | None specified | |

RADON Implementation Summary Record - 04 - Summary Record

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| 01.01: | Does this site have a Radon register of all rooms subjected to passive monitoring: | Please select...No/Yes |
| 01.02: | If yes – does this include results of all monitoring (both above and below action levels) and any current mitigations in place (including post mitigation monitoring results) completed by FM (whether in a radon affected area or not): | Please select...Yes/N/A/No (Action creation required) |
| 01.03: | This can be found at: |  |
| 01.04: | This was last reviewed on: | |  | | --- | | None specified | |
| 01.05: | Tick to confirm the register has been uploaded to related document section: |  |
| 01.06: | Does this site have any subterranean rooms or undercrofts (below ground): | Please select...No/Yes |
| 01.07: | 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): | Please select...Yes/No (Action creation required) |
| 01.08: | This can be found at: |  |
| 01.09: | This was last reviewed on: | |  | | --- | | None specified | |
| 01.10: | Tick to confirm the register has been uploaded to related document section: |  |

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| 02.01: | A radon indicative survey has been obtained for the site: | Please select...Yes/No (Action creation required) |
| 02.02: | Date of survey: | |  | | --- | | None specified | |
| 02.03: | Tick to confirm indicative survey has been uploaded to related document section: |  |

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| 03.01: | Does the radon indicative survey indicate that this site is in a radon affected area: | Please select...Is in a radon affected area/Is not in a radon affected area |

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| 04.01: | Where the completed indicative survey (as above) shows the site is in a Radon affected area, has a geological survey been completed to establish whether further action is required. Note; a new geological survey is not required each year where there is no change to the indicative survey findings. | Please select...No (Action creation required)/Yes |
| 04.02: | Date of survey: | |  | | --- | | None specified | |
| 04.03: | Tick to confirm geological survey has been uploaded to related document section: |  |

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| 05.01: | Where identified in line with the HMPPS Radon Management and Monitoring Strategy Manual (section 5) has radon monitoring been carried out? | Please select...Yes/No (Action creation required) |
| 05.02: | Date radon monitoring carried out: | |  | | --- | | None specified | |
| 05.03: | Date radon monitoring report received by FM provider: | |  | | --- | | None specified | |
| 05.04: | Tick to confirm radon monitoring report has been uploaded to related document section |  |

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| 06.01: | The radon monitoring report indicates that radon levels: | Please select...Exceed the action level of 300 Bq/m3 for any room/Are below the action level of 300 Bq/m3 for any room |
|  | Whether radon monitoring reports indicate levels are exceeded or not, confirm that this has been communicated to the following  **NOTE: Where a person has not received this communication, you must inform them** |  |
| 06.02: | Date SHSFA/ Regional HSFL was notified: | |  | | --- | | None specified | |
| 06.03: | Date PHSFA/ National HSFL was notified: | |  | | --- | | None specified | |
| 06.04: | Date HS Strategic Centre was notified: | |  | | --- | | None specified | |
| 06.05: | Date POM/APOM was notified: | |  | | --- | | None specified | |
| 06.06: | Date RPOM was notified: | |  | | --- | | None specified | |
| 06.07: | Date Governor/RPD was notified: | |  | | --- | | None specified | |

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| 07.01: | Where sampling exceeds the action level (300bq/m3), 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 FM Provider Specialist contractor/FM RPA: | Please select...Yes/No (Action creation required) |
| 07.02: | Date this was Escalated to: SHSFA/ Regional HSFL | |  | | --- | | None specified | |
| 07.03: | Date this was Escalated to: PHSFA/ National HSFL | |  | | --- | | None specified | |
| 07.04: | Date HS Strategic Centre was notified: | |  | | --- | | None specified | |
| 07.05 | Date this was Escalated to: POM/APOM | |  | | --- | | None specified | |
| 07.06 | Date this was Escalated to: RPOM | |  | | --- | | None specified | |
| 07.07 | Date this was Escalated to: Governor/RPD | |  | | --- | | None specified | |

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| 08:.01 | Where radon monitoring has been completed for sleeping accommodation, indicates that radon levels: | Please select...Are below the action level of 200 Bq/m3 for sleeping accommodation, including cellular accommodation/Exceed the action level of 200 Bq/m3 but are below 300 Bq/m3 for sleeping accommodation |

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| 09.01: | Where levels in sleeping accommodation exceed 200 Bq/m3 but are below 300 Bq/m3 mitigation measures to reduce the levels as far as reasonably practicable level have been taken under the advice of the FM Provider Radon special contractor/FM RPA | Please select...Yes/No (Action creation required) |
|  | 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** |  |
| 09.02: | Date this was Escalated to: SHSFA/ Regional HSFL | |  | | --- | | None specified | |
| 09.03: | Date this was Escalated to: PHSFA/ National HSFL | |  | | --- | | None specified | |
| 09.04: | Date this was Escalated to: POM/APOM | |  | | --- | | None specified | |
| 09.05: | Date this was Escalated to: RPOM | |  | | --- | | None specified | |
| 09.06: | Date this was Escalated to: Governor/ RPD | |  | | --- | | None specified | |

