|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF SCHOOL | |  | | | | | | | | | | |
| ADDRESS | |  | | | | | | | | | | |
| CHAIR OF GOVERNORS | |  | | | | | | | | | | |
| HEAD TEACHER | |  | | | | | | | | | | |
| **RESPONSIBILTY FOR HEALTH & SAFETY** | | | | | | | | | | | | |
| GOVERNOR | |  | | | | | | | | | | |
| SCHOOL EMPLOYEE | |  | | | | | | | | | | |
| **RESPONSIBILITY FOR WIRELESS AND ELECTRICAL DEVICES** | | | | | | | | | | | | |
| SCHOOL EMPLOYEE | |  | | | | | | | | | | |
| **RESPONSIBILITY FOR MONITORING EXPOSURE LEVELS** | | | | | | | | | | | | |
| SCHOOL EMPLOYEE | |  | | | | | | | | | | |
| **WHOLE SCHOOL** | | | *Yes / No* | | | *OR* | | **INDIVIDUAL PUPIL** | | | *Yes / No* | |
| **RESPONSIBILITY FOR ENSURING WELL-BEING OF INDIVIDUAL PUPIL** *(where applicable)* | | | | | | | | | | | | |
| TEACHER | |  | | | | | | | | | | |
| *AREAS COVERED:* | **WHOLE SCHOOL** | | | *OR* | **SPECIFIC AREAS:** | |  | |  |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Room or Area (UZ): | | | | *Description of the Utilisation Zone (UZ) measured in this Room or Area. Include it in the sketch on the next sheet:* | | | | | | | | | | | | | | | |
| *Av. = Average (aim)* | | | |
| IGNIR Compliant: | | | *Yes / No* | | | *Comments:* | | | | | | | | | | | | | |
| *Any modifications needed:* | | | | | | | | | | | | | | | | | | | |
| ***IGNIR COMPLIANCE (I.C.)*** *√ or x* | | | ***CHILD SENSITIVITY SAFETY LEVEL*** | | | | | | | ***INDIVIDUAL ACUTE  SENSITIVITY SAFETY LEVEL*** | | | | | ***INDIVIDUAL DELAYED SYMPTOMS SENSITIVITY SAFETY LEVEL*** | | | | |
| **IGNIR** | | **Reading** | | **Date** | **Time** | **I.C.** | **Target** | **Reading** | **Date** | **Time** | **I.C.** | **Target** | **Reading** | **Date** | **Time** | **I.C.** |
| **RF** | *V/m* | **Max**  Av. | **0.02**  ≤0.006 | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *µW/m2* | **Max**  Av. | **1.0**  0.1 | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **VLF** | *G-S Units* | **Max** | **30** | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ELF** | *nT* | **Max**  Av. | **100**  30 | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *V/m* | Av. | 1 | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Room or Area (UZ):* | | | | | | | | | | | | | | | | | | | |
| *Sketch of the Utilisation Zone (UZ) measured within the room. Mark areas in appropriate colours for IGNIR compliance:*  *BLUE – IGNIR Child Sensitivity Safety Level Compliance or  GREEN – IGNIR Individual (Acute or Delayed Symptoms) Sensitivity Safety Level Compliance or RED – Zero IGNIR Compliance* | | | | | | | | | | | | | | | | | | | |