Course Director:

Course Administrator:

| Oxford Brookes University logo image |  | Laboratory Inspection FormOB-HAS-FORM-11.00 |
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**Items specific to the local area can be added to this form but items should not be removed.**

| **Area(s)** |  | **Bld / Room(s)** |  | **Date** |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Controls** | **Y** | **N** | **N/A** | **Comments and Actions** |
| **PPE** |
| Protective clothing and safety spectacles worn/available |  |  |  |  |
| Gloves are available/worn appropriately e.g. for biohazardous samples |  |  |  |  |
| General lab attire – closed, sensible shoes worn by everyone and long hair tied back |  |  |  |  |
| **Chemical Storage/Use** |
| Appropriate type/quantity of chemicals on bench |  |  |  |  |
| Chemical bottles are appropriately labelled (consider other containers and tanks) |  |  |  |  |
| Do storage cabinets have the right substances in them (segregated by type)? |  |  |  |  |
| General tidiness of cabinets |  |  |  |  |
| **Emergency Arrangements** |
| Appropriate separation of flammables and heat sources |  |  |  |  |
| Fire extinguishers stored correctly with no obvious signs of tampering |  |  |  |  |
| 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 activities in area (state stock level) |  |  |  |  |
| Emergency showers/eye wash available and records available of weekly flushing  |  |  |  |  |

| **Electrical** |
| --- |
| Spot check PAT of electrical equipment is in-date |  |  |  |  |
| If power tools in use, is user “Authorised”? |  |  |  |  |
| Is equipment turned off when not-in-use? |  |  |  |  |
| **Gas Safety** |
| Equipment looks to be in good order and is being used correctly |  |  |  |  |
| The manifold framework, ‘pigtails’ & chains are in good condition |  |  |  |  |
| The area is clean, devoid of combustible materials and not being used as a general store |  |  |  |  |
| **Housekeeping** |
| General level of tidiness/housekeeping. All walkways to be clear |  |  |  |  |
| Floor condition, level, even, no significant spills, pipework and cables routed safely |  |  |  |  |
| Ladders & kick stools (if present) are tagged/labelled & in good condition |  |  |  |  |
| There is no evidence of food/drink being consumed in the area  |  |  |  |  |
| Check for awareness of waste disposal procedures, (what goes in what bin – particularly glass and biohazard disposal) |  |  |  |  |
| **Procedural** |
| Is appropriate safety documentation (risk/CoSHH assessments, SoPs etc) in place? |  |  |  |  |
| Have people in lab received the relevant safety induction?  |  |  |  |  |
| Can people demonstrate understanding of hazards/controls in relation to what they are working with? |  |  |  |  |
| Ask people in the labs if they are up-to-date with their vaccinations  |  |  |  |  |
| **OTHER – additional controls that are specific to SHEL area**  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Other Comments and Areas of Concern (please notify your health and safety contact of these)** |
|  |
| **Completed by (print name)** |  | **Signed** |  | **Date** |  |
|  |  |  |