

SCHEDULED DEPARTMENTAL SAFETY INSPECTIONS

Background

Scheduled safety inspections are the bedrock of safety management. They are carried out to ensure staff are not at risk from any failings in safe systems of work and to identify those areas where improvements are needed.

1. Scheduled inspections do not remove the need for managers to carry out more frequent unscheduled safety tours of the workplace. These are of value in that they keep a check on such things as good housekeeping, general safety standards and obvious hazards. It also keeps people on their toes and raises safety awareness.

Inspectors

Department managers will normally carry out the inspections, (this responsibility should not normally be delegated) and where appropriate would be accompanied by line managers responsible for each area and safety representatives. Trade Union Safety Representatives are entitled to carry out inspections of the workplace. Generally it is better to have a single inspection carried out jointly by management and safety reps together. However, inspections should be carried out by management whether or not safety reps wish to take part.

Inspection Checklists

The safety inspection is a critical overview of areas of work and hazards such as those identified on the sample checklist. The checklists are intended as an aide memoire for managers making the inspection. They are not exhaustive but should enable those not experienced in carrying out inspections to fulfil the task.

Departmental arrangements may differ significantly in terms of accommodation, equipment or system of work and so the sample checklists can be adapted to produce a form relevant to the specific area being inspected.

Prior to starting an inspection previous reports should be reviewed to identify any corrective measure outstanding. These points should be re-assessed for continued applicability, urgency and timescales for remedial action.

Inspection Record

A record of the inspection and any significant findings (i.e. negative responses) should be recorded on the Regional Safety Inspection Form (below). This should include details of the hazards identified, remedial action required, by whom and timescales. The completed form should be kept departmentally and copied to the Safety Representatives. Summaries of the inspections and reports should be discussed at Safety Committees.

SAFETY INSPECTION RECORD

CHECKLIST NO.

DEPARTMENT

PREMISES

AREA TO BE INSPECTED

DATE

1. DETAILS OF OUTSTANDING ACTION FROM PREVIOUS INSPECTIONS MUST BE INCLUDED BELOW WITH AN EXPLANATION OF WHY REMEDIAL ACTION HAS NOT BEEN CARRIED OUT.

2. AREAS REQUIRING ACTION

CHECKLIST ITEMS	COMMENT	REMEDIAL ACTION REQUIRED	BY WHOM	TARGET DATE FOR COMPLETION

3. GENERAL COMMENT

MANAGER : NAME

SIGNATURE

DATE

SAFETY REP/
STAFF MEMBER : NAME

SIGNATURE

DATE

N.B. This report does not imply that the conditions are safe or that the arrangements are satisfactory in all respects. The report represents only the best judgement of the persons involved in the inspection process.

SAFETY INSPECTION CHECKLIST

OFFICES, STORAGE AREAS AND SIMILAR ACCOMMODATION

N.B. A record of the inspection and any significant findings (i.e. negative responses) should be recorded on the Regional Safety Inspections Form.

1.	FIRST AID	YES	NO
1.1	Accidents		
	Is the following information available, displayed and known where appropriate?		
1.1.1	location of first aid box/kit/room	<input type="checkbox"/>	<input type="checkbox"/>
1.1.2	emergency telephone number	<input type="checkbox"/>	<input type="checkbox"/>
1.1.3	how to report an accident	<input type="checkbox"/>	<input type="checkbox"/>
1.2	First Aid Box		
1.2.1	is it fully stocked with recommended items?	<input type="checkbox"/>	<input type="checkbox"/>
1.2.2	does it contain an item not recommended e.g. medication, non sterile dressings?	<input type="checkbox"/>	<input type="checkbox"/>
1.2.3	does it contain a copy of first aid instructions?	<input type="checkbox"/>	<input type="checkbox"/>
2.	WELFARE		
2.1	Are the following in a clean condition		
2.1.1	toilets	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2	wash basins	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3	showers	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Is the rest room/crew room in good order?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Is there a source of drinking water, where this is not a fountain, are drinking receptacles provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Is there adequate facilities for hanging work/home clothing?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Is there a comfortable working temperature?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Is there good ventilation, whilst avoiding draughts?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Are noise levels controlled to reduce nuisance as well as damage to health?	<input type="checkbox"/>	<input type="checkbox"/>
3.	FIRE PRECAUTIONS		
3.1	Are the following arrangements satisfactory:		
3.1.1	extinguisher condition, identification, service data (annual service)	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2	extinguishers wall mounted and/or at fire points	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3	fire blankets in place within kitchen areas	<input type="checkbox"/>	<input type="checkbox"/>
3.1.4	fire exit routes clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>
3.1.5	fire or smoke doors not held or propped open (except by authorised methods)	<input type="checkbox"/>	<input type="checkbox"/>
3.1.6	fire and smoke doors effective and in good order with self-closing devices working properly	<input type="checkbox"/>	<input type="checkbox"/>
3.1.7	"no smoking" notices displayed and complied with,	<input type="checkbox"/>	<input type="checkbox"/>
3.1.8	all loose audio tape kept in closed fire retardant bins	<input type="checkbox"/>	<input type="checkbox"/>
3.1.9	fire hose reels not used for other purpose	<input type="checkbox"/>	<input type="checkbox"/>
3.1.10	fire hose reels instructions relevant and in place.	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
4.	HOUSEKEEPING & GENERAL HAZARDS		
4.1	Is there is a clear access to and egress from the following:		
4.1.1	workstations	<input type="checkbox"/>	<input type="checkbox"/>
4.1.2	storage areas	<input type="checkbox"/>	<input type="checkbox"/>
4.1.3	plant and equipment	<input type="checkbox"/>	<input type="checkbox"/>
4.1.4	passageways (clearly marked and maintained)	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	Are there hazards created by:		
4.2.1	tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>
4.2.2	lack of warning notices and signs	<input type="checkbox"/>	<input type="checkbox"/>
4.2.3.	poor conditions of floor	<input type="checkbox"/>	<input type="checkbox"/>
4.2.4	heaters and fires	<input type="checkbox"/>	<input type="checkbox"/>
4.2.5	storing of material at high level	<input type="checkbox"/>	<input type="checkbox"/>
4.2.6	poor handling of material and goods	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Is all electrical equipment registered and included in a regime for inspection, test and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
5.	DOCUMENTATION		
5.1	Are the following relevant notices displayed?		
5.1.1	Health and Safety at Work - what you should know with enforcing notice details entered to HSE/EMAS	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2	asbestos warning notices, where asbestos is known to be present	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3	Fire Action Notices (including named Fire Wardens)	<input type="checkbox"/>	<input type="checkbox"/>
5.1.4	First Aid Notices (including named trained First Aiders)	<input type="checkbox"/>	<input type="checkbox"/>
5.1.5	appropriate safety notices and COSHH advice for chemicals and substances	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Are the following documents/records available/in use?		
5.2.1	COSHH assessments	<input type="checkbox"/>	<input type="checkbox"/>
5.2.2	from assessments - COSHH information for users and those who may be affected	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3	Manual handling assessments	<input type="checkbox"/>	<input type="checkbox"/>
5.2.4	DSE workstation assessments	<input type="checkbox"/>	<input type="checkbox"/>
5.2.5	health and safety references, etc - list departmental references expected	<input type="checkbox"/>	<input type="checkbox"/>