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| 10.01: | Where above 300 Bq/m3 is identified, a copy of the Radiation risk assessment (completed by FM Providers RPA) has been provided? | Please select...No (Action creation required)/Yes |
| 10.02: | Radiation risk assessment was last reviewed on: | |  | | --- | | None specified | |
| 10.03: | Radiation risk assessment was completed by: |  |
| 10.04: | Date Radiation risk assessment shared with: SHSFA Regional HSFL | |  | | --- | | None specified | |
| 10.05: | Date Radiation risk assessment shared with: PHSFA/ National HSFL | |  | | --- | | None specified | |
| 10.06: | Date Radiation risk assessment shared with: HS Strategic Centre | |  | | --- | | None specified | |
| 10.07: | Date Radiation risk assessment shared with: POM/APOM/RPOM and formal acceptance signed and dated | |  | | --- | | None specified | |
| 10.08: | Date Radiation risk assessment shared with: FM Provider site Manager and formal acceptance signed and dated | |  | | --- | | None specified | |
| 10.09: | Date Radiation risk assessment shared with: Governor/ RPD and formal acceptance signed and dated | |  | | --- | | None specified | |
| 10.10: | Tick to confirm the Radiation risk assessment has been uploaded to related document section: |  |
| 10.11: | Date Radiation risk assessment shared with local HSF committee: | |  | | --- | | None specified | |
| 10.12 | Where mitigation measures have been put in place and post mitigation monitoring completed to prove efficacy of the mitigation has a formal notification been provided by the FM Provider RPA to confirm site is no longer subject to a Radiation RA a copy of the Radiation risk assessment (completed by FM Providers RPA) is located: | Please select...N/A/No (Action creation required)/Yes |
| 10.13 | Date formal notification shared with: SHSFA Regional HSFL | |  | | --- | | None specified | |
| 10.14 | Date formal notification shared with: PHSFA/ National HSFL: | |  | | --- | | None specified | |
| 10.15 | Date formal notification shared with: HS Strategic Centre: | |  | | --- | | None specified | |
| 10.16 | Date formal notification shared with: POM/APOM/RPOM and formal acceptance signed and dated | |  | | --- | | None specified | |
| 10.17 | Date formal notification shared with: FM Provider site Manager and formal acceptance signed and dated | |  | | --- | | None specified | |
| 10.18 | Date formal notification shared with: Governor/ RPD and formal acceptance signed and dated | |  | | --- | | None specified | |
| 10.19 | Tick to confirm the formal notification has been uploaded to related document section: |  |
| 10.20 | Date formal notification shared with local HSF committee | |  | | --- | | None specified | |

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| 11.01: | 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. | Please select...Yes/No (Action creation required) |
| 11.02: | Is there evidence of annual PPM being completed for the Radon Subterranean Spaces Occupancy Assessment as per SFG 20 C88-47 | Please select...Yes/No (Action creation required) |
| 11.03: | Tick to confirm evidence of checks (as above) has been uploaded to related document section: |  |
| 11.04: | Is there evidence of an annual PPM being completed as per SFG 20 C88-47 Radon Passive Gas Venting Systems | Please select...No (Action creation required)/Yes |
| 11.05: | Tick to confirm evidence of checks (as above) has been uploaded to related document section |  |
| 11.06 | Is there evidence of a monthly PPM being completed for Active Gas Venting Systems as per SFG 20 C88-47 | Please select...No (Action creation required)/Yes |
| 11.07 | Tick to confirm evidence of checks (as above) has been uploaded to related document section |  |
| 11.08 | Is there evidence of a PPM being completed for 90 day passive monitoring as part of BAU scheduled monitoring across the whole site as per SFG 20 C88-47 Radon Building/Whole site testing | Please select...No (Action creation required)/Yes |
| 11.09 | Tick to confirm evidence of checks (as above) has been uploaded to related document section |  |
| 11.10 | Is there evidence of an annual PPM being completed for 90 day passive monitoring of a Radon Mitigation Controls Systems and separate PPM for retrieval of said monitors as per SFG 20 C88-47 | Please select...No (Action creation required)/Yes |
| 11.11 | Tick to confirm evidence of checks (as above) has been uploaded to related document section |  |

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| Comments: |  |

RADON Implementation Summary Record - Implementation Summary Approved by

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

Related actions