Safety Services

Guidance on Safety Inspections

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University of Strathclyde Glasgow

Guidance on Safety Inspections

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Guidance on Safety Inspections

1. Introduction

1.1 University Policy

It is the Health and Safety Policy of the University of Strathclyde to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees at work, of students while they are engaged in activities under the supervision of the University and of members of the general public who have access to University property. In pursuance of this commitment, each Department is required to implement the provisions of the Health and Safety Policy and to monitor such implementation along with the effectiveness of those provisions. This is necessary in order to develop a positive health and safety culture and to bring about improvements which will reduce the potential for injury, occupational ill health and damage to property.

1.2 Purpose of Health & Safety Monitoring

The term health and safety monitoring refers to a variety of activities, including safety inspections, which are concerned with gathering information to help determine how effectively health and safety is being managed. A ***Safety Inspection*** is a scheduled, general examination of a range of health and safety issues to ensure that specific safety procedures are being operated and with a view to recommending appropriate remedial action.

Part of the role of Safety Services is to undertake ***Safety Audits***, which are independent, in-depth, systematic and critical examinations of the health and safety management systems of departments, to identify their strengths and weakness and to make recommendations leading to achievable targets being set.

Section 3.2 of the Health and Safety Policy specifies that departmental safety inspections should be carried out at least twice in each calendar year, but advises that more frequent inspections may be arranged depending on the findings of the departmental risk assessment. It also advises that from time to time additional inspections devoted to monitoring specific aspects of the health and safety management system may be necessary, e.g. manual handling, COSHH, work equipment, student placement etc.

Monitoring activities should be regarded by departmental management as a continuous process of vigilance and a means of reinforcing their commitment to health and safety objectives. The gathered information will indicate how effectively risks are being controlled and how well a positive health and safety culture is being developed among staff and relevant undergraduate and post-graduate students. It will enable management teams to prioritise and address health and safety issues, as they continually seek to improve their overall management of health and safety.

1.3 Aim of Guidance

This guidance has been prepared for departments and gives practical advice on implementing the requirements of the Health and Safety Policy. It outlines the roles and responsibilities of various individuals and groups, plus the various stages involved in an inspection and the expected outputs. It also provides sample checklists for lower risk and higher risk environments, which, although not exhaustive, highlight a range of health and safety topics and issues to be considered. The guidance will help inspection teams carry out inspections in an efficient, comprehensive and effective manner to enable departments to provide continuous improvement of their health and safety management systems. It will also facilitate a consistent approach to inspections across the University.

2. Roles and Responsibilities

2.1 Heads of Departments/Directors of Service

Heads of Departments (hereafter used to include Directors of Service) are legally responsible for the day-to-day management of health and safety within their departments. Their responsibilities are fully explained in the Health and Safety Policy and with particular reference to monitoring of health and safety performance, will include the following:

- ensuring there is a Departmental Safety Committee, normally of 3 or more members of staff, which may include students.
- ensuring that appropriate Departmental Safety Regulations are published (in order to provide a standard against which to carry out safety inspections) and are enforced;
- receiving and determining action on safety inspection reports from the Departmental Safety Committee;
- ensuring the Heads of Department Annual Safety Report is returned promptly to the appropriate Dean/Senior Officer;
- ensuring the generation of a Departmental Safety Action Plan;
- being involved at grass roots level in health and safety inspections;
- using the results of audits and other departmental monitoring procedures, to determine the efficiency and effectiveness of safety management and performance within the department.

2.2. Departmental Safety Convenors

One of the Departmental Safety Convenor's (DSC) duties, as outlined in the Health and Safety Policy, will be to co-ordinate and conduct systematic health and safety monitoring, on behalf of the Head of Department, by means of regular safety inspections.

2.3. Departmental Safety Committees

One of the main functions of Departmental Safety Committees is to assist the DSC in carrying out their range of functions, including formal, systematic safety inspections of the work activities and areas for which the committee is responsible. This will necessitate holding meetings as often as necessary, depending on the numbers employed in the department, the kind of work carried out and the degree of inherent risk. Typical agenda items for Departmental Safety Committee meetings are given in **Appendix 1**.

Each inspection team should consist of 3 members of the committee, who should be knowledgeable about the work activities and the area covered. They should be confident enough to be able to identify the significant hazards within the department and to ask pertinent questions of those working there, where necessary.

In some instances, for example, inspection of low risk office areas, it is acceptable for a team of 2 people to carry out the inspection. It is never acceptable for only one person to undertake an inspection.

Where inspection teams require additional assistance or support, then the Head of Department should resource this need. If necessary, Safety Services may be consulted for advice and assistance.

2.4. Safety Services

The Head of Safety Services should be invited to attend at least one inspection per calendar year. Resources permitting, they or their nominated representative, will make every effort to attend. University Safety Services personnel will not be part of the inspection team. Their role will be to monitor the inspection process on behalf of the University Court, to ensure it is carried out in accordance with the University Health and Safety Policy and that it covers all aspects of departmental safety in sufficient breadth and depth.

3. Safety Inspection Procedure

3.1 Frequency

Each Departmental Safety Committee is required to inspect its area **at least** twice in each calendar year. The first inspection should take place between January and May and the second between September and December. On each occasion a copy of the inspection report should be sent to the Head of Department and also to Safety Services, within 2 months of the inspection and to arrive with the latter, at the latest by 1 August, following the first inspection and by 1 March, following the second inspection.

Where the activities of a department could pose serious risks to personnel, as determined through risk assessment process (e.g. high risk research or maintenance activities) the Head of Department may decide to carry out 3 or 4 inspections a year, to monitor performance. Again, copies of inspection reports should be sent to Safety Services within 2 months of the inspection being completed.

3.2 Pre-inspection Discussion

Prior to any inspection, the inspection team may wish to discuss which areas are to be inspected and whether an emphasis should be placed on any particular aspect of health and safety management, in view of recent events (e.g. an accident, dangerous occurrence or fire) or activities (e.g. installation of new equipment, relocation of staff) within the department. It may be helpful to discuss any outstanding actions from the previous inspection report (or reports) and any follow-up to recent accident investigations.

3.3 Time Required

An appropriate amount of time must be allocated to carrying out the inspection. While 1 or 2 hours may be sufficient for some low risk departments, others, such as science/engineering-based departments or large service departments will undoubtedly require more time and effort, due to their size and scope of activities.

3.4 Scope of Inspections

Inspections should be systematic, wide-ranging and thorough and cover all areas and work activities under the control of the Head of Department. Where a department covers a large area, has a wide range of activities or has several buildings, then it is advised that the work is split into manageable sections so that inspections can be carried out by two or more teams, or over more than one day.

The purpose of an inspection is to determine whether:

- the University Health & Safety Policy and Local Rules are being complied with, or in the case of Guidance documents, that the particular objectives are being achieved;
- the Departmental Safety Regulations are being adhered to;

- an acceptable standard of housekeeping is being maintained;
- significant risks are being appropriately controlled, as indicated in the relevant risk assessment or safe system of work.

Inspections should also identify significant hazards and unsafe/unhealthy conditions or work practices within the department that may not have been included in existing risk assessments. An indication of how well a department is managing its health and safety system may be determined, for example, by inspection teams:

3.4.1 checking that adequate precautions are taken with regard to any new or existing safety hazard within the department and seeking advice from University Safety Services if appropriate;

3.4.2 sampling generic risk assessments for a range of different tasks and service activities, as well as those required under specific regulations dealing with, for example, substances hazardous to health, manual handling, computer workstations, noise, ionising-radiation, to check whether appropriate risk assessment procedures are being followed and whether assessments are valid and have been signed, dated and read by the appropriate people;

3.4.3 checking that safe working practices/procedures and risk control measures relating to student project work are being implemented and maintained, with particular attention being paid to final year undergraduate and postgraduate project requirements;

3.4.4 checking that all plant, equipment and processes within the department are appropriately maintained, through examining, for example:
- test records for local exhaust ventilation
- systems for managing portable appliance testing
- systems for managing statutory inspections of plant and equipment (cranes, slings, hoists, pressure systems etc);

3.4.5 checking, by means of a representative sample, that staff and relevant students have received adequate information, defined as factual material about risks and health and safety measures, (e.g. on workplace hazards and precautions for preventing particular risks or protecting against them; statutory information – Acts, Regulations, Codes of Practice, Health & Safety Executive (HSE) documents; non-statutory information – industry codes of best practice, manufacturers' information
on the safe use and handling of materials, induction in Departmental Safety Regulations, induction in Health and Safety Policy etc.)

