

**HEALTH & SAFETY**

**Workshop Checklist**

|  |  |
| --- | --- |
| **Name of School/Service** |  |
| **Location** |  |
| **Name of Assessor** |  |
| **Date** |  |

**Guidance Notes**

This checklist is provided by the Health and Safety Team as a template, which provides a basic framework for the conduct of a School/Service self-inspection of the type of environment indicated. It will normally require to be amended and/or expanded to address fully the specific requirements of the area inspected and therefore should not be regarded as exhaustive.

**In the Health and Safety** [Policy Statement](http://staff.napier.ac.uk/services/governance-compliance/healthandsafety/policies/Pages/Statement-of-General-Health-and-Safety-Policy.aspx) **the University undertakes not only to set up suitable provisions to ensure, so far as is reasonably practicable, the health and safety of all University employees, students and others visiting or entering the University, but also to monitor the effectiveness of these provisions.**

**For any given Dean of School/Director of Service to be confident that their School's/Service's declared policy with respect to health and safety is being observed at the workplace, some system of checking performance to assess the success in implementing the stated policy must be carried out.**

**Each Dean of School/Director of Service is required to report annually to the University Safety Officer regarding this, and other aspects of the management of health and safety within their area of control. This is carried out using the annual health and safety report issued by the Health and Safety Office.**

**The attached checklist is there to assist in regular self-inspection to highlight areas of deficiency, to document these findings and to set in train the remedial action felt to be necessary.**

**Persons appointed to carry out the self-inspection should normally be chosen from members of the School/Service staff; often the School/Service Safety Co-ordinator will perform this task. Specialist knowledge can be sought from specialists within the School/Service and assistance and advice is always available from the Health & Safety Team.**

**In order to assist the person(s) carrying out School/Service safety self-inspections, the following model check list of points to be looked at has been formulated, which covers most general health and safety items relevant to high risk areas. The model checklist should be tailored to an individual School's/Service's requirements by adding reference to any particular hazards which are presented by specific School/Service activities.**

**Section A : Administrative Procedures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **N/A** |
| 1 | Have School/Service rules for safe workshop practices been formulated e.g. risk assessments, safe systems of work? |  |  |  |
| 2 | **Has the attention of all workshop users been drawn to these rules and are copies available in the workshop?** |  |  |  |
| 3 | **Are all workshop users consulted on safe systems of work?** |  |  |  |
| 4 | **Are competent personnel in place to operate plant and equipment?** |  |  |  |
| **5** | **Is there a system in place to ensure that potential users receive full and adequate instruction and training in the safe operation of the equipment they propose to use?** |  |  |  |
| **6** | Is there a competent supervisor in place to manage operations? |  |  |  |
| 7 | Is there a system in place to ensure that the level of supervision applied is commensurate with the skill and experience levels of individual workshop users? |  |  |  |
| 8 | Are all users fully acquainted with the operation of any Permit-to-Work Systems within the workshop area? |  |  |  |
| 9 | Are written records kept to document the training of users of workshop equipment? |  |  |  |
| 10 | Are procedures for the reporting of accidents, incidents and dangerous occurrences well established? |  |  |  |
| 11 | What was the date of last formal inspection of the workshop? |  | | |

