Lighting and equipment management plan

**Administration Offices and Reception**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **Current User responsible at end of session** | **End of Day Check All Rooms *A*ssigned to**  **On Duty Receptionist** | **Checked by** (Initials, check randomly) |
| **Personal Computers** |  |  |  |
| **Admin Office Printer** |  |  |  |
| **Personal Label Printers** |  |  |  |
| **Scanner** |  |  |  |
| **Heaters / Fans** |  |  |  |
| **Monitors** (If leaving desk for 10 minutes or more) |  |  |  |
| **Kettle** |  |  |  |
| **Laminator** |  |  |  |
| **Room Lighting** | **N/A if Sensor** | **N/A if Sensor** |  |

**Consulting Rooms**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **Current User responsible at end of session** | **End of Day Check All Rooms *A*ssigned to**  **On Duty Receptionist** | **Checked by** (Initials, check randomly) |
| **Personal Computers** |  |  |  |
| **Personal Printers** |  |  |  |
| **Personal Label Printers** |  |  |  |
| **Heaters / Fans** |  |  |  |
| **Monitors** (If leaving desk for 10 minutes or more) |  |  |  |
| **Examination Lamps** |  |  |  |
| **BP Monitors** |  |  |  |
| **Room Lighting** | **N/A if Sensor** | **N/A if Sensor** |  |

**Meeting Room**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of equipment** | **Current User responsible at end of session** | **End of Day Check All Rooms *A*ssigned to**  **On Duty Receptionist** | **Checked by** (Initials, check randomly) |
| **Computers x 3** |  |  |  |
| **Printers x 1** |  |  |  |
| **Label Printers x 3** |  |  |  |
| **Projector** |  |  |  |
| **TV Screen** |  |  |  |
| **Heaters / Fans** |  |  |  |
| **Urn** |  |  |  |
| **Lights** | **N/A if Sensor** | **N/A if Sensor** |  |

**I have read and understood the lighting and equipment management plan:**

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| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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