3.4.6 checking that staff and relevant students have received adequate instruction, defined as what they should do in various situations (e.g. adhering to routine safety checks when using particular equipment, using safe systems of work or standard operating procedures; emergency procedures such as how to raise the alarm and evacuate the premises etc.)

3.4.7 checking that all levels of staff and relevant students have received adequate training, defined as helping them learn how to work safely (e.g. general safety training at the commencement of employment; specific training to comply with certain legislation or for work involving a high degree of risk; retraining when responsibilities change, there are new/changed risks, where skills are not used regularly or where there has been an accident or dangerous occurrence etc.).

3.4.8 checking that staff and relevant students have received adequate safety supervision, appropriate to their work, to help guide, train and develop competence, as well as to ensure safety procedures are followed.

3.4.9 checking that all health and safety training records are correctly maintained;

3.4.10 periodically carrying out additional inspections devoted to monitoring a particular aspect of the health and safety management system, in detail, with a view to modifying, expanding or revising it. For example, an inspection devoted to looking at manual handling within the department. Such an inspection will scrutinise the system in depth and breadth and look at all of its workings;

3.4.11 asking pertinent questions of a representative sample of staff and students, where necessary, about their:

- knowledge of risk assessments applicable to their work
- knowledge of fire action and other emergency procedures (location of call points, extinguishers, exits, assembly points, first-aid boxes; emergency telephone number etc.)
- awareness of accident reporting procedures
- attendance at relevant safety training

3.4.12 checking that personal protective equipment (PPE), including respiratory protective equipment (RPE) have been suitably assessed, is available and is being properly used, stored and maintained;

3.4.13 checking that first-aid boxes are adequately stocked and that there is a system in place for regularly monitoring stock.

3.4.14 checking that any eye-wash stations have solutions that are in date, or if connected to the mains are regularly flushed out and records maintained.

3.4.15 checking that recommendations arising from recent accident investigations have been satisfactorily implemented and are being maintained

3.4.16 checking that particular aspects of the previous years' Departmental Safety Action Plan have been implemented and are effective.

During inspections, at least one team member should take notes (and/or use an appropriate checklist, as described below) of the team's findings to be used by the DSC to compile the inspection report.

Where defects in the condition of building fabrics or services e.g. broken stair nosings, weakened handrails, faulty electrical fittings etc. are ***only*** discovered during a formal inspection, these should be ***notified to Estates Management without delay*** and certainly before the report of an inspection is issued.

Under normal circumstances any such defects should be notified to Estates Management, or the appropriate person within the department, ***as soon as they are discovered***. Inspections should not be relied upon to highlight such defects.

4. Safety Inspection Checklists

Safety Services has provided a number of checklists, which Departmental Safety Committees and inspection teams may find helpful. Two appear in Appendices and all are available on our web pages, with relevant links being provided below. The checklists should not be regarded as exhaustive and inspection teams are encouraged to amend and/or expand them to best suit the needs of the department's activities, procedures and locations.

4.1 Combined Checklists of Risk Control Arrangements and Workplace Precautions

Checklist **S24a1 (Appendix 2)** (Word version) (pdf version) is applicable to **Lower Risk Areas** (e.g. offices, common areas of buildings, computer suites and classrooms) and checklist **S24b1 (Appendix 3)** (Word version) (pdf version) is applicable to **Higher Risk Areas** (e.g. laboratories, workshops, kitchens etc.)

Each of these checklists provides a series of statements, under various topic headings. The statements are arranged in two tiers. Statements in the first tier are at the beginning of each topic and **appear in bold.** They infer the kind of legal or advised arrangements that need to be integrated into the day-to-day management of the department to ensure a robust risk control process and to support the consistent application and effectiveness of work place precautions pertaining to that topic.

These would include arrangements for appointing individuals with specific responsibility, regular testing and maintenance of certain equipment, establishing and fulfilling training needs, ensuring that a programme of risk assessment is in place, issuing authorisations for specific work etc. Such issues will generally need to be addressed by line managers, Departmental Safety Committees or by senior management within a department. However, inspection teams are still encouraged to speak to individuals to ascertain if the arrangements referred to are in place in specific work areas.

Second-tier statements follow on from first-tier statements, under each topic heading, and appear in ordinary typeface. They focus on work place precautions, that is, measures which prevent harm to people at the point of risk. They allow inspection teams to check whether the physical environment, the working practices, work equipment, fire safety precautions etc., in specific work areas, are satisfactory or not.

4.2 Checklists of Workplace Precautions

The second-tier statements in each of the above checklists have been compiled into separate checklists, designated as **S24a2** (Word version) (pdf version), **S24b2** (Word version) (pdf version), for Lower Risk and Higher Risk Areas, respectively. These are for the convenience of inspection teams, during actual safety inspections, as an aid memoire and to facilitate note-taking.

Again, for the convenience of inspection teams, all statements in the checklist for Lower Risk Areas also appear in the checklist for Higher Risk Areas. This means that where a department has separate office accommodation, within or attached to a laboratory or workshop which represents only a small part of that environment, then inspection teams need only use the checklist that applies to the higher risk environment, upon which to base the inspection of those offices.

4.3 Practical use of Checklists

The introductions to individual checklists provide further details about how to use each one and the flowchart at **Appendix 4** illustrates a typical process. Departments may choose to use checklists in different ways, as illustrated below, but are likely to derive most benefit from combining these suggested ways:

4.3.1 As a standard by which to compare risk control arrangements throughout a Department

In this case, a Departmental Safety Committee (or management team) may use the first-tier statements of a relevant checklist to select topics and issues which apply to their department as a whole, for example *'Provision of General Information'* (Ref.1 in Checklist for Lower Risk Areas). Committees would then consider each first-tier statement under this topic in view of existing departmental arrangements for disseminating *general information*. If, following a process of sampling, checking and testing, the Committee is confident that arrangements are adequate and evidence is available at a departmental level, to confirm a statement as being true, then that statement may be noted as being satisfactory.

If evidence is available but is judged to be deficient, in that it does not support a statement, then this should be noted as unsatisfactory and the Committee should agree a course of action to address the matter. At subsequent committee meetings there would be a need to verify that agreed arrangements had been implemented and continued to be upheld.

4.3.2 As a standard by which to compare risk control arrangements within a Section or Area

Here, a Departmental or Area Safety Committee would use first-tier statements in a similar manner as at 4.3.1, to determine the existence and appropriateness of risk control arrangements, with the focus on a particular Section or Area.

4.3.3 As a standard by which to compare workplace precautions on a specific floor, or within a specific office, laboratory, kitchen or workshop etc.

In this case, the workplace precautions version of the relevant checklist, containing second-tier statements, will prove helpful to inspection teams considering specific locations. Through on-site observations, sampling and checking, they can determine if adequate precautions are provided, are effective and are being complied with by staff. Supporting evidence can be designated as '*satisfactory*' or '*unsatisfactory*'.

For all of the above, where further action is required to address any highlighted issue, this can be recorded on Form S24c – Departmental Safety Inspection Report, see para. 6 below.

It is recommended that a separate workplace precautions checklist is used for each laboratory, kitchen or workshop etc. where each facilitates quite distinct activities and houses different equipment. Inspections of areas on different floors should also utilise separate checklists, since their location may have a bearing on the fire precautions necessary.

5. Post-Inspection Discussion/Follow-up

As mentioned earlier, the aim of safety inspections is to provide information so that health and safety management within the department can be continuously improved. The Departmental Safety Committee's response to the information gathered is crucial to this process. Establishing a list of prioritised actions is essential if the findings of inspections are to be translated from good intentions into a marked improvement in safety management and culture.

Where immediate corrective action is not possible or feasible, during an inspection, it is advised that, where necessary, the inspection team or Departmental Safety Committee discuss the issues that have attracted an 'unsatisfactory' response to determine how each should be addressed.

Issues that require attention by Estates Management should be notified without delay, by means of a Service Request or Maintenance Request. Issues which the department can deal with in the short to medium term can form the basis of the ***Safety Inspection Report*** (see para.6 below) and issues that require significant senior departmental management input and action in the longer term, can form part of the ***Departmental Safety Action Plan*** (see para.8 below). It is important, however, that problems requiring urgent resolution are not left until a future meeting but are dealt with quickly by referral to the DSC or Head of Department.

