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| Oxford Brookes University logo |  | Workshop Inspection FormOB-HAS-FORM-11.00v1 |

**Local H&S Inspection form – items specific to the area can be added to this form but items should not be removed.**

| **Rm Number/ Area(s) inspected** | |  | | | **Building** | | | |  | | | | **Date** | |  |
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| **Controls** | | | | | | | **Y** | **N** | | **N/A** | **Comments and Actions** | | | | |
| **PPE and Signage** | | | | | | | | | | | | | | | |
| Protective clothing, footwear and safety spectacles worn/available e.g. welders-flame retardant overalls, steel toecaps, others- closed, sensible shoes, | | | | | | |  |  | |  |  | | | | |
| Safety/mandatory warnings/signs for area and machines in place | | | | | | |  |  | |  |  | | | | |
| **Equipment (Electrical and Mechanical)** | | | | | | | | | | | | | | | |
| Machine guards and interlocks in place, adjusted correctly and maintained | | | | | | |  |  | |  |  | | | | |
| Start/Stop and Emergency Stop devices/controls clearly marked and in reach of operator (randomly check machine emergency stops) | | | | | | |  |  | |  |  | | | | |
| Operators authorised to use machine and/or appropriate supervision in place for apprentices, trainees, visitors etc. | | | | | | |  |  | |  |  | | | | |
| Long hair tied back, rings and dangling items around neck removed, cloth gloves are NOT being worn and NO lone working taking place when rotating machinery in use | | | | | | |  |  | |  |  | | | | |
| Ejection of swarf/objects from machines controlled | | | | | | |  |  | |  |  | | | | |
| Spot check PAT of electrical equipment is in date | | | | | | |  |  | |  |  | | | | |
| Is equipment switched off when not-in-use? | | | | | | |  |  | |  |  | | | | |
| Mechanical lifting aids available and statutory inspection up-to-date (check tagging board) | | | | | | |  |  | |  |  | | | | |
| Ladders and kick stools (if present) are tagged/labelled & in good condition | | | | | | |  |  | |  |  | | | | |
| **Chemical Storage/Use** | | | | | | | | | | | | | | | |
| Cutting oil/coolant monitoring system in place and up-to-date | | | | | | |  |  | |  |  | | | | |
| Chemical/substance containers are fit-for-purpose and appropriately labelled | | | | | | |  |  | |  |  | | | | |
| Do storage cabinets have the right substances in them (segregated by type)? | | | | | | |  |  | |  |  | | | | |
| **Gas Safety** | | | | | | | | | | | | | | | |
| Equipment looks to be in good order and is being used correctly | | | | | | |  |  | |  |  | | | | |
| The manifold framework, ‘pigtails’ and chains are in good condition | | | | | | |  |  | |  |  | | | | |
| The area is clean, devoid of combustible materials and not being used as a general store | | | | | | |  |  | |  |  | | | | |
| **Emergency Arrangements** | | | | | | | | | | | | | | | |
| Appropriate separation of flammables and heat sources | | | | | | |  |  | |  |  | | | | |
| Emergency signage in place and exit routes clear | | | | | | |  |  | |  |  | | | | |
| First aid kits readily available and appropriately stocked | | | | | | |  |  | |  |  | | | | |
| Spill kits readily available and appropriate type & quantity for area (state stock level) | | | | | | |  |  | |  |  | | | | |
| **Housekeeping** | | | | | | | | | | | | | | | |
| General level of tidiness/housekeeping. All walkways to be clear | | | | | | |  |  | |  |  | | | | |
| Usable bench space | | | | | | |  |  | |  |  | | | | |
| Floor condition, level, even, no significant spills, pipework and cables routed safely | | | | | | |  |  | |  |  | | | | |
| No evidence of food and drink consumed in workshop | | | | | | |  |  | |  |  | | | | |
| Appropriate segregation of waste. | | | | | | |  |  | |  |  | | | | |
| General level of illumination suitable for work to be carried out including supplementary local lighting. | | | | | | |  |  | |  |  | | | | |
| **OTHER –additional controls that are specific to SHEL area** | | | | | | | | | | | | | | | |
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| **Other Comments and Areas of Concern (please notify your health and safety contact of these)** | | | | | | | | | | | | | | | |
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| **Inspector (print name)** | | |  | **Signed** | |  | | | | | | **Date** | |  | |
|  | | | |  | | | | | | | |  | | | |