# Health and Safety Inspection- Higher Risk Areas/ Activities

## Inspection Checklist and Action Plan

Heads of Department[[1]](#footnote-1) must ensure that the areas under their control are inspected at least annually[[2]](#footnote-2). Inspections must include a check that health and safety records are up to date as well as a physical inspection.

The following are provided to assist you with your inspection:

* Paperwork and management system inspection: This checklist should be used by all departments. It will help you to check you have appropriate systems and records in place to meet the University’s and legal requirements.
* Physical inspection: This checklist can be used to inspect all areas. It will help you to confirm that your management systems are working.
* Action Plan: Where you have identified issues from your inspection, transfer them to the action plan. Someone must be given responsibility for monitoring the Plan, to ensure action is taken.

Please ensure that you invite a Union appointed Safety Representative to accompany you on inspections. You should do this by e-mailing the Safety Representatives for Unite, UCU and Unison at least two weeks before the proposed inspection date. Details of current Safety Representatives can be found by following the Help and Advice link on the University’s [Health and Safety](https://www.essex.ac.uk/health-safety/) website. If you need the assistance of a Health and Safety Advisor during the inspection, please contact WHSW (Workplace Health, Safety and Wellbeing) at least a month before the proposed inspection date. (E-mail safety@essex.ac.uk or extn: 2944)

Note: The checklists can be used for whole department or, for larger departments, sections / units within it. You may find it useful to use the Paperwork and Management Systems Inspection Checklist for larger areas, but for physical inspections divide the area into smaller units and use a different Physical Inspection Checklist for each.

### Higher risk hazards and risk controls

You may want to develop your own checklists to cover your higher risk hazards and risk control measures. The checklist can be based on your local health and safety standards, which WHSW can support you with. You will find them on the [Health and Safety](https://www.essex.ac.uk/health-safety/) website.

### Reporting on inspections

Following your inspection, you must send a copy of your inspection action plan to:

* WHSW
* The Union appointed safety representative that attended the inspection
* The relevant Faculty Manager (Academic Departments)

NB: The completion of annual inspections is reported to the University’s Health and Safety Group, USG and Council. Departments must complete their inspection submit their Action Plans to WHSW by the end of July, so that WHSW can confirm inspections have taken place and report on significant findings as part of the annual health and safety reporting process.

High Priority Actions

If you have identified a high priority action during the inspection, this will need to be addressed as soon as possible. It is expected that they will be resolved within three months of the inspection. If this is not possible action should be taken to manage the risk. High priority actions are defined as:

* If the identified action is an immediate high risk then mitigations must be put in place immediately or, the area must be taken out of commission or, if it is a process then the process must be suspended.
* Substantial efforts are required to reduce the risk.
* Considerable resources might have to be allocated to additional controls.
* Considerable effort is required to maintain existing controls rigorously and keep under regular review until the risk is reduced.

Medium priority items should be addressed within six months and low priority within 9 months. The aim being when inspection comes around, all actions have been closed from the previous inspection and evidenced on the updated action plan.

## Health and Safety Paperwork and Management System Inspection

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| **Areas/Activities inspected:** |  | | | |
| **Inspection carried out by:** |  | | **Date:** |  |
| **Document / System** | | **Y / N/ Part / NA (or date)** | **Comments** | |
| Is the Departmental Health and Safety Management Statement up to date? ***Date last reviewed:*** | |  |  | |
| Date and recent example of health and safety communication via a team meeting. | |  |  | |
| Date and subject of last health and safety bulletin communicated to relevant staff. | |  |  | |
| Date employees were last reminded of emergency arrangements and how to report hazards, accidents or health and safety concerns. | |  |  | |
| Are there records to confirm new employees have received health and safety induction? ***Date last induction:***   * Are H&S induction forms fully completed and signed off by employee and manager? | |  |  | |
|  |
| How does the department ensure that employees complete their essential H&S and fire safety training? | |  |  | |
| Do you have sufficient trained fire evacuation stewards and evacuation chair operators? | |  |  | |
| How does the department control the use of prohibited electrical items? | |  |  | |
| Do you have records to show that portable electrical appliances have been inspected and, where appropriate, tested at the required frequency? | |  |  | |
| Is the inspection record for work equipment used by the Department (e.g. stepladders, trolleys) up to date? ***Date last inspected:*** | |  |  | |
| Have actions from the previous inspection been regularly reviewed (eg every 3 months), high priority actions addressed in good time and action plan updated? | |  |  | |
| **Other items** | | | | |
| If there any significant changes to work activities for the forthcoming year that will require risk assessment during planning, has the responsible person contacted WHSW? | |  |  | |