6. Safety Inspection Reports

To complete the inspection, a formal written report should be made of the findings of the inspection. This provides a basis for action to assist the Head of Department in improving safety management throughout the department. It should therefore reflect the issues identified and the solutions proposed by the inspection team, but does not need to be overly detailed. It is advised that each inspection report records the following:

- the location of any identified hazard or other health and safety issue
- the nature of the hazard/issue (e.g. loose ceiling tile, no COSHH assessment etc)
- the required action to remove or control the risk from the hazard/issue
- the nominated individual responsible for the required action
- the date by which action should be achieved
- any trends that illustrate faults in the safety management system, which require wider management action;
- progress (or lack of it) in resolving hazards/issues mentioned in previous inspection reports

Where a single departmental Safety Inspection Report may prove to be unwieldy, a separate report can be written for each section, area, laboratory etc. The **Form S24c** (Word version) in **Appendix 5** provides a means of recording the above information and departments are requested to use it for their inspection reports. A writable version is also available. A copy of each inspection report must be sent to the Head of Department and to the Head of Safety Services by the dates indicated at para. 3.1 above. **Appendix 6** provides an example of a completed proforma. Inspection reports are not, ordinarily, confidential and should be made available to all staff in the department and to all relevant Trade Union Safety Representatives.

7. Monitoring of Follow-up Actions

The Departmental Safety Committee should meet at appropriate intervals to ensure that matters identified during the current and previous inspections are being attended to and that the current Departmental Safety Action Plan is being implemented, according to the agreed actions, priorities and timetable. Where there is significant delay in any action being implemented, this should be brought to the attention of the Head of Department.

8. Developing a Departmental Safety Action Plan

8.1 Purpose

A formal Departmental Safety Action Plan (Safety Action Plan) enables a department to present and prioritise the longer term health and safety objectives of the department, with a view to continuously improving its health and safety management system and using its limited resources efficiently. It also has legal significance, in that it demonstrates to the University Court, to staff in the department and to enforcement authorities that risks are being prioritised and controlled in an efficient and systematic manner.

8.2 Sources of Data

Often many of the remedial or risk-reducing actions, identified by inspections, can be implemented without delay because they entail little effort or cost. Other identified actions may require considerable planning, lead-time, effort and financial resources to implement successfully. These actions should then form the basis of the Safety Action Plan.

The Safety Action Plan may also include actions identified by the Head of Department, in response to specific questions, during completion of their Annual Health & Safety Report (formerly Annual Safety Report). It is recommended that Heads of Department base their comments for their Annual Health & Safety Reports on at least two inspection reports, which will mean co-ordinating the timing of inspections and subsequent inspection reports, to allow their mid-January submission deadline to be achieved.

8.3 Content

The Safety Action Plan should not be over bureaucratic and should not take up more than 2 sides of a sheet of A4 paper. The objectives it outlines should be characterised by the following:

- Specific in terms of what exactly needs to be achieved and how;
- Measurable in terms of what is being aimed at (e.g. numbers, percentages, increases etc.);
- Agreed at departmental management level and with those who will be responsible for delivery;
- Realistic in terms of the department's overall objectives and resources;
- Prioritised so as to address issues that could affect a considerable number of people
- Given a suitable timescale
- Delegated to someone with suitable skills, knowledge and training

The Safety Action Plan should be discussed and reviewed regularly at Departmental Management Meetings, as well as at Departmental Safety Committee Meetings.

8.4 Examples of Objectives

Examples of objectives in a Safety Action Plan might be:

- To source and provide suitable training in the principles of risk assessment for five Principal Investigators, during the next academic term, to provide them with additional skills , knowledge and training to effectively advise on the health and safety aspects of PhD research projects. A J Brown to make and co-ordinate all arrangements by end of November 2007.

- To establish a working group to undertake an in-depth review of all generic COSHH assessments and to make recommendations for improving their effectiveness and administering the documentation. Working group to be established by Head of Department by end of June 2008. Review to be completed by end of October 2008 and recommendations to be completed by end of December 2008. T Ross to chair working group and oversee recommendations.

9. Review of Inspection Procedures

All safety management systems should be subject to review to ensure optimum efficiency. This includes the Departmental Safety Inspection routine which should be examined and reviewed periodically, with recommendations being made to improve it, where necessary.

10. Auditing

It is the policy of the University Court that each University department should be audited at intervals determined by University Safety Services but, obviously, at a time convenient to the department. For most departments, this should be approximately every 18 to 24 months. The auditing procedure is carried out by University Safety Services in conjunction with senior departmental staff. The main purpose of the audit is to examine the department's compliance with the University Health and Safety Policy. The results of the audit can be used by the Head of Department and the University Court to determine the efficiency and effectiveness (along with other departmental monitoring procedures) and to assess the adequacy of safety management and performance within the department.

Appendix 1

Typical Agenda Items for Departmental Safety Committees

The Departmental Safety Committee should be concerned with all aspects of health, safety and welfare in the working environment. Typical items of business could include:

1. Review of actions arising from previous inspection report(s), to determine progress.

2. Review of actions arising from previous minutes, to determine progress.

3. Review of any general health, safety and welfare measures introduced since previous meeting, to determine their effectiveness.

4. Review of investigations of any accidents, dangerous occurrences or cases of occupational ill health, to identify lessons to be learned and determine the effectiveness of subsequent preventive measures, the communication of relevant information, instruction and training to all concerned and the possible impact on Departmental Safety Regulations.

5. Discussion of unsafe and unhealthy conditions and practices together with suggestions for corrective action.

6. Consideration of any new or revised Local Rules, Guidance Notes, Bulletins or correspondence issued by Safety Services, to determine how best to introduce statutory requirements and/or good practices and the need for updating Departmental Safety Regulations.

7. Consideration of any topical or particular issues in the Departmental Safety Regulations to reinforce or update them, where necessary.

8. Review of existing Departmental Safety Regulations to ensure they are relevant and kept up to date.

9. Consideration of systems for managing safety that need to be developed to take full account of the department's circumstances.

10. Consideration of the effectiveness of the health and safety content of general induction and specific training provided for employees by the department.

11. Consideration of the adequacy of health and safety communication and publicity in the various workplaces of the department, to promote a strong safety culture.

12. Consideration of departmental areas/activities that require additional inspections, to properly scrutinise present effectiveness of risk control measures, e.g. use of specialised equipment/laboratories, workshops, work at height, manual handling.

13. Consideration of the health and safety implications of any proposed new work activities or changes to existing work activities.

14. Consideration of any observations and complaints about health and safety issues, to recommend remedial action, where necessary.

15. Consideration of the Department's Safety Action Plan.

16. Review of the number of inspections (minimum 2 per year) relative to the Department's hazard profile or other circumstances.

Appendix 2

S24a1: Checklist of Risk Control Arrangements and Workplace Precautions for *Lower Risk Areas* – Offices, Teaching Rooms, etc.

This checklist is designed to enable Departments to identify key health and safety risk control arrangements and workplace precautions that will generally need to be considered, through periodic management meetings and safety inspections, to ensure a robust risk control process. The checklist comprises a range of statements, grouped under various topics, which if true of a particular area, will generally indicate good health and safety arrangements and practices.

The statements are arranged in two tiers. Those that appear at the beginning of each topic, **in bold**, generally relate to departmental management systems or procedures that will need to be addressed, though not exclusively, by the laboratory supervisor, the Departmental Safety Committee or the department's senior management. Where corrective, management actions are required, these may be noted in **Form S24c – Departmental Safety Inspection Report**. Longer-term management actions many be noted in the **Departmental Safety Action Plan.**

Statements that appear in ordinary typeface relate to precautions, practices and conditions that should be considered during safety inspections of specific work areas, to verify these are satisfactory, or not. These latter statements have been compiled into a separate **proforma checklist (S24b2)** (Word version) (pdf version) for recording notes during safety inspections.

Management and inspection teams are encouraged to amend and/or expand this checklist to fully address the specific requirements, work activities and accommodation within their department. The term ***'staff'*** is used to refer to all employees, relevant post-graduates, visiting academics and agency personnel. The term '***relevant persons'*** is used to refer to all staff, and relevant undergraduates.

