Team ………………………………………………………….

Member of Staff Responsible…………………………….

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	**N/A**		
Personal Heaters	✔		
Monitors (If leaving desk for 10 minutes or more)	✔ **Monitors have a power save mode making energy use negligible. However it would be helpful if staff turn these off at night.**		
Lamps	✔		
Mobile Phone Chargers	✔		
Laptop Docking Stations	✔		

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	**Managed by YPP. Devices go to power save mode at night.**		
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	✔		

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