## Document/System Check: Higher Risk Areas/Activities

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| **Document / System** | **Y / N/ Part / NA (or date)** | **Comments** |
| Do you have written health and safety standards covering activities where there are significant health and safety risks? |  |  |
| Do you have evidence to demonstrate competence for employees who use hazardous work equipment? |  |  |
| Do you have records to demonstrate that hazardous work equipment is maintained in a safe condition? |  |  |
| Do you have records of regular inspections and/or visual checks of hazardous work equipment and legionella flushing |  |  |
| Do you have records to show that statutory inspection and testing is carried out (required for local exhaust ventilation, lifting equipment and certain pressure vessels including autoclaves)? |  |  |
| Where panic alarms are fitted are the alarms and response procedures tested? |  |  |
| Are there adequate arrangements for emergency first aid? |  |  |
| **Risk assessments** | | |
| Are the following risk assessments in place and up to date:   * Offices and other low risk areas *Date last reviewed*: * Driving for work   ***Where required date of last licence / insurance check:***   * DSE assessments for employees required to use computers (Please ensure this includes staff working from home full time)   ***Date of last DSE assessment*** |  | If yes: give date of last review: |
| Have manual handling activities been reviewed following the guidance in the [Manual Handling Health and Safety standard](https://www.essex.ac.uk/staff/activities-health-and-safety/lifting-and-carrying)? (Also referred to as ‘Lifting and Carrying’) |  |  |
| Are risk assessments carried out for the following when required?   * New and expectant mothers * Field trips / outings with students * Overseas visits * One off activities / events |  |  |
| Do you have risk assessments for activities that involve significant risk from?   * Working at height * Use of hazardous work equipment * Use or creation of hazardous or dangerous substances * Cryogenic gases/compressed gases * Biological /infection risks * Non-ionising radiation (e.g. lasers, sources of UV and IR, electromagnetic fields) * Ionising radiation * Noise * Hand–arm vibration * Lone working * Out of hours working * Stressful situations * Potential for violence * Water – drowning, scalding * Legionella * Peripatetic work * Fire (relating to work activities involving naked flame, hot works or gas cylinders) * Research projects * Other (specify) |  |  |
| Have all fields of the risk assessments been completed correctly? (e.g. signed, dated, review date) |  |  |
| Have all assessments been reviewed within the timescale specified on the assessment form? |  |  |

## Physical Inspection: All Areas/Activities

NB: If inspecting a large department, section or unit, you may find it easier to divide the area into smaller units or work areas and use a separate physical inspection checklist for each.

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| **Areas/Activities inspected:** |  | | | |
| **Inspection carried out by:** |  | | **Date:** |  |
| **Item** | | **🗹, 🗷 or NA[[3]](#footnote-3)** | **Comments** | |
| Health and Safety Law Poster(s) (2009 edition) displayed prominently with up to date information on it? (Available from the WHSW) | |  |  | |
| Is the health and safety information displayed on the notice board up to date? (Refer to list in Managing Safety Code of Practice) | |  |  | |
| Have little used water outlets or systems that hold or circulate water been identified and included as part of the departmental legionella management system? | |  |  | |
| Are there any slip, trip or striking hazards?   * Trailing leads, damaged floor surfaces * Floor boxes damaged, used or positioned incorrectly * Wet or contaminated floors * Untidy work areas / obstructions in access routes | |  |  | |
| Are there any electrical hazards?   * Failed electrical items still being used or remaining in rooms. * Damaged, casing, leads, plugs * Daisy chaining extensions * Evidence of equipment not included in last inspection * Prohibited /dangerous items, unsafe travel adaptors | |  |  | |
| Are access equipment (e.g. stepladders), trolleys tagged with last inspection date and in good condition? | |  |  | |
| Are there any obvious fire hazards?   * Obstructions, flammable materials and ignition sources in escape routes * Waste left around recycling bins or lids left open * Fire doors wedged open or not closing properly * Build up of combustible materials * Ignition sources (e.g. heat sources) inadequately controlled | |  |  | |
| Does furniture, fixtures and fittings appear to be in good, stable and secure condition, with materials stored safely and securely? | |  |  | |
| Have significant concerns about thermal environment been addressed? (Refer to thermal environment guidance on H&S website for guidance) | |  |  | |
| Are windows safe? Look for:   * Can be opened and closed safely, no furniture obstructing * Not a striking or falling hazard * Where safety film is fitted, no evidence of peeling or bubbling | |  |  | |
| Employee awareness: Check:   * Emergency procedures (fire responsibilities, lifts, spillages, PEEPS, first aid etc.)? * Using computers safely * Electrical safety (e.g. prohibited items, visual checks) * Not using unsuitable access or work equipment * Incident and hazard reporting procedures? * Risk assessments and safe working procedures? | |  |  | |