Further background to safety inspections can be found in the **Health and Safety Policy** and more particularly in the **Guidance on Safety Inspections.**

Ref:	Inspection Topic and Issue
1.	**Provision of General Information**
1.1	**Copies of the University Health and Safety Policy have been made available, to all *staff* (or its location on the Safety Services website communicated).**
1.2	**Copies of all relevant Local Rules and Guidance Notes have been made available.**
1.3	**Copies of the Departmental Safety Regulations have been published, updated and issued to all *relevant persons.***
1.4	**All relevant persons Have been made aware of the University's No Smoking Policy.**
2.	**Health & Safety Training**
2.1	**All relevant persons have had a formal induction into the Departmental Safety Regulations, including local fire safety arrangements.**
2.2	**All new staff have attended Safety Services' Health & Safety Policy and Fire Safety Awareness Training (or watched the DVD) within 4 months of commencing employment, or after 5 years of employment.**
2.3	**A system is in place to ensure that the level of instruction, training and supervision is commensurate with the skill and experience levels of individuals.**
2.4	**Records of Health and Safety Training (S17's) are kept up to date and retained for inspection.**
3.	**Fire Safety Precautions**
3.1	**A Fire Safety Co-ordinator has been appointed and is known to relevant persons.**
3.2	**Staff have been instructed to carry out simple fire safety checks before leaving an area unattended for long periods.**
3.3	Fire exits, routes and call-points are clearly marked, free from obstruction and known to staff.
3.4	Fire action notices are displayed and include details of assembly points.

Ref:	Inspection Topic and Issue
	Fire Safety Precautions cont'd
3.5	Sources of ignition (e.g. batteries, power supplies) are adequately controlled.
3.6	Fire-fighting equipment is sufficient, of correct type, in designated location, accessible and serviced.
3.7	Fire doors are kept closed (unless automatic).
3.8	Fire alarms are easily audible above background noises.
3.9	Internal telephones are labelled with emergency contact details (Ex 2222).
4.	**First Aid**
4.1	**First aid boxes are checked regularly to ensure they are kept well stocked with contents in good condition.**
4.2	One or more box is readily available, adequately stocked with contents in good condition.
4.3	Suitable notices and signs locate first aid box(es).
5.	**Reporting Procedures**
5.1	**There is a known procedure for reporting hazards to the Departmental Safety Convener or other senior member of staff.**
5.2	**There is a known procedure to enable staff to report defects in building fabrics or services, within the department, so that Estates Management Helpdesk can be notified.**
5.3	S1 and Estates Management Helpdesk reporting procedures are known to relevant persons.
6.	**Risk Assessment**
6.1	**A systematic approach is taken to carrying out suitable and sufficient risk assessments of general work activities and to implementing necessary risk control measures.**
6.2	**A systematic approach is taken to carrying out specific risk assessments e.g. Manual Handling Operations, Display Screen Equipment etc.**
6.3	Suitable and sufficient risk assessments have been carried out for all work activities, are readily available and have been read by relevant persons.
7.	**Safe Systems of Work (or Standard Operating Procedures)**
7.1	**There is a consistent approach to developing safe systems of work (or standard operating procedures) for complex or hazardous activities, to ensure control over the risks.**
7.2	Safe systems of work (or standard operating procedures), where applicable are readily available and have been read by relevant persons.
7.3	There is evidence that relevant persons are working to applicable safe systems.
8.	**Work Equipment**
8.1	**There is a known procedure for ensuring that proposed work equipment is risk assessed prior to placing an order.**
8.2	**Where work equipment needs to be inspected to ensure it continues to be safe for use, there is a procedure for ensuring this is carried out at specified intervals and by a competent person.**
8.3	**There is a known procedure to ensure that potential users of work equipment receive adequate instruction and training in the safe operation of specific equipment, prior to use.**
8.4	**There is a written record to document the training of users of hazardous equipment.**
8.5	Work equipment is suitable for its purpose, the conditions in which it is used and is maintained in a safe condition.
8.6	Risks, created by the use of equipment, are eliminated or adequately controlled by suitable 'hardware' measures (guards, warning devices, PPE etc) and 'software' measures (manufacturer's safety instructions, safe systems of work etc).
8.7	Users of work equipment have received adequate information, instruction and training (including refresher training, where necessary).

Ref:	Inspection Topic and Issue
9.	**Electrical Safety**
9.1	**An inventory of all portable electrical equipment is kept up to date, so that items can be tested for electrical safety on a regular basis.**
9.2	**The department has either its own competent person to carry out portable appliance testing (PAT), access to a competent person from another department or a contract with Estates Management.**
9.3	**Users of portable electrical appliances have been advised to carry out a visual inspection of equipment they use, with particular emphasis on integrity of cables and plugs and to report any defect to a line manager or Estates Management Helpdesk, as appropriate.**
9.4	**There is a known procedure for ensuring that any used item of equipment, acquired between test dates, is tested by a relevant competent person and added to the inventory.**
9.5	**There is a known procedure for ensuring that brand new portable electrical appliances are, prior to service, visually inspected by a competent person, to confirm the following: suitable plug, appropriate fuse and sound connecting cable.**
9.6	**Items of hard wired equipment are subject to regular maintenance checks and remedial action where required.**
9.7	Portable electrical equipment has been PAT tested and labelled with date of retest.
9.8	Electrical leads are kept away from sources of heat, corrosion and moisture.
9.9	Unfixed gang sockets are being used appropriately (e.g. uncoiled, safely located, not overloaded)
9.10	Isolators and emergency stop buttons are clearly identifiable, accessible and their locations known to relevant persons.
10.	**Manual Handling**
10.1	**There are sufficient, trained Manual Handling Assessors for the number and frequency of manual handling activities within the Department.**
10.2	**Suitable and sufficient manual handling risk assessments have been carried out for tasks which require the transporting or supporting of a load which could result in injury (including lifting, putting down, pushing, pulling, carrying or moving) by hand or bodily force, are readily available and have been read by relevant persons.**
10.3	Manual handling risk assessments are readily available and have been read by relevant persons.
10.4	Frequently used heavy items are stored on shelves at waist level.
10.5	Infrequently used heavy items, are stored on shelves at low level.
10.6	Appropriate 'work at height' aids are available for reaching shelves above shoulder height.
11.	**Display Screen Equipment (DSE)**
11.1	**There are sufficient, trained DSE Assessors for the number of DSE users within the Department.**
11.2	**There is a known procedure to alert DSE Assessors of the need to review individual risk assessments, when significant changes take place.**
11.3	**DSE are assessments being regularly reviewed.**
11.4	A suitable and sufficient risk assessment has been made of each work station, with the user present and the findings recorded.
11.5	All users have attended the Safety Services' Computer Workstation Awareness course.
12.	**Working Environment**
12.1	***Ventilation*** – there is effective and suitable ventilation supplying sufficient fresh or purified air.
12.2	***Temperature*** – the temperature is such that staff can work in reasonable comfort during working hours (minimum is 16 °C for sedentary work, or 13 °C for physical work).
12.3	***Lighting*** – there is suitable and sufficient lighting to enable persons to work and move about safely.

Ref:	Inspection Topic and Issue
	Working Environment cont'd
12.4	***Room dimensions*** – Rooms in which people work have sufficient floor area, height and unoccupied space to allow them to get to and from workstations and to move within the room with ease.
12.5	***Workstations and seating*** (other than computer workstations) – tasks can be carried out safely and comfortably (e.g. work surface at suitable height, access to materials/controls, freedom of movement, ability to stand upright etc.)
12.6	– user can leave it swiftly, without slipping or falling or be assisted in an emergency.
12.7	– seat provides adequate support for the lower back.
12.8	– where user cannot comfortably place their feet flat on the floor, a footrest is provided.
13.	**Control of Noise**
13.1	Where equipment generates noise to the extent that it is difficult to hold a conversation with someone at a distance of 2 metres, a noise survey has been carried out by a competent person (assistance available from Safety Services).
13.2	Where noise is an issue, appropriate noise control measures have been implemented.
14.	**Welfare Facilities**
	Drinking Water
14.1	**Where provided, drinking water dispensers are subject to a cleaning/maintenance regime.**
14.2	**Where dispensers use bottled water, the stock of water is kept in a cool, dark place.**
14.3	**Suitable drinking receptacles are provided.**
	Accommodation for Clothing
14.4	Accommodation is provided for clothing not being worn during working hours.
14.5	Accommodation is provided for special work clothing such as overalls, uniforms etc.
14.6	Such accommodation (minimum of a separate hook for each person) provides a clean, warm, dry, well-ventilated place, where clothing can dry out during the course of the day, if necessary.
	Facilities for Changing Clothing
14.7	Where workers need to remove more than outer clothing in order to change into special work clothing, a changing room (or rooms) is provided.
14.8	Where workers' own clothing could be contaminated by a harmful substance, a changing room (or rooms) is provided.
	Facilities for Rest
14.9	Where workers have to stand to carry out their work, suitable seats are provided for their use, if the type of work gives them the opportunity to sit down from time to time.
14.10	Where rest areas or rooms are provided, they are large enough and have sufficient seats with back rests and tables, for the number of workers likely to use them at any one time.
	Facilities for Eating
14.11	**Where provided, eating facilities are kept clean to a suitable hygiene standard.**
15.	**Lone Working**
15.1	**There a known procedure whereby the presence of lone or out-of hour workers is known and monitored.**
15.2	All lone or out-of-hours working has been risk-assessed and, where necessary, the appropriate measures put in place to control the risks.
16.	**Home working**
	Where staff have written authorisation from their Head of Department to work from home, a risk assessment has been carried out of their work activities, including a DSE assessment.

