|  |  |  |  |
| --- | --- | --- | --- |
| **Department / Area Details** | | | |
| Dept | Areas Inspecting | Name of Person Responsible for Inspection | Date |
|  |  |  |  |

* **DEPARTMENT SAFETY INSPECTIONS MUST BE CARRIED OUT ON A MONTHLY BASIS ACCORDING TO THE DEPARTMENT ROTA.**
* **PLEASE RATE ANY HAZARDS DETECTED (LIKELIHOOD X SEVERITY) USING THE CHART AT THE END OF THE DOCUMENT. HAZARDS RATED 16 OR OVER MUST BE ACTIONED AS SOON AS POSSIBLE.**
* **WHERE ASPECTS ARE NOT APPLICABLE TO YOUR AREA OF INSPECTION PLEASE STATE N/A.**
* **PLEASE CHECK THE PREVIOUS MONTH’S INSPECTION TO ENSURE ACTIONS ARE CLOSED.**
* **THE REPORT SHOULD BE SIGNED BY THE INSPECTOR AND DEPARTMENT MANAGER.**
* **COPIES SHOULD BE SENT TO THOSE WHO HAVE BEEN ACTIONED & THE SAFETY OFFICER BEFORE THE REPORT IS SAVED ON SHAREPOINT DIRECTORY 865**

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| **Part A – General Health & Safety** | | | | | |
| Check | | Comments / Actions | End Date / Owner | Hazard Rating | Closed? |
| 1 | Safe & unobstructed access/egress to area?  Fire doors operational? |  |  |  |  |
| 2 | Gangways, walkways and stairs clear? Fire escape routes clear at all times? |  |  |  |  |
| 3 | Fire extinguishers available & inspected in last 12 months? |  |  |  |  |
| 4 | Floors clean, dry & no trip hazards? |  |  |  |  |
| 5 | Area tidy & safe storage of items on racking / shelving |  |  |  |  |
| 6 | Wastes segregated, stored & disposed of effectively? |  |  |  |  |
| 7 | First aid / eye wash arrangements satisfactory? |  |  |  |  |
| 8 | All m/c guards & covers in place during normal operation? M/c’s left hazard free when not in use? |  |  |  |  |
| 9 | PPE issued & in use e.g. glasses, gloves, shoes? |  |  |  |  |
| 10 | Portable electrical equipment in good condition & in date? |  |  |  |  |
| 11 | Portable ladders in good order, registered, tagged & in date? |  |  |  |  |
| 12 | Forklifts in good working order? |  |  |  |  |
| 13 | Lifting equipment stored correctly, tagged and in date? |  |  |  |  |
| 14 | Noise control / hearing protection in place? |  |  |  |  |
| 15 | Toilet / washing facilities clean and functional with hot water available? |  |  |  |  |
| 16 | Kitchen areas (incl fridges, microwaves) clean & tidy? |  |  |  |  |
| 17 | Safety signs (e.g. emergency exit) visible? |  |  |  |  |
| 18 | Local isolation procedures and arrangements satisfactory? |  |  |  |  |

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| **Part B - Substances** | | | | | |
| Check | | Comments / Actions | Action / Owner | | |
| 1 | Gas cylinders supported & secured & stored in correct place? |  |  |  |  |
| 2 | Flammable & oxidising gases not stored together? |  |  |  |  |
| 3 | Empties returned to store? |  |  |  |  |
| 4 | Toxics used in extracted cabinets only & not stored indoors? |  |  |  |  |
| 5 | Are substances in use in date & labelled? |  |  |  |  |
| 6 | Adequate PPE in place? |  |  |  |  |
| 7 | Spill kit in place? |  |  |  |  |
| 8 | Machine emergency stop button accessible? |  |  |  |  |

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| Please list any other health, safety or environmental concerns / actions: |

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| --- | --- | --- | --- |
| **Likelihood** |  | **Severity/Consequence** |  |
| Certain/Imminent | 10 | Multiple Deaths | 10 |
| Very Likely | 8 | Single Death | 8 |
| Likely | 6 | Major Injury | 6 |
| May Happen | 4 | Lost Time Injury | 4 |
| Unlikely | 2 | Minor Injury | 2 |
| Very Unlikely | 1 | Delay | 1 |

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|  |  |
| Signed by Inspector:  Date: | Authorised by Manager:  Date: |

HAZARD RATING = LIKELIHOOD X SEVERITY

Hazards rate 16 or above must be actioned asap