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| **Name of School/ Research/Institute/Service** |  |
| **Name of Head of Unit** |  |
| **Date** |  |

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| 1 | **HEALTH AND SAFETY POLICY**  | **Y/N** | **n/a** | **Provide description** |
| ***1.1 PLANNING*** |
| 1.1.1 | Is there a written health & safety policy document covering the health and safety arrangements of the Unit? |  |  |  |
| 1.1.2 | Is the document signed and dated and reviewed frequently? |  |  |  |
| 1.1.3 | Does the policy state the overall health & safety objectives including a commitment to comply with at least the minimum legal requirements, so far as is reasonably practicable? |  |  |  |
| ***1.2 INTEGRATION*** |
| 1.2.1 | Are health and safety items regularly included in management meetings? |  |  |  |
| 1.2.2 | Where applicable, are health and safety duties included as part of the PD&R process? |  |  |  |
| **2** | **ROLES AND RESPONSIBILITIES** | **Y/N** | **n/a** | **Comments** |
| ***2.1 LINE MANAGEMENT*** |
| 2.1.1 | Is the role of the Head of Unit described within the documentation? |  |  |  |
| 2.1.2 | Does the policy document detail the health and safety responsibilities of staff in managerial and supervisory roles within the unit? |  |  |  |
| ***2.2 SAFETY ROLES*** |
| 2.2.1  | Have you appointed a suitable Safety Coordinator? |  |  |  |
| 2.2.2 | Is the role of the Safety Coordinator identified in the policy documentation? |  |  |  |
| 2.2.3 | Have key personnel been appointed to any other relevant safety roles? Have these responsibilities been included in their job descriptions? |  |  |  |
|  | Biological Safety |  |  |  |
|  | Chemical Safety/ COSHH |  |  |  |
|  | Fire Safety |  |  |  |
|  | First aid |  |  |  |
|  | Lasers |  |  |  |
|  | Radiation |  |  |  |
|  | Waste Coordinator |  |  |  |
| 2.2.4 | Has the Safety Coordinator attended IOSH Managing Safely training? |  |  |  |
| **3** | **COMMUNICATION AND CONSULTATION**  | **Y/N** | **n/a** | **Comments** |
| 3.1 | Has a unit safety committee been established? |  |  |  |
| 3.2 | Is the committee composition appropriate i.e. adequate representation of both management and staff? |  |  |  |
| 3.3 | Are meetings regular and at a reasonable frequency? |  |  |  |
| 3.4 | Are meetings formally recorded and responses to action points formally documented? |  |  |  |
| 3.5 | Does the committee report to an appropriate senior level within the Unit? |  |  |  |
| 3.6 | Is the committee involved in key health and safety issues i.e. accident prevention, training, risk assessment, work equipment?  |  |  |  |
| 3.7 | Is there a mechanism in place to ensure that where third parties work on site, there is an effective exchange of information to ensure risks are identified and controlled? |  |  |  |

