Institute/Directorate/Centre:

**Campus, building and room number:**

Inspection conducted by:

Date:

| **Note your comments against each item** | **Y/N** | **Fault Description + Action(s) taken** | **Initials** |
| --- | --- | --- | --- |
| ***Floors*** |  |  |  |
| Surface free from defects |  |  |  |
| Clear of rubbish |  |  |  |
| Stock material out of way |  |  |  |
| Floor coverings securely fixed |  |  |  |
| ***Aisles*** |  |  |  |
| Wide enough for goods traffic |  |  |  |
| Adequately lit |  |  |  |
| Surface free from defects |  |  |  |
| Clear of equipment, materials & rubbish |  |  |  |
| Clearly marked |  |  |  |
| ***Work Benches*** |  |  |  |
| Clear of rubbish |  |  |  |
| Equipment and tools not in use correctly stored |  |  |  |
| Work surface condition |  |  |  |
| Adequate lighting |  |  |  |
| Adequate seating |  |  |  |
| Seating stored in appropriate place |  |  |  |
| Suspended socket outlets securely attached and operational |  |  |  |
| Socket outlets operational and in good condition |  |  |  |
| ***Fire Safety System*** |  |  |  |
| Extinguishers in place and service tag current  |  |  |  |
| Clearly marked for type of fire |  |  |  |
| Adequate direction notices for fire exits |  |  |  |
| Exit doors easily opened from inside |  |  |  |
| Exit clear of obstructions |  |  |  |
| Local Emergency Instructions available and displayed |  |  |  |
| ADDITIONAL ITEM: Forklift |  |  |  |
| ***General Lighting*** |  |  |  |
| Adequate illumination (all tubes/lights operational) |  |  |  |
| Good natural lighting |  |  |  |
| No direct or reflected glare |  |  |  |
| Light fittings clean, in good repair |  |  |  |
| ***Windows*** |  |  |  |
| Safety or reinforced glass where appropriate |  |  |  |
| Window locks functioning correctly. |  |  |  |
| Clean, admitting plenty of daylight |  |  |  |
| No broken panes |  |  |  |
| Ledge fee of dust, tins or rubbish |  |  |  |
| ***Stairs and Landings*** |  |  |  |
| No worn or broken treads |  |  |  |
| Handrails in good repair |  |  |  |
| Landings clear of obstructions |  |  |  |
| Surface free from defects |  |  |  |
| Non-skid gratings in good condition |  |  |  |
| ***Storage*** |  |  |  |
| Materials stored in racks and bins wherever possible |  |  |  |
| Shelves free of dust and rubbish |  |  |  |
| Stacks stable with good foundations |  |  |  |
| Floors around stacks and racks clear of rubbish |  |  |  |
| ***Electrical Equipment*** |  |  |  |
| Current safety tag attached |  |  |  |
| Equipment not in use properly stored |  |  |  |
| No broken plugs, sockets, switches |  |  |  |
| No frayed or defective leads |  |  |  |
| Portable power tools in good condition  |  |  |  |
| No leads on floors |  |  |  |
| Test RCDs  |  |  |  |
| ***Toilet Amenities*** |  |  |  |
| Washroom clean |  |  |  |
| Toilets clean,  |  |  |  |
| Soap dispenser full and functioning |  |  |  |
| Hand dryer functioning correctly |  |  |  |
| ***Staff Lunch Area*** |  |  |  |
| Unwanted newspapers, lunch-papers, etc. in rubbish bins |  |  |  |
| Meal rooms clean and tidy  |  |  |  |
| ***First Aid*** |  |  |  |
| Cabinets and contents clean and orderly |  |  |  |
| Any replacement materials required |  |  |  |
| Emergency numbers displayed |  |  |  |
| Out of date material identified and replaced |  |  |  |
| ***Rubbish*** |  |  |  |
| Bins located at suitable points |  |  |  |
| Bins emptied regularly |  |  |  |
| Bins clean |  |  |  |
| ***Chemical Hazards*** |  |  |  |
| Chemical storage area available |  |  |  |
| Are hazardous chemicals in use stored correctly? |  |  |  |
| ***Ergonomics - Working Position/Sitting/Staff*** |  |  |  |
| Is the work chair well designed and adjustable? |  |  |  |
| Is there enough room for legs and knees? |  |  |  |
| Is there the possibility of varying his/her sitting position and leg position? |  |  |  |
| ***Machinery*** |  |  |  |
| Standard operating procedures available for equipment |  |  |  |
| Are emergency stop buttons easily accessible and functioning? |  |  |  |
| Are all guards in place and correctly attached? |  |  |  |
| Is machinery clean and free from debris? |  |  |  |
| Is machinery functioning correctly? |  |  |  |
| Are tools associated with machinery stored correctly?  |  |  |  |
| Are there any obstacles, which hinder the worker from clear access to the work area?  |  |  |  |