**Thermal comfort checklist**

Use this checklist to help you identify whether there’s a risk of thermal discomfort to your employees. Remember that thermal comfort isn’t measured by temperature, but by the percentage of employees who say they’re comfortable. For more information, see the **Thermal Comfort Guide**. You can get a copy from the Health and Safety Team (HST), from [iDerby](https://iderby.derby.gov.uk/occupational-health-and-safety/) or the [Schools’ Information Portal](https://sip.derby.gov.uk/restricted/ohs/).

Read the descriptions for each thermal comfort factor and if the answer is ‘yes’, tick the box. You can use the comments section to record and explain what you find. If you tick **two** or more ‘yes’ boxes, then you need to do a thermal comfort risk assessment in consultation with your staff.

|  |  |
| --- | --- |
| **Managers’ name**  | **Workplace or service checklist completed for** |
| **Directorate and service** | **Date completed** |
| **Factor** | **Description** | **Yes** | **Comments** |
| **Air temperature** | 1. Does the air feel warm or hot?
 |  |  |
| 1. Does the temperature in the workplace vary during a normal working day?
 |  |  |
| 1. Does the temperature in the workplace change a lot during hot or cold seasonal variations?
 |  |  |
| **Radiant temperature** | 1. Is there a heat source in the environment?
 |  |  |
| **Humidity** | 1. Is there any equipment that produces steam?
 |  |  |
| 1. Is the workplace affected by external weather conditions?
 |  |  |
| 1. Are your employees wearing personal protective clothing, PPE, that’s vapour impermeable?
 |  |  |

**Thermal comfort checklist - continued**

|  |  |  |  |
| --- | --- | --- | --- |
| **Factor** | **Description** | **Yes /** **No** | **Comments** |
| **Humidity** | 1. Do your employees complain that the air feels too dry?
 |  |  |
| 1. Do your employees complain that the air feels too humid?
 |  |  |
| **Air movement** | 1. Is cold or warm air blowing directly into the workspace?
 |  |  |
| 1. Are employees complaining about draughts?
 |  |  |
| **Metabolic rate** | 1. Is the work rate moderate to intensive in warm or hot conditions?
 |  |  |
| 1. Are employees sedentary in cool or cold environments?
 |  |  |
| **PPE** | 1. Is PPE being worn that protects against harmful chemicals, asbestos, flames or extreme heat?
 |  |  |
| 1. Can employees adapt their clothing in response to changes in the thermal environment?
 |  |  |
| 1. Are employees wearing respiratory protection?
 |  |  |
| **Your employees’ views** | 1. Do your employees think there’s a thermal comfort problem?
 |  |  |

|  |
| --- |
| Further action |
| Can any problems be resolved by simple remedial actions? Yes / No *delete as appropriate*If yes, give details. Include what needs to be done, by whom and within what timescales. If no, you need to do a thermal comfort risk assessment. Don’t forget to consult your staff and their Trade Union H&S representatives.  |