Ref:	Inspection Topic and Issue
17.	**Young Persons**
17.1	**There is a known procedure for providing Health and Safety induction to undergraduate students and to those on workplace experience within the department.**
17.2	**This procedure has been reviewed and, where necessary, revised in the past 12 months.**
18.	**Placement of Students**
	Where students are placed in host organisations, suitable management procedures have been developed, including adherence to the Local Rules on Safety Requirements for the Placement of Students, to ensure their health, safety and welfare.
19.	**Staff working away from the University**
	Where staff are required to work in host organisations, including those overseas, suitable management procedures have been developed, to ensure their health, safety and welfare.
20.	**Contractors or Service Providers**
20.1	**Where the department engages outside contractors, one or more University Supervising Officers (USO) has been appointed.**
20.2	**USO's are familiar with the documents 'Contractors - Local Rules for Safe Practice' and 'Guidance for Departments Engaging Service Providers'.**
21.	**Condition of Premises**
	Note separately any obvious defects in fabric/services of the premises e.g. floors, walls, ceilings, stairs, wiring, wall sockets, lighting, toilets, furniture, fixtures, fittings etc. that need to be notified to Estates Management.
22.	**General Housekeeping**
22.1	**Where necessary, racking/shelving has been assembled and securely fixed by a competent person.**
22.2	The general work area (including furniture, fittings, benches, sinks, equipment etc.) is kept sufficiently clean, tidy and free from clutter.
22.3	Floors, walls and ceilings are capable of being kept sufficiently clean.
22.4	Waste materials are only placed in suitable receptacles, in designated areas and which are emptied regularly.
22.5	Passageways and traffic routes are clear of obstructions and tripping hazards, e.g. cables, boxes, stock, rubbish etc.
22.6	Equipment, materials and objects are stored in a stable and secure manner.
22.7	The loading of racking/shelving appears to be within its design limitations.
	Specific Issues not covered elsewhere:

For issues that require attention by Estates Management, a Service Request or a Maintenance Request should be raised or the Helpdesk (ex 2164) notified without delay.

Where it is not possible for members of the inspection team to take immediate corrective action to deal with an issue, then actions should be included in the ***Safety Inspection Report (Form S24c)*** (Word version).

Issues that require significant senior departmental management input and a response in the longer term can form the basis of the ***Departmental Safety Action Plan***.

Appendix 3

S24b1: Checklist of Risk Control Arrangements and Workplace Precautions for *Higher Risk Areas* – Laboratories, Workshops, Kitchens etc.

This checklist is designed to enable Departments to identify key health and safety risk control arrangements and workplace precautions that will generally need to be considered, through periodic management meetings and safety inspections, to ensure a robust risk control process. The checklist comprises a range of statements, grouped under various topics, which if true of a particular area, will generally indicate good health and safety arrangements and practices.

The statements are arranged in two tiers. Those that appear at the beginning of each topic, **in bold**, generally relate to departmental management systems or procedures that will need to be addressed, though not exclusively, by the laboratory supervisor, the Departmental Safety Committee or the department's senior management. Where corrective, shorter-term actions are required, these may be noted in **Form S24c – Departmental Safety Inspection Report**. Longer-term management actions may be noted in the **Departmental Safety Action Plan**.

Statements that appear in ordinary typeface relate to precautions, practices and conditions that should be considered during safety inspections of specific work areas, to verify these are satisfactory, or not. These latter statements have been compiled into a separate **proforma checklist (S24b2)** (Word version) (pdf version) for recording notes during safety inspections.

Management and inspection teams are encouraged to amend and/or expand this checklist to fully address the specific requirements, work activities and accommodation within their department. The term ***'staff'*** is used to refer to all employees, relevant post-graduates, visiting academics and agency personnel. The term '***relevant persons'*** is used to refer to all staff, and relevant undergraduates.

Further background to safety inspections can be found in the **Health and Safety Policy** and more particularly in the **Guidance on Safety Inspections**.

Ref:	Inspection Topic and Issue
1.	**Provision of General Information**
1.1	**Copies of the University Health and Safety Policy have been made available, to all *staff* (or its location on the Safety Services website communicated).**
1.2	**Copies of all relevant Local Rules and Guidance Notes have been made available.**
1.3	**Copies of the Departmental Safety Regulations have been published, updated and issued to all *relevant persons.***
1.4	**All relevant persons Have been made aware of the University's No Smoking Policy.**
2.	**Health & Safety Training**
2.1	**All relevant persons have had a formal induction into the Departmental Safety Regulations, including local fire safety arrangements.**
2.2	**All new staff have attended Safety Services' Health & Safety Policy and Fire Safety Awareness Training (or watched the DVD) within 4 months of commencing employment, or after 5 years of employment.**
2.3	**A system is in place to ensure that the level of instruction, training and supervision is commensurate with the skill and experience levels of individuals.**
2.4	**Records of Health and Safety Training (S17's) are kept up to date and retained for inspection.**
3.	**Fire Safety Precautions**
3.1	**A Fire Safety Co-ordinator has been appointed and is known to relevant persons.**
3.2	**Staff have been instructed to carry out simple fire safety checks before leaving an area unattended for long periods.**
3.3	Fire exits, routes and call-points are clearly marked, free from obstruction and known to staff.
3.4	Fire action notices are displayed and include details of assembly points.

Ref:	Inspection Topic and Issue
	Fire Safety Precautions cont'd
3.5	Sources of ignition (e.g. batteries, power supplies) are adequately controlled.
3.6	Fire-fighting equipment is sufficient, of correct type, in designated location, accessible and serviced.
3.7	Fire doors are kept closed (unless automatic).
3.8	Fire alarms are easily audible above background noises.
3.9	Internal telephones are labelled with emergency contact details (Ex 2222).
4.	**First Aid**
4.1	**First aid boxes are checked regularly to ensure they are kept well stocked with contents in good condition.**
4.2	One or more box is readily available, adequately stocked with contents in good condition.
4.3	Suitable notices and signs locate first aid box(es).
5.	**Reporting Procedures**
5.1	**There is a known procedure for reporting hazards to the Departmental Safety Convener or other senior member of staff.**
5.2	**There is a known procedure to enable staff to report defects in building fabrics or services, within the department, so that Estates Management Helpdesk can be notified.**
5.3	S1 and Estates Management Helpdesk reporting procedures are known to relevant persons.
6.	**Risk Assessment**
6.1	**A systematic approach is taken to carrying out suitable and sufficient risk assessments of general work activities and to implementing necessary risk control measures.**
6.2	**A systematic approach is taken to carrying out specific risk assessments e.g. Manual Handling Operations, Control of Substances Hazardous to Health, Display Screen**
6.3	Suitable and sufficient risk assessments have been carried out for all work activities, are readily available and have been read by relevant persons.
7.	**Safe Systems of Work (or Standard Operating Procedures)**
7.1	**There is a consistent approach to developing safe systems of work (or standard operating procedures) for complex or hazardous activities, to ensure control over the risks.**
7.2	Safe systems of work (or standard operating procedures), where applicable are readily available and have been read by relevant persons.
7.3	There is evidence that relevant persons are working to applicable safe systems.
8.	**Work Equipment**
8.1	**There is a known procedure for ensuring that proposed work equipment is risk assessed prior to placing an order.**
8.2	**Where work equipment needs to be inspected to ensure it continues to be safe for use, there is a procedure for ensuring this is carried out at specified intervals and by a**
8.3	**There is a known procedure to ensure that potential users of work equipment receive adequate instruction and training in the safe operation of specific equipment, prior to use.**
8.4	**There is a written record to document the training of users of specific equipment.**
8.5	Work equipment is suitable for its purpose, the conditions in which it is used and is maintained in a safe condition.
8.6	Risks, created by the use of equipment, are eliminated or adequately controlled by suitable 'hardware' measures (guards, warning devices, PPE etc) and 'software' measures (manufacturer's safety instructions, safe systems of work etc).
8.7	Users of work equipment have received adequate information, instruction and training (including refresher training, where necessary).
8.8	Fridges and freezers used in laboratories are suitable, sparkproof, free from food and drink, opened from inside, if necessary, and periodically checked and cleaned.

