

Registered in England & Wales - Registered Number: 7703609. VAT No.: GB 117844210 Tel: 02070 965 030 - Email: info@adamsblinds.co.uk

Child Safety and Internal Window Blinds

Risk Assessment for Supplying and Installing Blinds in Commercial Buildings

Introduction

The standards relating to child safety for internal window blinds will be mandated under the General Product Safety Regulations.

This change will place a legal responsibility on all blind suppliers and professional blind installers to ensure that internal blinds "intended to be installed in premises where children aged 0-42 months are likely to have access or be present" are compliant with child safety standards as detailed in EN 13120.

In order for ADAMS BLINDS® to determine what type of blind and operating method will be permissible for your building(s) the following risk assessment must be completed based on your known use of the building(s) at the address shown below.

Organ	isation Name:		
Site A	ddress:		
Based	on a risk assessment on behalf of the organisation stated above I confirm:		
Please tick the one statement that is applicable and sign and date this risk assessment where indicated:			
	That children aged 0-42 months are unlikely to have access or be present in the building(s) at the address shown above		
OR			
	That children aged 0-42 months are likely to have access or be present in the building(s) at the address shown above		
OR			
	That children aged 0-42 months are likely to have access or be present in some areas of the building(s) at the address shown above. In this case please complete the assessment overleaf/attached.		





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Areas of the site where internal blinds must be compliant with the child safety requirements of EN 13120

Organisation Name:	
Site Address:	
Areas where children aged 0-42 months are bouilding(s) at the address shown above:	likely to have access or be present in the
Specific area/room number/location	Comments
confirm that I have assessed the site detail	led above and the information provided is
Your name (CAPITALS):	
Your title:	





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Organisation:	
Signature:	Date:
	END