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| **Section One – Health & Safety Management**  **1: HEALTH & SAFETY MANDATORY RECORDS** | | |
| Does your PIP (Policy Implementation Policy & Procedures) contain objectives to fulfil all relevant arrangements of BU’s H&S policy? | Yes  No |  |
| Does your PIP and associated action plan facilitate continuous improvement in H&S performance? | Yes  No |  |
| Does your ‘action plan’ have clearly defined responsibilities:   * Name of person responsible. * Target date for completion. * Current progress against actions. | Yes  No  Yes  No  Yes  No |  |
| Is there an effective and timely (e.g. at least termly) process of reviewing the PIP and action plan at Executive level within your area? | Yes  No |  |
| Does the training matrix cover all XXXXXXXXXX individuals? | Yes  No |  |
| Does the training matrix clearly record;   * All training by individuals? * Mandatory training? * When requalification is required? | Yes  No  Yes  No  Yes  No |  |
| Does the training matrix identify gaps in training?   * If so, how are these managed? * Are outstanding training requirements reflected in the action plan? | Yes  No  Yes  No  Yes  No |  |
| Are all mandatory H&S documents stored in line with BU’s Policy on ‘Storage and Access to Health & Safety Information on the University’s ‘I-Drive’? *[with the exception of current Risk Assessments stored on the on-line system]* | Yes  No |  |
| Are [and if so, how are] new starters inducted locally within the XXXXXXXXXX (and is the process the same for any temporary staff/contractors)? | Yes  No |  |
| **2: GENERAL RISK ASSESSMENT (inc. Lone Working)**  **GENERAL RISK ASSESSMENT** | | |
| What do you consider to be your biggest risk/s or hazardous activities? | Yes  No |  |
| Have any risks identified been addressed in a risk assessment (or at least considered as in general hazard & risk trawl)? | Yes  No |  |
| Are all staff who carry out risk assessments trained to do so (e.g. as a minimum -attended BU risk assessment training)? | Yes  No |  |
| Are risk assessments carried out in conjunction with any key individuals involved in the running of the activity/event? |  |  |
| How is the risk assessment process approached for any joint ventures or externally hosted events? |  |  |
| How is the risk assessment process and all relevant assessments monitored and reviewed? |  |  |
| **LONE WORKING** | | |
| Do you have any identified ‘lone’ or ‘vulnerable’ workers’ (working in office; off-campus – conference, running events etc.)? | Yes  No |  |
| If so, how do you monitor (and supervise) these workers during *normal* working hours? | Yes  No |  |
| What is your system for monitoring these workers ‘*outside’ of normal* working hours (e.g. either in the office, around or off campus?) | Yes  No |  |
| Do you have a clear [emergency] procedure to follow in case someone does not return or report in at an expected time? | Yes  No |  |
| Have risk assessments been completed for any identified ‘lone’ or ‘vulnerable’ workers? | Yes  No |  |
| Do identified individuals receive information, training & instruction about lone working and other issues identified through the risk assessment process? | Yes  No |  |
| **3: MANUAL HANDLING** | | |
| Have any manual handling tasks been identified and eliminated where it is reasonably practicable to do so (including those associated with events/conferences)? | Yes  No |  |
| Have specific assessments been produced for manual handling tasks (where there is a significant risk of injury), or at least been incorporated into existing risk assessments? | Yes  No |  |
| Do the risk assessments actually cover all individuals involved in any manual handling and all necessary operations? | Yes  No |  |
| Are all relevant individuals familiar with the manual handling assessments applicable to them, and are also with the control measures identified & implemented? | Yes  No |  |
| Have sufficient and sufficient manual handling aids; equipment; mechanical devices been provided where required e.g. trollies/sack trucks? | Yes  No |  |
| Where manual handling aids have been provided;  - Have all relevant individuals been trained in their use?  - Are they being inspected regularly and maintained in a safe condition?  - Service records up to date & available? | Yes  No  Yes  No  Yes  No |  |
| Where individuals are required to carry out manual handling tasks have they been appropriately trained?  (i.e. as an absolute minimum, undertaken HandleRite training) | Yes  No |  |
| Are individuals encouraged to report illnesses, or temporary conditions (e.g. pregnancy) which may affect their ability to perform manual handling functions? | Yes  No |  |
| **4: ACCIDENT RECORDING, REPORTING AND INVESTIGATION** | | |
| How are your incidents & accidents reported & recorded (both to ‘Health, Safety & Wellbeing Team’ and internally to your own Executive?). | Yes  No |  |