Ref:	Inspection Topic and Issue
9.	**Electrical Safety**
9.1	**An inventory of all portable electrical equipment is kept up to date, so that items can be tested for electrical safety on a regular basis.**
9.2	**The department has either its own competent person to carry out portable appliance testing (PAT), access to a competent person from another department or a contract with Estates Management.**
9.3	**Users of portable electrical appliances have been advised to carry out a visual inspection of equipment they use, with particular emphasis on integrity of cables and plugs and to report any defect to a line manager or Estates Management Helpdesk, as appropriate.**
9.4	**There is a known procedure for ensuring that any used item of equipment, acquired between test dates, is tested by a relevant competent person and added to the inventory.**
9.5	**There is a known procedure for ensuring that brand new portable electrical appliances are, prior to service, visually inspected by a competent person, to confirm the following: suitable plug, appropriate fuse and sound connecting cable.**
9.6	**Items of hard wired equipment are subject to regular maintenance checks and remedial action where required.**
9.7	Portable electrical equipment has been PAT tested and labelled with date of retest.
9.8	Electrical leads are kept away from sources of heat, corrosion and moisture.
9.9	Unfixed gang sockets are being used appropriately (e.g. uncoiled, safely located, not overloaded)
9.10	Isolators and emergency stop buttons are clearly identifiable, accessible and their locations known to relevant persons.
10.	**Manual Handling**
10.1	**There are sufficient, trained Manual Handling Assessors for the number and frequency of manual handling activities within the Department.**
10.2	**Suitable and sufficient manual handling risk assessments have been carried out for tasks which require the transporting or supporting of a load which could result in injury (including lifting, putting down, pushing, pulling, carrying or moving) by hand or bodily force, are readily available and have been read by relevant persons.**
10.3	Manual handling risk assessments are readily available and have been read by relevant persons.
10.4	Frequently used heavy items are stored on shelves at waist level.
10.5	Infrequently used heavy items, are stored on shelves at low level.
10.6	Appropriate 'work at height' aids are available for reaching shelves above shoulder height.
11.	**Display Screen Equipment (DSE)**
11.1	**There are sufficient, trained DSE Assessors for the number of DSE users within the Department.**
11.2	**There is a known procedure to alert DSE Assessors of the need to review individual risk assessments, when significant changes take palce.**
11.3	**DSE are assessments being regularly reviewed.**
11.4	A suitable and sufficient risk assessment has been made of each work station, with the user present and the findings recorded.
11.5	All users have attended the Safety Services' Computer Workstation Awareness course.
12.	**Working Environment**
12.1	***Ventilation*** – there is effective and suitable ventilation supplying sufficient fresh or purified air.
12.2	***Temperature*** – the temperature is such that staff can work in reasonable comfort during working hours (minimum is 16 °C for sedentary work, or 13 °C for physical work).

Ref:	Inspection Topic and Issue
	Working Environment cont'd
12.3	***Lighting*** – there is suitable and sufficient lighting to enable persons to work and move about safely.
12.4	***Room dimensions*** – Rooms in which people work have sufficient floor area, height and unoccupied space to allow them to get to and from workstations and to move within the room with ease.
12.5	***Workstations and seating*** (other than computer workstations) – tasks can be carried out safely and comfortably (e.g. work surface at suitable height, access to materials/controls, freedom of movement, ability to stand upright etc.)
12.6	– user can leave it swiftly, without slipping or falling or be assisted in an emergency.
12.7	– seat provides adequate support for the lower back.
12.8	– where user cannot comfortably place their feet flat on the floor, a footrest is provided.
13.	**Control of Noise**
13.1	Where equipment generates noise to the extent that it is difficult to hold a conversation with someone at a distance of 2 metres, a noise survey has been carried out by a competent person (assistance available from Safety Services).
13.2	Where noise is an issue, appropriate noise control measures have been implemented.
14.	**Welfare Facilities**
	Washing Facilities
14.1	**An emergency shower or wash station has been fitted, where specified by risk assessment.**
14.2	**Shower heads (of both washing and emergency showers) are regularly tested for legionella, as part of Estates Management test regime.**
14.3	Hand washing facilities are available.
14.4	Eye wash stations are kept clean and stocked with in-date eye wash.
14.5	Where showers are provided and fed by both hot and cold water, thermostatic mixer valves are fitted to prevent users being scalded.
14.6	Showers are arranged to provide adequate privacy for the user.
	Drinking Water (Note: eating and drinking is prohibited in laboratories)
14.7	**Where provided, drinking water dispensers are subject to a cleaning/maintenance regime.**
14.8	**Where dispensers use bottled water, the stock of water is kept in a cool, dark place.**
14.9	**Suitable drinking receptacles are provided.**
	Accommodation for Clothing
14.10	Accommodation is provided for clothing not being worn during working hours.
14.11	Accommodation is provided for special work clothing such as overalls, uniforms etc.
14.12	Such accommodation (minimum of a separate hook for each person) provides a clean, warm, dry, well-ventilated place, where clothing can dry out during the course of the day, if necessary.
	Facilities for Changing Clothing
14.13	Where workers need to remove more than outer clothing in order to change into special work clothing, a changing room (or rooms) is provided.
14.14	Where workers' own clothing could be contaminated by a harmful substance, a changing room (or rooms) is provided.

Ref:	Inspection Topic and Issue
	Welfare Facilities cont'd
	Facilities for Rest
14.15	Where workers have to stand to carry out their work, suitable seats are provided for their use, if the type of work gives them the opportunity to sit down from time to time.
14.16	Suitable seats are provided for use during breaks (in a suitable place, where PPE does not need to be worn).
14.17	Where rest areas or rooms are provided, they are large enough and have sufficient seats with back rests and tables, for the number of workers likely to use them at any one time.
	Facilities for Eating
14.18	**Eating facilities are kept clean to a suitable hygiene standard.**
14.19	There is evidence that PPE is removed when using eating or rest facilities.
15.	**Lone Working**
15.1	**There a known procedure whereby the presence of lone or out-of hour workers is known and monitored.**
15.2	All lone or out-of-hours working has been risk-assessed and, where necessary, the appropriate measures put in place to control the risks.
16.	**Home working**
	Where staff have written authorisation from their Head of Department to work from home, a risk assessment has been carried out of their work activities, including a DSE assessment.
17.	**Young Persons**
17.1	**There is a known procedure for providing Health and Safety induction to undergraduate students and to those on workplace experience within the department.**
17.2	**This procedure has been reviewed and, where necessary, revised in the past 12 months.**
18.	**Placement of Students**
	Where students are placed in host organisations, suitable management procedures have been developed, including adherence to the Local Rules on Safety Requirements for the Placement of Students, to ensure their health, safety and welfare.
19.	**Staff working away from the University**
	Where staff are required to work in host organisations, including those overseas, suitable management procedures have been developed, to ensure their health, safety and welfare.
20.	**Contractors or Service Providers**
20.1	**Where the department engages outside contractors, one or more University Supervising Officers (USO) has been appointed.**
20.2	**USO's are familiar with the documents 'Contractors - Local Rules for Safe Practice' and 'Guidance for Departments Engaging Service Providers'.**
21.	**Condition of Premises**
	Note separately any obvious defects in fabric/services of the premises e.g. floors, walls, ceilings, stairs, wiring, wall sockets, lighting, toilets, furniture, fixtures, fittings etc. that need to be notified to Estates Management.
22.	**General Housekeeping**
22.1	**Where necessary, racking/shelving has been assembled and securely fixed by a competent person.**
22.2	The general work area (including furniture, fittings, benches, sinks, equipment etc.) is kept sufficiently clean, tidy and free from accumulated glassware and clutter.
22.3	Floors, walls and ceilings are capable of being kept sufficiently clean.
22.4	Waste materials are only placed in suitable receptacles, in designated areas and which are emptied regularly.
22.5	Passageways and traffic routes are clear of obstructions and tripping hazards, e.g. cables, boxes, stock, rubbish etc.

