		CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	orded on App
Date 15 08 2	OIA Officer N	MAIN NUTAN	e hombon
Occupier KPlax	Studio	Visit Type	
House Name		K = Full audit R = Unitisation	
No 2 Street Conthorpe Street		L = S.Req visit  M = Accident inv	NAT6
Town	Post Code E17RQ.	N = Revisit to check	
A pure rights	(No.	OR = H&S Advisory/Project visit S = Other incl sampling	
Contact / Title Chak W	a Viv		
Email		A01 Whole of Premises	
		A02 Part of Premises	
		A04 Other (catering area only) A03 Records	
		Aus [ ] Records	
* delete as appropriate General topic areas			
Safety Policy	7. Sanitary accomm/wash faci	lities/drinking water	13. Emergency Precautions
2. Risk Assessment	8. Electrical installation/electr		14. Smoke free
Accident Reporting     Slips and trips	9. Hazardous substances		15. Workplace transport
5. First Aid	10. Mechanical/manual handling(msd)     11. Storage arrangements		16. Working at height 17. Asbestos
6. Heating/lighting/ventilation*	12. Machinery		
General			
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Independent	MODESSIONC / LE	supist associ	cton
Caution	iven to Chuh	10/4 1/11	The Proposition would be Tar-
and the second of the second o	en to chun		
Summary of action to be taken			_/
Informal Improvement This report is to inform you of contraver		Licensing non-conform	nities
at Work etc. Act 1974 and other relevan			
be remedied as soon as possible. You sl	hould take steps to ensure that the	Signature of Authorised	V :
contraventions do not recur. This report may also give advice and recommendations but only covers the areas discussed at the time of visit.		Inspector	
The absence of comment does not indic		*Cinching of Burnets of	, h
Safety at Work Act or any Regulations in	•	*Signature of Proprietor/ Owner/person interviewed	
and maintain satisfactory conditions in y		*circle as appropriate	
prosecution.			