## Physical Inspection: Higher Risk Areas/Activities

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| **Areas/Activities inspected:** |  | | | |
| **Inspection carried out by:** |  | | **Date:** |  |
| **Item** | | **🗹, 🗷 or NA[[4]](#footnote-4)** | **Comments** | |
| Is hazardous work equipment safe?   * No obvious visual defect * Safety controls (guards, emergency stop buttons / alarms) fitted correctly & functioning * Push sticks available where needed. | |  |  | |
| Are workshops/ laboratories in a clean and tidy condition? Are labs following Good Laboratory Practice including adequate housekeeping procedures? | |  |  | |
| Is suitable signage in place where required? | |  |  | |
| Are hazardous dusts controlled and cleaned up safely? | |  |  | |
| Are there emergency spills kits available? | |  |  | |
| Is suitable first aid equipment provided? | |  |  | |
| Are chemicals stored safely and securely? | |  |  | |
| Are chemicals segregated where required? | |  |  | |
| Is labelling adequate for chemicals and stored samples? | |  |  | |
| Are samples containing genetically modified organisms, clearly identified? Is the flowering of GM plants prevented outside containment areas? | |  |  | |
| Is appropriate personal protective equipment (PPE) available, stored safely, in date and in good condition?   * Is it correct standard for hazard (should be specified in risk assessment)? * For respiratory equipment has face fit testing been carried out? | |  |  | |
| Were observed employees following safe practices?   * Use of PPE * Safe lifting and handling * Safety guards/systems in place * Use of appropriate access equipment * Taking account of public safety | |  |  | |
| Do staff and students questioned have a good awareness of health and safety risks and the need to wear personal protective equipment? | |  |  | |
| Are there suitable welfare and hand washing facilities available? | |  |  | |
| Has the need for health surveillance been assessed? | |  |  | |
| Arrangement to prevent unauthorised access to hazardous areas in place? | |  |  | |
| Fire risks controlled– combustible items, sources of ignition, suitable storage? | |  |  | |
| Gas cylinders stored securely and upright, separate storage for empties. Regulators less than 5 years old (should be date stamped). | |  |  | |
| Circuit breakers/residual current devices provided where necessary (e.g. outdoors, wet environments)? | |  |  | |
| Other observations | |  |  | |

## Health and Safety Inspection: Action Plan

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| **Area(s) inspected:** |  | | **Inspected by:** |  | | | **Date:** |  |
| **Responsible manager**  **(e.g. Head of Department / Section)** | **Name:** |  | **Signed:** |  | | | **Date:** |  |
| **Area for improvement** | **Action needed** | | **Who will take action** | | **Priority**  **H, M , L** | **Target Date** | | **Date achieved** |
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| **This action plan will be reviewed by (name and job role):** | | |  | | | | | |
| **Planned review dates:** |  |  | |  |  |  |  |  |
| **Once reviewed initial to confirm:** |  |  | |  |  |  |  |  |

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1. References to department includes faculty teams, school, section, business or centre [↑](#footnote-ref-1)
2. See Code of Practice: Managing Health and Safety [↑](#footnote-ref-2)
3. **Acceptable 🗹; Action needed 🗷; Not applicable: NA** [↑](#footnote-ref-3)
4. **Acceptable 🗹; Action needed 🗷; Not applicable: NA** [↑](#footnote-ref-4)