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| --- | --- | --- |
| Oxford Brookes University logo image |  | Higher Hazard Inspection FormOB-HAS-FORM-11.00 v1 |

| **Faculty/School/Directorate/Area** | **Staff Present** | **Inspector** | **Date** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Expected personnel and activities in area e.g. students/staff working with lasers:** | | | |
| **Hazards associated with activities carried out in lab/workshop?** | | | |
|  | | | |
| **Has anything changed since last inspection e.g. new kit, activity?** | | | |

| **Managerial, Procedural, Personnel (Documentation)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **A** | **Documentation** | **Y** | **N** | **N/A** | **Comments/Actions/Examples of good practice** |
| 1 | Lab/workplace rules available? |  |  |  |  |
| 2 | Safe Operating Procedures available, in-date and contain up-to-date information |  |  |  |  |
| 3 | Is there a documented induction process for students and does it cover all ‘hazards’ identified? |  |  |  |  |
| **B** | **Workplace Monitoring Sheets** | **Y** | **N** | **N/A** |  |
| 1 | Are local inspections being undertaken?? |  |  |  |  |

| **C** | **Servicing/Maintenance/Auditing** | **Y** | **N** | **N/A** | **Comments/Actions/Examples of good practice** |
| --- | --- | --- | --- | --- | --- |
| 1 | Up-to-date register of plant/equipment indicating service interval and provider? |  |  |  |  |
| 2 | Regulator register available and up-to-date |  |  |  |  |
| 3 | RPE - records of fit-testing and training for use, maintenance records available/up-to-date? |  |  |  |  |
| **D** | **Hazardous Substances** | **Y** | **N** | **N/A** | **Comments/Actions/Examples of good practice** |
| 1 | Inventory/log of all chemicals in area available and up-to-date? |  |  |  |  |
| **F** | **Specialised Training** | **Y** | **N** | **N/A** | **Comments/Actions/Examples of good practice** |
| 1 | Requirements identified - course attendance identified in matrix e.g. lifting operations, spill kit/critical roles, lasers (class 3+), mobile plant/vehicles? |  |  |  |  |
| **General** | | | | | |
| **G** | **H&S Information** | **Y** | **N** | **N/A** | **Comments/Actions/Examples of good practice** |
| 1 | Is sufficient H&S information displayed appropriate to the environment |  |  |  |  |

| **H** | **Awareness (are occupants/users aware of?)** | **Y** | **N** | **N/A** | **Comments/Actions/Examples of good practice** |
| --- | --- | --- | --- | --- | --- |
| 1 | Names of nearest first aiders |  |  |  |  |
| 2 | Emergency ‘phone no./assembly point |  |  |  |  |
| 3 | If work/experiments take place, are occupants aware of relevant safety documents and location of risk/CoSHH assessments relating to work being undertaken? |  |  |  |  |