| What is your procedure for accident/incident investigations?  How do any findings affect your policies and procedures? | Yes  No  Yes  No |  |
| How are accident investigation findings communicated to interested parties (e.g. internally within your own department and the Health, Safety & Wellbeing team?) | Yes  No |  |
| **5: BU Driving Policy Management** | | |
| Are any members of the XXXXXXXXXX required to drive on BU business? | Yes  No |  |
| If so, is an approved list/register held within your directorate; detailing all members of the XXXXXXXXXX who drive on BU business?  If so, is the approved list/register reviewed and updated on a regular base? | Yes  No  Yes  No |  |
| Do you check driver’s licences with the DVLA to check they are current, and how many points they may have on their licence? | Yes  No |  |
| Do you hold a ‘Driver Declaration & Authorisation Form’ for all drivers? | Yes  No |  |
| Do you ever authorise use of private vehicles?  If so, do you check an individual’s MOT/Business insurance etc. (where mileage allowance is being claimed)? | Yes  No  Yes  No |  |
| Do you carry out driving risk assessments for driving activities (or at least incorporate this into related risk assessments)?  If so, does this include whether the vehicle is suitable for the task (e.g. not filling the back seats of a car up with equipment/books and materials)? | Yes  No  Yes  No |  |
| **6: Display Screen Equipment** | | |
| Have all XXXXXXXXXX staff that utilise Display Screen Equipment (DSE) been assessed? | Yes  No |  |
| Are the records for DSE assessments recorded on WorkRite by the DSE assessor(s) and reports uploaded? | Yes  No |  |
| Once resolved are individual’s DSE ‘open’ issues formally ‘closed down’ in the WorkRite system? | Yes  No |  |
| **7: FIRE & EMERGENCIES** | | |
| Have all XXXXXXXXXX staff completed the mandatory [annual] on-line FireRite training? | Yes  No |  |
| Do you have any fire wardens amongst the team who are available to assist with evacuation and check that fire precautions are maintained day to day? | Yes  No |  |
| If applicable, do Fire Wardens carry out local inspections (e.g. at least monthly) of their areas for fire hazards and risks?  If so, are (and how) are these formally recorded? | Yes  No  Yes  No |  |
| What procedures are in place for people with mobility issues or sensory problems, [whether permanent or temporary], with regard to evacuation from a building in case of an emergency? | Yes  No |  |
| Do you have copies of any Personal Emergency Evacuation Plan (PEEP) carried out for individuals? | Yes  No |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **8: CHEMICAL & BIOLOGICAL HAZARDS** | | | | | | | Do you keep accurate records of any chemicals/substances which you use, handle, store and dispose of?  And is this carried out as per COSHH Regulations and BU policy? | | Yes  No  Yes  No | |  | | | Have you got Material Safety Data Sheets [MSDS] for any chemicals/substances? | | Yes  No | |  | | | Are safety data sheets readily accessible in the event of an emergency? | | Yes  No | |  | | | Are any chemicals/substances stored safely & securely in suitable, correctly labelled containers? | | Yes  No | |  | | | **9: PUWER, LOLER & WAH REGULATIONS** | | | | | | | Are any ‘kick stools’; ‘ladders’, ‘working at height’ and all other ‘electrical’ equipment maintained’, inspected, & tested?  (Do you have certificates to evidence this?) | | Yes  No | |  | | | Do you maintain a log of ‘before use’ inspections for ladders and any other working at height equipment to comply with the regulations? | | Yes  No | |  | | | Is any portable equipment in date for both maintenance & PAT testing? | | Yes  No | |  | |   **8: General Area** | | |
| Is heating & ventilation adequate? | Yes  No |  |
| Are lighting levels suitable for the work that is undertaken in your areas of work? | Yes  No |  |
| **9: WELFARE AND P.P.E ARRANGEMENTS** | | |
| Is eating or drinking ever permitted within working areas for any reason? If so, is this acceptable? | Yes  No |  |
| Are any XXXXXXXXXX staff provided with any PPE for personal protection? (e.g. gloves, hi-vis clothing, safety glasses etc.). If so, is it checked, stored correctly, and maintained/serviced? | Yes  No |  |
| Are there adequate hygiene facilities e.g. wash-hand-basins, toilets etc.? | Yes  No |  |
| What is your process for cleaning and monitoring welfare equipment e.g. microwave, fridge etc.? | Yes  No |  |
| Are first aid and other localised emergency procedures in-place, with all staff aware of these processes? | Yes  No |  |
| **Post Audit** | | |
| Following this audit, who will be the ‘focal point of contact’ who will monitor and supply the 3,6,9 & 12 months close out of the non-conformances identified during the audit? |  |  |
| Does anyone apart from the ‘focal point’ need to be included in the diary invitations with regards to providing feedback on the completion to closure of the audit? |  |  |