**Health & Safety Checklist (HSC1a)**

|  |  |  |
| --- | --- | --- |
| Head of Department / School / RID /  | Department / School / RI / Area  | Date: |
| *Enter Text* | *Enter Text* | *Select Date* |

When completed this Checklist will meet the minimum requirement for submission of an Annual Report to the respective Faculty or Campus Health and Safety committee. It should be completed by 30 September each year and submitted for review at the first meeting of the committee in that Academic Year.

|  |  |
| --- | --- |
| 1 | How has the health and safety procedures, guidance and instructions been set out for the area |
| Action / Comment: |  |

|  |  |  |
| --- | --- | --- |
| 2 | Where needed have you appointed Health and Safety Co-ordinator(s)? | *Select Answer* |
| Action / Comment: | *Enter Text if Required* |

What arrangements have you made for the following?

|  |  |  |
| --- | --- | --- |
| 3 | Risk Assessment |  |
| 4 | Accident Reporting and Investigation |  |
| 5 | Stress Assessment |  |
| 6 | First Aid provision, including signage |  |
| 7 | Fire Marshal(s) |  |
| 8 | Other health and safety roles(s) if required - please specify |  |
| Action / CommentQ3 - Q8:  |   |

|  |  |  |
| --- | --- | --- |
| 9 | Have you reviewed staff training against the health and safety training matrix? | *Select Answer* |
| Action / Comment: |  |

|  |  |  |
| --- | --- | --- |
| 10 | In the last three years what percentage of your staff have completed the mandatory online DSE and Fire Safety courses? |  |
| Action / Comment: |  |

|  |  |
| --- | --- |
| 11 | If applicable, how is Health and Safety information communicated to students in your school / research institute /area? |
| Comment: |  |

|  |  |  |
| --- | --- | --- |
| 12 | What percentage of the targets in your Health and Safety Plan were achieved? |  |
| Action / Comment: |  |

|  |  |  |
| --- | --- | --- |
| 13 | Is the general work environment adequate? e.g. is storage of material and equipment adequate and are floors/carpets, stairs and corridors sound? | *Select Answer* |
| Action / Comment: | *Enter Text if Required* |

|  |  |  |
| --- | --- | --- |
| 14 | Have fire safety checklists been completed for all areas on two occasions during the last 12 months and identified actions carried out? | *Select Answer* |
| Action / Comment: | *Enter Text if Required* |

Where applicable has statutory examination and testing been undertaken for

|  |  |  |
| --- | --- | --- |
| 15 | Portable Electrical Equipment? | *Select Answer* |
| Action / Comment | *Enter Text if Required* |

The questions below should be answered by Heads of Areas with Workshops, Laboratories and Training Kitchens.

|  |  |  |
| --- | --- | --- |
| 16 | Has training been provided to all who assess, source and purchase Personal Protective Equipment (e.g. ear defenders, respirators) and to all who use PPE to ensure it is used, maintained and stored correctly? When was this training provided? |  |
| Action / Comment: |  |

Where applicable, has statutory examination and testing been undertaken for

|  |  |  |
| --- | --- | --- |
| 17 | Pressure systems? | *Select Answer* |
| 18 | Lifting machines and tackle? | *Select Answer* |
| 19 | Local Exhaust Ventilation including fume cupboards? | *Select Answer* |
| Action / CommentQ17 – Q19: |  |

Revised: 3 September 2014 v 7