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| --- | --- | --- |
| **Section 1 General Information** | | |
| A | School/Division: |  |
| B | Building: |  |
| C | Room Number: |  |
| D | Name of Assessor: |  |
| E | Does the room have a mechanical ventilation system:  *This is a system that provides air into and out of the room via powered ducts* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2 Thermal Comfort** | | |  |
| **-** | **Factor** | **Description** | **Yes/No** |
| A | Air temperature | Does the air feel cold? |  |
| Does the temperature fluctuate during the normal working day? |  |
| Does the temperature in the workplace change a lot during hot or cold seasonal variations? |  |
| B | Radiant Temperature | Is there a heat source in the room other than radiators or other equipment used for the purposes of heating? |  |
| Is there equipment that produces steam? |  |
| Is the workplace affected by external weather conditions? |  |
| C | Humidity | Are employees wearing PPE that is vapour impermeable? |  |
| Do employees complain that the air is too dry? |  |
| Do employees complain that the air is too humid? |  |
| D | Air movement | Is cold air blowing directly into the workplace |  |
| Are employees complaining of draughts? |  |
| E | Metabolic Rate | Is work rate moderate to intensive in warm of hot conditions? |  |
| Are employees sedentary during their work in a cool or cold environment? |  |
| F | PPE | Is PPE being worn that protects against harmful toxins chemicals, etc.? |  |
| Can employees make individual alterations to their clothing in response to the thermal environment? |  |
| Is respiratory protection being worn? |  |
| G | What your employees think | Do your employees think that there is a thermal comfort problem? |  |

Read the descriptions for each thermal comfort factor, and tick the appropriate box. If you tick   
two or more ‘YES’ boxes there may be a risk of thermal discomfort and you may need to identify the most suitable steps available to you in section 6 of the Covid-19 Winter 2021 Guidance