Ref:	Inspection Topic and Issue
	General Housekeeping cont'd
22.6	Correct hazard identification signage is displayed on entry doors.
22.7	Equipment, materials and objects are stored in a stable and secure manner..
22.8	Contained chemicals substances appear to be correctly and clearly labelled..
22.9	When not in use, chemicals appear to be stored in compatible groups, on stable shelving.
22.10	All containers appear to be in good condition.
22.11	A spill clean kit is available and well stocked.
22.12	The loading of racking/shelving appears to be within its design limitations.
22.13	All chemical containers (including waste containers) appear to be sealed when not in use.
23.	**Control of Substances Hazardous to Health (COSHH)**
23.1	**Copies of the relevant Local Rules have been made available.**
23.2	**A sample of COSHH assessments is reviewed, from time to time, to monitor the effectiveness of the Department's approach to this process.**
23.3	**There is a known procedure to ensure LEV systems are thoroughly examined and tested at least once every 14 months and the results recorded.**
23.4	**For each LEV system, a suitable record of commissioning criteria, examinations and tests, plus resulting repairs, is recorded and kept available for at least 5 years from the date on which it was made.**
23.5	Suitable and sufficient COSHH assessments have been carried out for the work activities involving hazardous substances, are readily available and have been read by relevant persons.
23.6	There is evidence that COSHH assessments are reviewed when changes may render the original invalid.
23.7	Substances hazardous to health are clearly and appropriately labelled (e.g. hazard symbols on orange warning signs).
23.8	LEV operating parameters are displayed close to each unit.
24.	**Work with Biological Agents & Biological Materials**
24.1	**There is a known procedure to ensure that each individual wishing to work with biological agents and biological materials, registers with the University's Specialist Advisory Services (SAS), before commencing such work.**
24.2	**There is a known procedure for ensuring that relevant persons receive adequate information, instruction, training and supervision before commencing work using biological agents and biological materials.**
24.3	**COSHH-based guidance, relating to biological agents and biological materials has been made available to relevant personnel (e.g. *'Biological agents: Managing the risks in laboratories and healthcare premises'* published by Advisory Committee on Dangerous Pathogens.**
24.4	**There is a known procedure for ensuring such guidance is implemented and for monitoring its effectiveness in laboratories.**
24.5	**There is a known procedure for ensuring that microbiological safety cabinets are regularly maintained and appropriate records kept.**
24.6	Biological samples appear to be clearly labelled.
24.7	Cultures appear to be correctly stored.
24.8	Biohazard waste bags/containers are available in designated locations.

Ref:	Inspection Topic and Issue
	Work with Biological Agents & Biological Materials cont'd
24.9	Containers are available for disposal of sharps.
24.10	There is evidence that correct biohazard disposal procedures are followed.
25.	**Fume Cupboards**
25.1	**Relevant persons have been provided with information, instruction and training in the use of fume cupboards.**
25.2	**There is a known procedure to ensure that fume cupboards are maintained in an efficient state, in efficient working order, in good repair and in a clean condition.**
25.3	**There is a known procedure to ensure fume cupboards are thoroughly examined and tested at least once every 14 months and the results recorded.**
25.4	**There is a known procedure to ensure that a suitable record of commissioning criteria, examinations and tests, plus resulting repairs is recorded and kept available for at least 5 years from the date on which it was made.**
25.5	**A responsible person been appointed to sign permits-to-work to verify that fume cupboards are safe to work on by maintenance personnel.**
25.6	**There is a known procedure to ensure that relevant systems of work and levels of supervision are reviewed at suitable intervals and revised if necessary.**
25.7	Are free of stored materials and clutter.
25.8	Signs are displayed showing maximum permitted height of opening for each class of substance and results of last test.
25.9	Integral storage cabinets for ***chemicals*** are vented to an LEV system.
25.10	Integral storage cabinets for ***flammable substances*** are sealed to prevent air ingress.
25.11	Monthly anemometer checks are carried out and recorded.
25.12	Suitable signage is displayed if a fume cupboard is designated for work with radioactive materials.
25.13	Records are kept of the types of substances extracted by each fume cupboard.
26.	**Microbiological Safety Cabinets**
26.1	**Relevant persons have been provided with information, instruction and training in the use of microbiological safety cabinets (MSC).**
26.2	**There is a known procedure to ensure MSC's are thoroughly examined and tested at least once every 14 months and the results recorded.**
26.3	**There is a known procedure to ensure that a suitable record of commissioning criteria, examinations and tests, plus resulting repairs is recorded and kept available for at least 5 years from the date on which it was made.**
26.4	**There is a known procedure to give early notification to the SAS prior to any proposed installation of new MSC's or relocation of existing ones within the University.**
26.5	**A responsible person has been appointed to sign permits-to-work to verify that MSC's are safe to work on by maintenance personnel.**
26.6	**There is a known procedure to ensure that relevant systems of work and levels of supervision are reviewed at suitable intervals and revised if necessary.**
26.7	**There is a known procedure to ensure that MSC's are fumigated prior to maintenance work.**
26.8	Are free of stored materials and clutter.
26.9	Monthly anemometer checks are carried out and recorded.
26.10	Signs are displayed showing containment level and results of last test.

Ref:	Inspection Topic and Issue
	Microbiological Safety Cabinets cont'd
26.11	Suitable signage is displayed if an MSC is designated for work with radioactive materials.
26.12	Disinfectant is available for daily decontamination of surfaces and spill kit available for clean up.
26.13	Records are kept of the types of substances extracted by each MSC.
27.	**Personal Protective Equipment (PPE)**
27.1	**Where PPE is provided, the requirements of the current Personal Protective Equipment at Work Regulations are being complied with, in terms of selection, storage, maintenance, training etc.**
27.2	Where PPE is required by departmental safety regulations, risk assessment, safe system of work or standard operating procedure, there is evidence it is being worn.
28.	**Respiratory Protective Equipment (RPE)**
28.1	**Where RPE is provided, the requirements of the current Personal Protective Equipment at Work Regulations are being complied with, in terms of selection, storage, maintenance, training etc.**
28.2	**Arrangements are in place to correctly face fit RPE to individuals, by a competent person, prior to the need to wear it.**
28.3	**Where RPE (other than disposable protective equipment) is provided, is there a procedure in place to ensure it is thoroughly examined and, where appropriate, tested at suitable intervals.**
28.4	Where RPE is required by departmental safety regulations, risk assessment, safe system of work or standard operating procedure, there is evidence it is being worn.
29.	**Clinical Waste**
29.1	**Where clinical waste is produced, at least one nominated co-ordinator has been appointed for the purpose of ensuring that it is appropriately segregated from other laboratory and general waste and disposed of via the University's Clinical Waste Service.**
29.2	**Local records are kept of the Department's clinical waste processed through the University's Clinical Waste Service.**
29.3	Those appointed as nominated co-ordinators are known to all relevant staff.
30.	**Hazardous Waste**
30.1	Where hazardous waste is produced, at least one nominated co-ordinator has been appointed for the purpose of ensuring that it is collected in and disposed of via the University's Hazardous Waste Service.
30.2	Records are kept of the Department's hazardous waste processed through the University's Hazardous Waste Service.
30.3	Those appointed as nominated co-ordinators are known to all relevant persons.
31.	**Dangerous Substances and Explosive Atmospheres Regulations (DSEAR)**
31.1	**The Department's premises and work activities been considered in view of the requirements of the current DSEAR and action taken where necessary.**
31.2	All storage cabinets for flammable substances contain only the aggregated maximum of 50 litres.
32.	**Radiation**
32.1	**For work involving radioisotopes, x-rays, lasers and non-ionising radiation, appointments for Departmental Radiation Protection Supervisors are up to date.**
32.2	**There is a known procedure to ensure that individuals wishing to work with radiation, register with the SAS, before commencing such work.**
32.3	**There is a known procedure to ensure that relevant persons receive adequate information, instruction, training and supervision before commencing work involving radiation.**
32.4	**Arrangements are in place to keep risk assessments for at least 40 years, where applicable.**
32.5	**There is a known procedure for implementing recommendations following a visit from the University's Radiation Protection Adviser.**