**Section B : General Health & Safety Precautions**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | Are suitable and sufficient Risk Assessments carried out and appropriate controls implemented? |  |  |  |
| 2 | Are fire escape routes from the workshop clear of obstruction and suitably signposted? |  |  |  |
| 3 | Is the fire alarm easily audible above machinery noise? |  |  |  |
| 4 | If not, have visual warning systems been installed? |  |  |  |
| 5 | Have suitable items of firefighting equipment been provided e.g. fire extinguishers, fire blankets? |  |  |  |
| 6 | Are notices displayed indicating action to be taken in the event of a fire (Fire Action Notices)? |  |  |  |
| 7 | Are they up to date? |  |  |  |
| 8 | Are workshop users acquainted with the Fire Evacuation Procedure for the workshop area or building and the nearest fire exit point and nearest assembly point? |  |  |  |
| 9 | Have Fire Wardens been appointed covering the workshop area? |  |  |  |
| 10 | Are notices displayed detailing the nearest available qualified First Aiders and the location of the First Aid Box(es)? |  |  |  |
| 11 | Are First Aid Box(es) checked regularly to ensure that they are kept well stocked with contents in good condition? |  |  |  |
| 12 | Is there a suitable eye wash station installed? (Where running water is available this should be the type plumbed to the water supply). |  |  |  |
| 13 | Are workshop users able to readily contact the Emergency Services should this be required? |  |  |  |
| 14 | Are suitable Warning, Mandatory and Prohibition signs displayed within the workshop area as required? (e.g., warning: noise hazard; mandatory: eye protection must be worn etc.). |  |  |  |
| 15 | Do these signs comply with the Health and Safety (Signs and Signals) Regulations 1996, i.e. are they of a pictogram style and hazard: black on yellow; mandatory: white on blue; prohibitive: white on red? |  |  |  |
| 16 | Is there a policy regarding “lone working” in the workshops? |  |  |  |

**Section C : Cleanliness and Housekeeping**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Are all items of workshop equipment suitably placed to avoid overcrowding and anchored to ensure suitability?** |  |  |  |
| 2 | **Are the working areas and gangways clean and clear of obstruction and/or slipping hazards?** |  |  |  |
| 3 | **Are requisite items of general personal protective clothing and equipment supplied to users?** |  |  |  |
| 4 | **Are rules on personal clothing, jewellery, etc. strictly enforced?** |  |  |  |
| 5 | **Are smoking, eating and drinking prohibited in the workshop area?** |  |  |  |
| 6 | **Are washing facilities and materials adequate?** |  |  |  |
| 7 | Are suitable materials or kits available to deal with spillages? |  |  |  |
| 8 | Are all bins etc. regularly cleaned, e.g. daily? |  |  |  |
| 9 | Are staff wearing the appropriate footwear e.g. steel toe caps and non-slip soles? |  |  |  |

**Section D : Lighting**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Is the general level of illumination of the workshop adequate for the work to be carried out?** |  |  |  |
| 2 | **Is suitable supplementary local lighting employed, where required?** |  |  |  |

**Section E : Ventilation**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Are ambient temperatures in the workshop suitable for the work to be carried out?** |  |  |  |
| 2 | **Is general ventilation of the workshop area satisfactory?** |  |  |  |
| 3 | **Are there any other items of equipment that require a separate LEV system?** |  |  |  |

**Section F : Noise**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Do workshop operations produce an excessive or uncomfortable noise level? (Guide: is it necessary to raise one’s voice substantially to speak at 1m distance from another person)** |  |  |  |
| 2 | **If so, has noise monitoring been requested and carried out?** |  |  |  |
| 3 | **Where required, have suitable forms of engineering control been implemented to control the noise at source?** |  |  |  |
| 4 | **Are mandatory ear protection zones designated where applicable i.e. where daily noise exposure exceeds 85dB(A)?** |  |  |  |
| 5 | **Is there a positive purchasing policy in place where only machines with low noise emission levels are purchased?** |  |  |  |

**Section G : Hazardous Substances**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Are there any substances which may present a hazard to health in use within the workshop area?** |  |  |  |
| 2 | **Are they stored safely after use?** |  |  |  |
| **3** | **Have suitable COSHH Assessments been carried out, documented and records kept?** |  |  |  |
| **4** | **Are staff aware of the conclusions and recommendations for safe working with these substances resulting from the COSHH Assessments?** |  |  |  |
| **5** | **Is suitable Local Exhaust Ventilation (LEV) employed to remove hazardous fumes, oil mists, vapours, gases or dusts and are these items subject to regular maintenance and performance checks i.e. at least every 14 calendar months?** |  |  |  |
| **6** | **Is appropriate personal protective equipment available, specifically matched to the hazard against which it is to protect?** |  |  |  |
| **7** | **Are these items subject to regular checks to ensure they remain in good condition?** |  |  |  |
| **8** | **Are facilities provided for keeping PPE clean and dry?** |  |  |  |
| **9** | **Are any specific first aid actions that may be required following contamination with specific hazardous substances recorded and available to users?** |  |  |  |
| **10** | **Are suitable means of dealing with spillages of any hazardous substances available?** |  |  |  |
| **11** | **Is there a system for the disposal of potentially hazardous waste which is in line with both the School/Service and University waste management policies?** |  |  |  |