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| **4** | **HAZARD IDENTIFICATION, RISK ASSESSMENT**  | **Y/N** | **n/a** | **Comments** |
| 4.1 | Have you made arrangements for the identification and assessment of health, safety risks and implementation of necessary control measures |  |  |  |
| 4.2 | If not, do you need help with this and how could that best be achieved? |  |  |  |
| 4.3 | Is responsibility for risk assessment clearly assigned to identifiable staff/ individuals within the Unit?  |  |  |  |
| 4.4 | Are individuals with risk assessment responsibility provided with training in these duties? (describe) |  |  |  |
| 4.5 | Does the unit have a mechanism to ensure that relevant new safety policies are communicated to the appropriate workers  |  |  |  |
| 4.6 | Have the heads of research groups/ line management made the necessary risk assessments for their work activities and provided them to the appropriate workers |  |  |  |
| **5** | **RISK CONTROL** | **Y/N** | **n/a** | **Comments** |
| 5.1.1 | Engineering Controls |  |  |  |
| 5.1.2 | Safe system of work |  |  |  |
| 5.1.3 | Training  |  |  |  |
| 5.1.4 | Maintenance |  |  |  |
| 5.1.5 | Health Surveillance |  |  |  |
| 5.1.6 | PPE  |  |  |  |
| 5.1.7 | Documentation |  |  |  |
| **6** | **TRAINING, INSTRUCTION AND SUPERVISION**  | **Y/N** | **n/a** | **Comments** |
| 6.1 | Is local health and safety induction training provided to new staff?  |  |  |  |
| 6.2 | Is local health and safety induction training provided to postgraduate students |  |  |  |
| 6.3 | Are suitable arrangements in place to ensure that each of the following groups has received adequate health and safety training relevant to the needs of their work? |  |  |  |
|  | Academic and research staff |  |  |  |
|  | Technical staff |  |  |  |
|  | Administrative/clerical staff |  |  |  |
|  | Manual and operational staff |  |  |  |
|  | Postgraduates |  |  |  |
|  | Undergraduates |  |  |  |
| 6.4 | Is the responsibility for ensuring the provision of training to the groups listed above clearly assigned to designated staff within the Unit and described in local documentation?  |  |  |  |
| 6.5 | Are documented training records available? |  |  |  |
| 6.6 | Are the health and safety supervisory responsibilities of staff set out in local documentation? |  |  |  |
| 6.7 | Are local safety documents and written procedures readily available to all groups of staff and students affected by them? |  |  |  |
| **7** | **EMERGENCY PREPAREDNESS AND RESPONSE** | **Y/N** | **n/a** | **Comments** |
| 7.1 | Do you have adequate arrangements in place to deal with all foreseeable accidents e.g. fire, chemical spillages, cryogens, biological agents  |  |  |  |
| 7.2 | Is there a documented emergency plan with details of actions to be taken during an emergency including contractors and visitors |  |  |  |
| 7.3 | Have competent members of staff been appointed to implement the procedures e.g. fire wardens, first aiders, toxic spillage specialists |  |  |  |
| 7.4 | Are there appropriate controls in place to ensure safe evacuation of those with disabilities and impairments? |  |  |  |
| 7.5 | Have staff and visitors been briefed on the local emergency procedures? |  |  |  |
| 7.6 | Has an evacuation drill been successfully undertaken within the last year? |  |  |  |
| 7.7 | Are there procedures to identify and implement corrective actions? |  |  |  |
| **8** | **PERFORMANCE MONITORING** | **Y/N** | **n/a** | **Comments** |
| ***8.1 INCIDENT REPORTING AND INVESTIGATION*** |
| 8.1.1 | Is responsibility for recording and investigation of incidents assigned to specific individuals within the Unit and is this clearly documented?  |  |  |  |
| 8.1.2 | Does local policy require staff and students to report accidents, incidents and work-related ill health to a Responsible Person and SEPS? |  |  |  |
| 8.1.3 | Does the Responsible Person retain records of reported incidents within the Unit for a reasonable amount of time? |  |  |  |
| 8.1.4 | Are accidents & incidents investigated and is corrective and preventive action identified and implemented? |  |  |  |
| 8.1.5 | Are written reports on incidents prepared following investigations? (where appropriate) |  |  |  |
| 8.1.6 | Is there evidence that appropriate follow up on recommended corrective action is taking place as a result of incidents? |  |  |  |
| 8.1.7 | Does the safety committee review incident reports periodically? Do senior managers review incident reports periodically? |  |  |  |
| 8.1.8 | Is the system for incident reporting capable of functioning within the necessary time constraints when key staff members are absent? |  |  |  |
| ***8.2 INSPECTIONS AND AUDITS***  |
| 8.2.1 | Is a system for periodic inspection of the Unit’s premises and activities in existence and clearly described in the local documentation? |  |  |  |
| 8.2.2 | Are inspections carried out on a regular basis? |  |  |  |
| 8.2.3 | Are written records of inspections available? |  |  |  |
| 8.2.4 | Do you have a mechanism for ensuring that corrective actions are not left outstanding from one inspection to another? |  |  |  |
| 8.2.5 | Has action been taken to address any deficiencies found during the regular testing of items such as fume cupboards, safety cabinets, local exhaust ventilation (LEV), autoclaves and lifting gear |  |  |  |
| 8.2.6 | Are procedures established and maintained to monitor all activities, to ensure ongoing effectiveness of controls systems and to measure H&S performance on a regular basis? |  |  |  |

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| ***Score*** | ***Grade*** | ***Colour Code*** | ***Guidelines*** |
| 1 | Excellent |  | Procedures and practice which are of ‘best in class’. No further improvements, other than monitoring, are considered necessary |
| 2 | Very Good |  | Procedures and conditions are to a very good standard, fully compliant with good documented systems. Management monitoring and feedback takes place. |
| 3 | Good |  | Generally satisfactory standards and significant compliance with legislation/good practice but with scope for improvement in some areas. |
| 4 | Fair |  | Partial or limited controls are in places that are in need of improvement. No procedures are in place to support these (or vice versa). |
| 5 | Poor |  | Poor standards with no procedures or controls in place. Problem may have been recognised but there is no plan in place to improve the situation. |