

UNIVERSITY OF
BIRMINGHAM

Management of Health and Safety Inspection Checklist

Inspection Reference Number.....

| | | | |
|-------------------------|------|-----------------------|-------|
| School/Department | | Head of Budget Centre | |
| Building /Area/Location | | Date of Inspection | |
| Inspection Team Members | Name | Position | Title |
| | | | |
| | | | |

Checklist

Complete the checklist using:

- ✓ to indicate satisfactory
- × to indicate unsatisfactory
- na for not applicable

| GENERAL | | | |
|---|--|--|--|
| Risk assessments | | Safety training records/certificates | |
| Budget centre safety policy | | Maintenance schedule and records | |
| Safety committee outstanding items/progress | | Safety notice board up to date | |
| Appropriate lighting | | Appropriate temperature control | |
| General ventilation | | Clear access and walkways | |
| Condition of windows, walls & ceilings | | Condition of floors, stairs and steps | |
| Access/egress, condition of doors | | General housekeeping | |
| Ladders/steps | | Food hygiene | |
| Office accommodation -suitable | | Photocopiers - ventilation | |
| Office equipment | | Contractors equipment | |
| STORAGE | | | |
| Suitable storage facilities | | Tidiness of store | |
| Stacking & accessibility of materials | | Easy identification of materials | |
| TRAFFIC | | | |
| Segregation of pedestrians/vehicles | | Appropriate warning signs | |
| SERVICES | | | |
| Clear identification of services | | Lagging - suitability and condition | |
| Emergency telephones | | | |
| EMERGENCY ARRANGEMENTS | | | |
| Specific emergency procedures | | Alarms, suitability, audibility | |
| Fire detection system | | Fire, bomb, incidents instructions displayed | |
| Suitable fire fighting equipment | | Escape routes clearly marked | |
| Escape routes - emergency lighting | | Exits - clearly identified | |
| Fire doors - appropriate | | Fire doors - functioning correctly | |
| Emergency power supplies | | Clearly defined assembly point | |
| FIRST AID | | | |
| Safety showers | | Eye wash facility | |
| First aid instructions | | Adequate number of first aiders | |

| DISPLAY SCREEN EQUIPMENT | | | |
|---------------------------------|--|-------------------------------------|--|
| Assessment | | Lighting - glare, reflections ,etc. | |
| Appropriate workstation | | | |

| PLANT AND EQUIPMENT | | | |
|---|--|---|--|
| Appropriate equipment | | Appropriate location | |
| Fixed guards - appropriate and in place | | Interlock - appropriate and functioning | |
| Adjustable guards | | Ventilation/extract systems | |
| Emergency stops & isolation devices | | Anti-slip flooring | |
| Personal protective equipment/clothing | | Appropriate lighting | |
| Statutory notices displayed | | | |

| TOOLS AND PORTABLE EQUIPMENT | | | |
|---|--|--------------------------|--|
| Inventory of tools & portable equipment | | Appropriate tools/guards | |
| Condition of tools | | Storage of tools | |

| LIFTING EQUIPMENT | | | |
|--------------------------------|--|-------------------------------------|--|
| Appropriate lifting equipment | | Local register of lifting equipment | |
| Condition of lifting equipment | | Appropriate storage | |
| Unique identification numbers | | Safe working load marked | |

| PRESSURE VESSELS | | | |
|------------------------------------|--|-------------------------------|--|
| Local register of pressure vessels | | Condition of pressure vessels | |
| Unique identification number | | Safe working pressure marked | |

| ELECTRICAL EQUIPMENT | | | |
|--|--|-----------------------------------|--|
| Appropriate equipment | | Condition of electrical equipment | |
| Condition of cables | | Trailing cables | |
| Electrical testing and tagging | | Circuit loading | |
| Condition of sockets, plugs & switches | | Light fittings | |

| HAZARDOUS SUBSTANCES (chemical and biological) | | | |
|---|--|-------------------------------------|--|
| Hazard and risk assessments | | Restricted access to substances | |
| Registration/approvals | | Inventory of substances | |
| Storage | | Segregation of incompatibles | |
| Condition of controls | | Appropriate containers | |
| Handling procedures | | Appropriate ventilation/containment | |
| Compressed gases | | Safety signs | |
| Containers clearly/correctly labelled | | Personal protective equipment | |
| Appropriate vaccination | | Disposal arrangements | |

| IONISING RADIATION | | | |
|----------------------------------|--|----------------------------------|--|
| Designated areas clearly defined | | Warning signs | |
| Appropriate containment systems | | Condition of containment systems | |
| Shielding | | Storage of radioactive material | |
| Appropriate monitoring/records | | Disposal records (to date) | |
| Dosimetry - appropriate and worn | | Specific risk assessments | |

| NON-IONISING RADIATION (LASERS, MICROWAVES, EMR) | | | |
|---|--|---|--|
| Budget centre register | | Access control | |
| Demarcated areas | | Alarms- audible and visible | |
| Warning signs | | Microwave equipment functioning correctly | |

| NOISE | | | |
|---|--|--------------------------------|--|
| Noise assessments | | Appropriate hearing protection | |
| Appropriate warning signs | | Hearing protection worn | |
| Demarcation of hearing protection zones | | Hearing protection maintained | |

Management of Health and Safety Inspection Report

| Inspection reference number | Budget Centre | Date of inspection |
|-----------------------------|---------------|--------------------|
| | | |

KEY

| Priority | Timescale for remedial action |
|----------|-------------------------------|
| 1 | Immediate |
| 2 | Within 1 Month |
| 3 | Within 3 Months |
| 4 | Within 1 Year |

| Non-Conformance/Unsatisfactory Item | Action Required | Priority |
|-------------------------------------|-----------------|----------|
| | | |

SIGNATURES

| Name | Signature | Date |
|------|-----------|------|
| | | |
| | | |
| | | |

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Management of Health and Safety Inspection Action Report

(To be completed by Head of Budget Centre)

| Inspection reference number | Budget Centre | Date of Inspection |
|-----------------------------|---------------|--------------------|
| | | |

| Non-conformance/unsatisfactory item | Action required | Date for Action | Action By (Name) | Action Completed By (Name and Date) |
|-------------------------------------|-----------------|-----------------|------------------|-------------------------------------|
| | | | | |

| NAME | SIGNATURE | DATE |
|------|-----------|------|
| | | |