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**HEALTH & SAFETY**

**Welding Checklist**

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

**Notes**

There is new scientific evidence from the International Agency for Research on Cancer that exposure to mild steel welding fume can cause lung cancer and possibly kidney cancer in humans.

The Workplace Health Expert Committee has endorsed the reclassification of mild steel welding fume as a human carcinogen.

With immediate effect, there is a strengthening of HSE’s enforcement expectation for all welding fume, including mild steel welding; because general ventilation does not achieve the necessary control. [More…](http://www.hse.gov.uk/safetybulletins/mild-steel-welding-fume.htm#utm_source=govdelivery&utm_medium=email&utm_campaign=welding-alert&utm_content=ebul-link-2)

**Section A : Respiratory Protection Equipment (RPE)**

|  | **Question** | **Compliance** | **Comment** | **Completed/ Signed off** |
| --- | --- | --- | --- | --- |
| 1 | Do you use RPE when cleaning up spillages? | Yes/No |  |  |
| 2 | Do you use RPE when carrying out maintenance of equipment? | Yes/No |  |  |
| 3 | Do you wear RPE when LEV fails? | Yes/No |  |  |
| 4 | Do you wear RPE when cleaning up? | Yes/No |  |  |
| 5 | Do you wear RPE when carrying out outside welding? | Yes/No |  |  |
| 6 | Do you wear RPE when carrying out welding in the workshop area? | Yes/No |  |  |
| 7 | Is RPE correctly stored in accordance with manufacturer’s instructions? | Yes/No |  |  |
| 8 | Are measures in place to reduce/prevent deterioration from exposure to dirt, solvents, vapours, oil, UV light and sunlight? | Yes/No |  |  |
| 9 | Are checks carried out prior to use of the RPE? | Yes/No |  |  |
| 10 | Are records of RPE available and do they specify type, date issued and replacement date? | Yes/No |  |  |
| 11 | Is a disposal procedure in place when the RPE is at the end of its useful life? | Yes/No |  |  |
| 12 | Is a process in place for correct selection of RPE? | Yes/No |  |  |
| 13 | Have the users been trained in the use of the RPE? | Yes/No |  |  |
| 14 | Has the user been given face fit testing to ensure that the mask is suitable? | Yes/No |  |  |
| 15 | Is Air Fed RPE used? | Yes/No |  |  |
| 16 | Is a programme for servicing, changing filters and cleaning in place? | Yes/No |  |  |

**Section B : Risk Assessment**

|  | **Question** | **Compliance** | **Comment** | **Completed/ Signed off** |
| --- | --- | --- | --- | --- |
| 1 | Have specific risk assessments been undertaken for all welding fabrication tasks? | Yes/No |  |  |
| 2 | Do the risk assessments state LEV as a control measure? | Yes/No |  |  |
| 3 | Have the risk assessments been reviewed within the last 12 months? | Yes/No |  |  |
| 4 | Is health surveillance included on the risk assessments as a control measure? | Yes/No |  |  |
| 5 | Has health surveillance been carried out on the person working in these workshops? | Yes/No |  |  |
| 6 | Have all necessary actions raised in the health surveillance been carried out? | Yes/No |  |  |

**Section C : Local Exhaust Ventilation**

|  | **Question** | **Compliance** | **Comment** | **Completed/ Signed off** |
| --- | --- | --- | --- | --- |
| 1 | Is on-tool LEV extraction used? | Yes/No |  |  |
| 2 | Portable LEV equipment – has it been tested and certified in the last 14 months? | Yes/No |  |  |
| 3 | Has the LEV been inspected and tested in the last 14 months? | Yes/No |  |  |
| 4 | Is an airflow indicator display fitted to the LEV? | Yes/No |  |  |

**Section D : Miscellaneous**

|  | **Question** | **Compliance** | **Comment** | **Completed/ Signed off** |
| --- | --- | --- | --- | --- |
| 1 | Is the correct extinguishing agent available in the workshop for the fire risk present? | Yes/No |  |  |
| 2 | Are all gas bottles restrained correctly? | Yes/No |  |  |
| 3 | Are the operatives trained in the changing of gas bottle valves? | Yes/No |  |  |
| 4 | Is suitable storage available for materials and equipment? | Yes/No |  |  |

**Comments**

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| --- | --- | --- | --- |
| **Section/ Number** | **Action point** | **Action taken** | **Date/Signature** |
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|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Job Title** |  |
| **School/Service** |  |
| **Date** |  |