Ref:	Inspection Topic and Issue
	Radiation cont'd
32.6	Suitable and sufficient risk assessments have been carried out for work activities involving radiation, are readily available and have been read by relevant persons.
32.7	Appropriate signage and certificates are displayed.
32.8	Adequate security is in place.
32.9	Waste containers are appropriately labelled.
32.10	Contamination surveys are performed and recorded
32.11	Radiation waste is included in uplifts co-ordinated by the Radiation Protection Service.
33.	**Gas Safety (Compressed & Cryogenic Gases)**
33.1	**A competent person has been given responsibility for supervising the use, handling, storage, transport and changing of gas cylinders.**
33.2	**There is a known procedure to ensure that new users of gas cylinders receive adequate information, instruction, training and supervision.**
33.3	**There is a formal procedure for routine maintenance and examination of safety critical parts of compressed gas systems.**
33.4	**Records kept of routine maintenance and examinations.**
33.5	**The Department has developed and rehearsed emergency procedures, in case of a large-scale release of a hazardous gas.**
33.6	**Where there is a risk of oxygen depletion, suitable control measures have been installed to prevent or give warning of this risk.**
33.7	Those appointed as competent persons are known to all relevant persons.
33.8	Written, safe procedures, including good practice Guidance Notes published by the British Compressed Gases Association (BCGA), are available for reference.
33.9	Those who use, handle, store, transport or change gas cylinders have been given suitable training to carry out their duties safely and issued with PPE, where necessary.
33.10	Cylinders are kept upright (unless designed to be used otherwise) and properly secured in position.
33.11	Safe operating limits for the pressure and temperature are clearly displayed for particular cylinders.
33.12	Relevant persons have been made aware of the location of gas isolating valves in their area.
33.13	Gas regulators have been inspected within the last year.
34.	**Natural Gas Appliances**
34.1	**Details of each gas appliance are recorded on the appropriate proforma and a copy lodged with Estates Management.**
34.2	**There is a known procedure for ensuring that gas appliances are maintained when notified by Estates Management.**
34.3	**There is a known procedure for notifying Estates Management of any proposed installation, modification, relocation, removal from service or sale of a gas appliance.**
35.	**Pressure Systems/Autoclaves**
35.1	**Where pressure systems (inc. some autoclaves) are in use, containing steam, or a fluid at a pressure greater than 0.5 bar (7.25 psi) above atmospheric pressure, the Pressure System Safety Regulations are being adhered to.**
35.2	**Each autoclave has an appropriate inspection and maintenance scheme plus an annual insurance inspection.**

Ref:	Inspection Topic and Issue
	Pressure Systems/Autoclaves cont'd
35.3	**Where an autoclave is used for the sterilisation of bagged materials, it has been process validated for each type of load, via annual thermocouple testing and a is certificate displayed.**
35.4	Relevant test certificates are displayed in the vicinity of each autoclave.
36.	**Lifting Operations & Lifting Equipment**
36.1	**The current Lifting Operations and Lifting Equipment Regulations (LOLER) are being adhered to where lifting operations and lifting equipment (e.g. cranes, scissor lifts, hoists, chains, ropes, slings, shackles etc.) are used.**
36.2	Safe working loads are clearly displayed and equipment is tagged with the date of the latest test.
37.	**Emergency Arrangements**
37.1	**There are known and practiced procedures to deal with serious accidents, incidents and emergencies (e.g. contact with/injection of hazardous substance, major spillage of solvent, release of toxic, explosive, flammable or asphyxiating gases etc.).**
37.2	Local emergency procedures have been communicated to all relevant persons and tested.
	Specific Issues not covered elsewhere:

For issues that require attention by Estates Management, a Service Request or a Maintenance Request should be raised or the Helpdesk (ex 2164) notified without delay.

Where it is not possible for members of the inspection team to take immediate corrective action to deal with an issue, then actions should be included in the ***Safety Inspection Report (Form S24c)*** (Word version).

Issues that require significant senior departmental management input and a response in the longer term can form the basis of the ***Departmental Safety Action Plan***.

Appendix 4

Suggested Use of Checklists

By Departmental Safety Committees:

1. Decide on the risk profile of the area to be inspected i.e. Lower Risk or Higher Risk

2. Select applicable **'Checklist for Risk Control Arrangements and Workplace Precautions'** according to risk profile.

3. Decide on whether checklist to be applied to whole Department or particular Section/Area.

4. Select applicable topics and first-tier statements **(risk control arrangements)**. Consider supporting evidence for selected area to determine if statements are validated.

5. If statements are not validated, then note as 'unsatisfactory'. Discuss and agree necessary course of action to address each issue.

By Inspection Teams:

1. Select applicable **'Checklist for Workplace Precautions'** according to risk profile.

2. Select applicable topics and second-tier statements **(workplace precautions)**. Undertake safety inspection, considering supporting evidence for location to determine if statements are validated.

3. If statements are not validated, then mark as 'unsatisfactory'. Record the hazard, problem etc. which requires to be addressed and verbally agree remedial action.

Record issues, hazards, problems etc. from previous step in **Safety Inspection Report** (Form S24d), along with required remedial actions and tracking, or note for inclusion in **Departmental Safety Action Plan**, depending on timescale and resources required.

Issue Safety Inspection Report to all who have been delegated to action an issue and to relevant others.

Appendix 5 – Departmental Safety Inspection Report (S24c)

Department:	**Date of Inspection:**	**Date of Previous Inspection:**	**Page:**
Area/Location/Building:	**Date of Report:**	**Author of Report:**	**___ of ___**

Applicable Checklist: Lower Risk Areas [ ] Higher Risk Areas [ ]

Item Ref	Location	Issue/hazard	Action required to remove issue/hazard or control the associated risk	Delegated Person	Target Completion Date	Completion Sign off

Comment on emerging trends in deficiencies in health and safety management system:	
Comment on unresolved issues from previous inspection: (attach highlighted copy if necessary)	

For use by Department:	
Date sent to Head of Dept:	
Date sent to Safety Services:	
For use by Safety Services:	
Date received:	
Logged [ ]	Initials:

Appendix 6 - Example of Completed Departmental Safety Inspection Report

Department: Applied Geography & Economics	**Date of Inspection:** 17 May 2007	**Date of Previous Inspection:** 14 Nov 2006	**Page:**
Area/Location/Building: Levels 3 & 4 - Ivy House	**Date of Report:** 24 May 2007	**Author of Report:** A J Brown	1 of 3

Applicable Checklist: Lower Risk Areas [✓] Higher Risk Areas [ ]

Item Ref	Location	Issue/hazard	Action required to remove issue/hazard or control the associated risk	Delegated Person	Target Completion Date	Completion Sign off
1	Level 3 – Room 0312	Several portable electrical appliances not tested	Arrange for testing by Estates Management.	R Trainer	31 May 07	RT
2	Level 3 – Photocopy Room	Accumulated waste on floor	Dispose of waste, provide receptacle and give access to cleaners to clear waste.	W Watson	31 May 07	
3	Level 3 – Departmental Office	No copies of University H & S Policy available	Download copy of Policy and relevant Local Rules and locate prominently for easy access	S Beggs	31 May 07	SB
4	Level 3 – Departmental Office	Location of first aid box not signposted	Purchase appropriate self-adhesive sign and fit.	J Woods	14 June 07	
5		Contents of first aid box out of date	Renew contents and appoint someone to be responsible for regularly checking contents.	J Woods	30 June 07	
6	Level 4 – North corridor	Damaged Fire Action notice	Request Estates Management to replace notice	J Woods	31 May 07	JW
7	Level 4 – Room 0423	Overloaded shelving	Occupier agreed to remove/dispose of surplus periodicals and request additional shelving, if still required.	D Buchan	31 May 07	
8	Level 4 – Room 0435	Dr Pashuri requires induction into Departmental Safety Regulations	Induction to be carried out	J Woods	14 June 07	
9	Level 4 – Literature Store	No Manual Handling (MH) assessments or training provided.	Staff member to be nominated to attend MH Assessor Training, after which MH assessments to be provided plus Awareness Training for 2 staff.	Head of Department	31 July 07	
10	Level 4 – Room 0445	No assessments for 2 DSE users	DSE Assessor to carry out assessments	D Brooks	30 June 07	
	Etc.	Etc.				

Comment on emerging trends in deficiencies in health and safety management system:	Lack of awareness of general health and safety issues, especially by agency workers. Head of Department and DSC to hold ½ hr staff briefing in mid-June 07.
Comment on unresolved issues from previous inspection: (attach highlighted copy if necessary)	

For use by Department:	
Date sent to Head of Dept:	26 May 07
Date sent to Safety Services:	26 May 07
For use by Safety Services:	
Date received:	
Logged [ ]	Initials: