**Lighting and Equipment Management Plan**

**Personal Workstations/Offices**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own** (Tick if applicable) | **Or duty assigned to**(List Staff Name) | **Checked By** (Initials, check randomly) |
| **Personal Computers**  |  |  |  |
| **Personal Printers** |  |  |  |
| **Personal Heaters** |  |  |  |
| **Monitors** (If leaving desk for 10 minutes or more) |  |  |  |
| **Lamps** |  |  |  |

**Communal Areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own** (Tick if applicable) | **Or duty assigned to**(List Staff Name) | **Checked By** (Initials, check randomly) |
| **Printers** |  |  |  |
| **Scanners/photocopiers** |  |  |  |
| **Lights** |  |  |  |
| **Heating** |  |  |  |
| **Paper Shredders** |  |  |  |
| **Laminators** |  |  |  |

**Kitchen Areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own** (Tick if applicable) | **Or duty assigned to**(List Staff Name) | **Checked By** (Initials, check randomly) |
| **Kettle** |  |  |  |
| **Microwave** |  |  |  |
| **Toaster** |  |  |  |
| **Lights** |  |  |  |
| **Heating** |  |  |  |

**Meeting Rooms**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **All staff responsible for own** (Tick if applicable) | **Or duty assigned to**(List Staff Name) | **Checked By** (Initials, check randomly) |
| **Computers** |  |  |  |
| **Projectors** |  |  |  |
| **Lights** |  |  |  |
| **Heating** |  |  |  |