| **I** | **Working environment, housekeeping state of:** | | **Satisfactory** | | **Inadequate** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Work environment adequate for area and task(s) (lighting/heating/ventilation/noise levels/welfare facilities/storage/safe access/egress/trip hazards) | |  | |  | |  |
| 2 | Surfaces: floors, benches, tables (non-slip, even surface, free of spillages, dust and built-up rubbish) | |  | |  | |  |
| 3 | SWLs clearly labelled on shelving (racking-type only)/load-bearing structures? | |  | |  | |  |
| **Notes:** | | | | | | | |
| **J** | **Fire and Emergency** | | **Satisfactory** | | **Inadequate** | | **N/A** |
| 1 | Location and condition of fire equipment | |  | |  | |  |
| 2 | Emergency exits and signage of emergency routes (clear and unobstructed) | |  | |  | |  |
| 3 | First-aid equipment (availability/stock level/in-date) | |  | |  | |  |
| 4 | Spill control measures (including location of spill kits) | |  | |  | |  |
| 5 | Specialist emergency equipment such as HF Gel (availability and in-date), gas alarms e.g. oxygen detectors to monitor areas used to store or handle liquid nitrogen (checked & occupants aware). | |  | |  | |  |
| **Notes:** | | | | | | | |
| **K** | **Safety signage and equipment, state of:** | | **Satisfactory** | | **Inadequate** | | **N/A** |
| 1 | Area hazard signage e.g. biohazard, radiation, lasers, noise, DSEAR etc (displayed on entrance of designated areas) | |  | |  | |  |
| 2 | Local safety signage relating to equipment e.g. hot surface (clearly visible, securely attached, reflect hazards) | |  | |  | |  |
| **Notes:** | | | | | | | |
| **L** | **PPE, (lab coats, gloves, safety glasses etc.)** | | **Satisfactory** | | **Inadequate** | | **N/A** |
| 1 | Availability, wearing/use, condition, storage | |  | |  | |  |
| **Notes**: | | | | | | | |
| **M** | **Electrical Equipment, state of:** | | **Satisfactory** | | **Inadequate** | | **N/A** |
| 1 | Sockets/leads/PAT in-date | |  | |  | |  |
| 2 | Labelling of switches and controls appropriate | |  | |  | |  |
| **Notes**: | | | | | | | |
| **N** | **Equipment** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Access to emergency stops (easy, unobstructed operation) |  | |  | |  | |
| 2 | Ladders - inspection regime (with tags), condition, security & class |  | |  | |  | |
| 3 | Machinery guards, interlocks etc. (effectiveness & use where provided) |  | |  | |  | |
| 4 | Correct storage of sharp tools/implements |  | |  | |  | |
| 5 | Has noise & vibration been assessed? |  | |  | |  | |
| 6 | Equipment switched off when not in use unless on for safety reasons? |  | |  | |  | |
| **Notes**: | | | | | | | |
| **O** | **Mobile Plant/Vehicles state of:** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Pre-use checks (carried out and recorded) |  | |  | |  | |
| 2 | Vehicle security (switched off and keys removed when not-in-use) |  | |  | |  | |
| **Notes**: | | | | | | | |
| **P** | **Chemicals & other Substances** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Availability of Safety Data Sheets for all substances available |  | |  | |  | |
| 2 | Appropriate containers/labelling of materials - availability/condition of spill trays and/or bunding for use with hazardous liquids/use of suitable secondary containment (cabinet type, location) e.g. flammable cabinets, bunding |  | |  | |  | |
| 3 | Segregation of materials by incompatibility e.g. flammables/oxidizers, acids/alkalis etc. |  | |  | |  | |
| 4 | Minimization of quantities of flammable/explosive substances kept for daily activities |  | |  | |  | |
| 5 | Provision for safe transportation of hazardous substances both inside and out e.g. cryogenic liquids (consider route, equipment, containers etc.) |  | |  | |  | |
| 6 | Materials/waste stored for appropriate length of time (shelf life/avoiding ‘legacy’) |  | |  | |  | |
| 7 | Segregation of waste by type, compatibility and hazard requirements (including sharps containers). |  | |  | |  | |
| 8 | Waste bins (present, appropriate for waste type, labelled and emptied regularly) |  | |  | |  | |
| 9 | Storage, location and correct labelling of hazardous waste awaiting disposal |  | |  | |  | |
| **Notes**: | | | | | | | |
| **Q** | **LEV/Fume Cupboards** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Condition of LEV equipment (extract flow and test in-date) |  | |  | |  | |
| 2 | Condition and operation of fume cupboard fascia (including check that alarms are working) |  | |  | |  | |
| 3 | State of fume cupboard interiors (clean and uncluttered) |  | |  | |  | |
| 4 | Logbook available - weekly/monthly monitoring being carried out & up-to-date, in particular face velocities measured and recorded? |  | |  | |  | |
| 5 | Evidence that LEVs have been appropriately tested and inspected |  | |  | |  | |
| **Notes**: | | | | | | | |
| **R** | **Compressed Gas Cylinders/Regulators** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Storage e.g. secure so unable to topple over/location e.g. flammable gases away from exits/sources of ignition |  | |  | |  | |
| 2 | Contents identification (labelling) |  | |  | |  | |
| 3 | Regulators in-date (check one or two) |  | |  | |  | |
| **Notes**: | | | | | | | |
| **S** | **Lifting** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Availability/condition of suitable mechanical equipment to aid movement of heavy loads (fit-for-purpose/SWL, test in-date/tagged) |  | |  | |  | |
| **Notes**: | | | | | | | |
| **T** | **Lasers** | **Satisfactory** | | **Inadequate** | | **N/A** | |
| 1 | Visibility of laser warning signs/labels |  | |  | |  | |
| 2 | Effectiveness of interlocks installed for Class 3b lasers and above |  | |  | |  | |
| 3 | Risk assessment displayed for class 4 |  | |  | |  | |
| **Notes**: | | | | | | | |

| **Overall impression of laboratory/workshop area:** | |
| --- | --- |
| **Inspector’s Signature** | **Staff Signature** |
|  |  |
| Print name: | Print name: |

| Oxford Brookes university logo image | | |  | Higher Hazard Action PlanOB-HAS-FORM-05 | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Inspector** | | | | **Staff member** | | | | **Date of Inspection** | |
|  |  | | | |  | | | |  | |
| **Ref** | **Findings (Summary)** | | | | **Action to be Taken** | | | | **PH** | **Priority**  **P1, P2, P3** |
|  |  | | | |  | | | |  |  |
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|  |  | | | |  | | | |  |  |
| **Occupants Safety Concerns/General Comments** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Actions Agreed (Signatures)** | | | | | | | | | | |
| **Inspector** | |  | | | | **Staff** |  | | | |
| **Date** | |  | | | | **Date** |  | | | |

**PH = Prohibition Hazard – During the inspection a process had to be suspended due to the high risk of an accident or incident**

Priority: P1 = Action within 1 week, P2 = Action within one month, P3 = Action within three months

Actions will be transferred to the CARR and should be updated using the CARR

Note: If any actions (P1s, P2s or P3s) are not completed within the designated completion period, the Nominated Safety Manager should make a remedial plan with their line manager on how these action(s) can be closed. A copy of these details must be sent to your local Health and Safety Manager/Advisor