

Carbon Monoxide Poisoning - Environmental Risk Assessment

Service User / Premises: _____ Reference: _____

A: RISK ASSESSMENT CHECKLIST

#	Element	✓	X	Comments
1	Symptoms consistent with CO poisoning	<input type="checkbox"/>	<input type="checkbox"/>	
2	More than one person displays same symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
3	Symptoms fade when leaving the house	<input type="checkbox"/>	<input type="checkbox"/>	
4	Black soot on front covers of gas fires	<input type="checkbox"/>	<input type="checkbox"/>	
5	Faulty fire leading to smoke build-up in room	<input type="checkbox"/>	<input type="checkbox"/>	
6	Yellow instead of blue flames from gas appliances	<input type="checkbox"/>	<input type="checkbox"/>	
7	Chimneys and flues not blocked – regularly swept	<input type="checkbox"/>	<input type="checkbox"/>	
8	Rooms are well-ventilated	<input type="checkbox"/>	<input type="checkbox"/>	
9	Air-bricks not covered or blocked	<input type="checkbox"/>	<input type="checkbox"/>	
10	Gas installations / appliances regularly serviced	<input type="checkbox"/>	<input type="checkbox"/>	
11	Servicing carried out by Gas Safe Registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	
12	Audible CO alarms fitted near boilers / appliances	<input type="checkbox"/>	<input type="checkbox"/>	
13	Kitchen extractor fan kept clean and regularly serviced	<input type="checkbox"/>	<input type="checkbox"/>	
14	Indoor (charcoal) barbeques not used in enclosed space	<input type="checkbox"/>	<input type="checkbox"/>	
15	Car engines not left running in a garage	<input type="checkbox"/>	<input type="checkbox"/>	

B: ACTION REQUIRED

Signature of Assessor: _____ Date of Assessment: _____