**Section H : Electrical Equipment**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Are all items of portable electrical equipment subject to a suitable regime of appliance testing and maintenance, including the keeping of records?** |  |  |  |
| 2 | **Are items of hard wired equipment likewise subject to regular maintenance checks and is suitable remedial action applied, where required?** |  |  |  |
| 3 | **Is the electrical installation forming part of the fabric of the workshop accommodation satisfactory for the requirement of the work in question?** |  |  |  |
| **4** | **Where a Risk Assessment indicates a requirement for residual current protection (e.g. live working, wet areas, etc.) has a suitable RCD been fitted to the room electrical supply?** |  |  |  |

**Section I : Lifting Operations and Manual Handling**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Are heavy lifting operations carried out within the workshop area?** |  |  |  |
| 2 | **If so, have all items of lifting equipment been notified to the University’s Insurers via Facilities Services?** |  |  |  |
| 3 | **Is all lifting equipment as defined by the Lifting Operations and Lifting Equipment Regulations (LOLER) under an inspection and thorough examination regime?** |  |  |  |
| 4 | **Are there any items of lifting equipment under LOLER that are used for “lifting persons”?** |  |  |  |
| 5 | **If so, is the equipment subject to a 6 monthly thorough examination regime?** |  |  |  |
| **6** | **Is the Safe Working Load (SWL) clearly marked on each piece of lifting equipment?** |  |  |  |
| **7** | **Are all lifting accessories stored to prevent conditions causing deterioration liable to result in danger?** |  |  |  |
| **8** | **Is adequate head, hand and foot protection available to personnel involved in lifting operations?** |  |  |  |
| **9** | **Are personnel acquainted with techniques for safe manual handling?** |  |  |  |
| **10** | **Where required have individual users been formally trained in lifting and handling techniques, e.g. fork lift training, slinging, heavy manual handling and have individual training records been kept?** |  |  |  |
| **11** | Has a Risk Assessment been carried out for any task which requires the transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving) by hand or bodily force in accordance with the Manual Handling Operations Regulations? |  |  |  |
| **12** | Where the findings of the assessment are significant, i.e. anything other than a low risk injury, has the assessment been recorded? |  |  |  |
| **13** | **Where a task involves a foreseeable risk of injury, has a formal manual handling risk assessment been carried out and documented and have the results of the assessment been communicated to relevant workers?** |  |  |  |
| **14** | Where there is a significant risk, have steps been taken to avoid the need for manual handling, or where this is not practicable, to reduce the risk to the lowest level reasonably practicable, by either altering work practices or introducing mechanical aids? |  |  |  |

**Section J : Pressure Systems**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Have all items of pressurised equipment been notified to the University’s Insurers via Facilities Services?** |  |  |  |
| 2 | **Is the Safe Working Pressure (SWP) clearly marked on each item of equipment?** |  |  |  |
| 3 | **Are all interlocks and other safety devices on pressure vessels fully functional and adequately maintained?** |  |  |  |
| **4** | **Are rules in force to strictly control the use of compressed air equipment?** |  |  |  |
| **5** | **Are all the pressure systems in use been subject to an inspection and thorough examination regime?** |  |  |  |

**Section K : Occupational Health (Vibration and COSHH)**

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | **Where the potential exposure to a substance or material hazardous to health cannot be fully controlled by either engineering control or personal protection has health surveillance been implemented (respiratory issues)?** |  |  |  |
| 2 | **Are suitable barrier creams available to aid in skin protection and are checks carried out to ensure that workshop users are not developing dermatitis problems?** |  |  |  |
| 3 | **Do any workshop activities involve vibration to the extent that vibration related conditions, e.g. vibration white finger, might be potential problem?** |  |  |  |
| **4** | **Is there a positive purchasing policy in place whereby only machine tools with anti-vibration/suppression filters are purchased?** |  |  |  |
| **5** | **Is there a suitable cleansing station in place e.g. DEB 3 stage system?** |  |  |  |