

Part 7 Equality impact assessment summary report

The results of equality impact assessments must be published. Please complete this summary, which will be used to publish the results of your impact assessment on the Service’s website, and return it to Business Support.

Date of assessment: 10 July 2008

Manager(s) name: **Role:**

Business case, SOP, SIP, project or service, procedure, strategy or Service, that was impact assessed:

Response to calls from Automatic Fire Alarms

Summary of findings:

Neutral or positive impact

Summary of recommendations and key points of action plan:

None at present

| Groups that this business case, SOP, SIP, projector service will impact upon * | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Race | | Gender | | Sexual Orientation | | Age | | Disability | | Religion/ Belief | | Other | | All | |
| + | - | + | - | + | - | + | - | + | - | + | - | + | - | + | - |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

* This information should be transposed to the front page of the Business case, SOP, SIP, project or service/Procedural document