

Health, Safety and Security Workplace Inspection

Premises Inspected: <i>(full address including postcode)</i>	
Date of Inspection:	Click here to enter a date.
Action Plan Datix ID Number: <i>(If no actions, then enter NO ACTION REQUIRED)</i>	
Risk Management Team Representative, Job Title:	
Unit Representative, Job Title, Contact Number:	
Relevant Estates Representative: <i>(Delete as appropriate)</i> <i>(Ensure they receive a copy)</i>	<p>North – [REDACTED]</p> <p>West – [REDACTED]</p> <p>South – [REDACTED]</p> <p>External - _____</p>
Additional Copy provided to: <i>(Name and Job titles)</i>	

Previous Health, Safety and Security Workplace Inspection Date	Click here to enter a date.
Any open action? <i>(If yes, evidence Datix ID number and reasons for action remaining open)</i>	

How many staff occupy the premises being inspected? <i>(maximum and minimum numbers per day)</i>	
Is this a patient care area? <i>(If so, how many patients per day? Are there any disabled patients/service users?)</i>	
Number of clinics per week <i>(Note: a clinic session is an am or pm. If all day that = 2 sessions)</i>	

Are there different services operating from this base? If so, list the services and the service leads, contact details and if different locations within the building, & where they are located below:

Service	Service Lead & Contact No.	Email address	Exact Location within the building

Legislation Compliance

		Yes No N/A	Last completed date:	Available on Site?
1.1	Fire Risk Assessment		Click here to enter a date.	<input type="checkbox"/>
1.2	Asbestos Register		Click here to enter a date.	<input type="checkbox"/>
1.3	Legionella Test Records		Click here to enter a date.	<input type="checkbox"/>
1.4	5 Year Electrical Test Certificate		Click here to enter a date.	<input type="checkbox"/>
1.5	Gas Certificate		Click here to enter a date.	<input type="checkbox"/>
1.6	Water Risk Assessment		Click here to enter a date.	<input type="checkbox"/>
1.7	Business Contingency / Resilience Plan		Click here to enter a date.	<input type="checkbox"/>

1.8	Lockdown Plan		Click here to enter a date.	<input type="checkbox"/>
1.9	Ligature Risk Assessment		Click here to enter a date.	<input type="checkbox"/>
1.10	Security assessment/audit/inspection		Click here to enter a date.	<input type="checkbox"/>

Team Specific:

		Yes No N/A	Last completed date:	Available on Site?
2.1	Evidence of General Work Place Risk Assessments <i>(Copy to be sent to Risk Management Team)</i>		Click here to enter a date.	<input type="checkbox"/>
2.2	H&S File available to view		<input type="checkbox"/> H&S Meeting Notes (Links to 2.3 below)	<input type="checkbox"/> Monthly Check (RMPG02 Appendix 6)
2.3	Evidence items discussed in meetings:		<input type="checkbox"/> Policy Updates	<input type="checkbox"/> Lessons learnt from Incidents <input type="checkbox"/> Safety Alert Bulletins
2.4	Any outstanding actions from the Monthly Check (Fire Safety, Health and Safety Check)? <i>(List reference numbers and details)</i>			
2.5	Are staff aware of the General Workplace Risk Assessment? <i>(Identify where they can be accessed)</i>			
2.6	Do staff take regular breaks away from their working environment?			
2.7	Are there trained Fire Marshalls / Wardens in the Department / Team? <i>(Record details)</i>			
2.8	Are there sufficient numbers of trained First Aiders and/or Appointed Persons on site? <i>(Record details)</i>			
2.9	Evidence of DSE Assessments being completed			
2.10	Are staff aware of how and where to access Trust Policies? <i>(How was this evidenced?)</i>			
2.11	Are all staff aware of how to complete a DATIX form? <i>(How was this evidenced?)</i>			
2.12	Do staff have Lone Worker Devices? <i>(Record details)</i>			

(In the event of more than one team, the team information could be duplicated and recorded per team as appropriate)

Site Specific:

		Yes No N/A	
3.1	H&S Notice Board <i>(In a suitable area)</i> <input type="checkbox"/> First Aid Box Location Poster <input type="checkbox"/> HSE Law Poster <input type="checkbox"/> Corporate Statement (RM01) <input type="checkbox"/> LTPS Insurance Certificate <input type="checkbox"/> LSMS Poster		
3.2	Evidence of at least two fire evacuation drills being carried out in the last 12 months? <i>(Enter dates and any relevant details)</i>		1. Click here to enter a date. 2. Click here to enter a date.
3.3	Is there any emergency lighting system operating within the building? <i>(Enter the last four dates)</i>		1. Click here to enter a date. 2. Click here to enter a date. 3. Click here to enter a date. 4. Click here to enter a date.
3.4	Evidence of COSHH Risk Assessments		
3.5	Are the security alarm systems maintained on a regular basis and records kept?		Click here to enter date
3.6	Are Lockdown Action Cards readily available? <i>(In certain locations only)</i>		
3.7	Is there a written procedure for staff to follow when they hear an activated alarm? <i>(For example Ascom, PinPoint, and Panic alarms.)</i>		
3.8	Are there any open maintenance requests? <i>(Record Estates Reference Number and brief details)</i>		
3.9	Where applicable, are Service and maintenance contracts in place for hoists, other moving & handling equipment or Clinical Devices? <i>(Provide details of the service provider)</i>		
3.10	Are clinical services carried out above the ground floor?		
3.11	Is there a lift and is it a fire lift?		
3.12	Are there any manual handling evacuation aids available? <i>(if yes, please state the type in use, number of, and whether documented in the Fire Risk Assessment)</i>		
3.13	How is patient's property stored? <i>(Confirm storage, location and process)</i>		
3.14	Are there any concerns about safety in relation to protection of staff, patients, property and assets? <i>(If yes, please state and refer to Local Security Management</i>		

	<i>Specialist (LSMS) for assessment</i>		
3.15	Are there any CCTV provisions on site? <i>(if yes, please state the number of cameras and any other relevant information you are able to provide including whether the site is displaying 'CCTV in place' signs)</i>		
3.16	Are there torches positioned on site and are they in working order? <i>(please note if spare batteries are available)</i>		
3.17	Do staff walk around the site during darkness hours? <i>(If yes, is this covered in the GWPRA?)</i>		
3.18	Are external areas well-lit in darkness hours?		

Inspection			
		Yes / No / N/A	Comments / Evidence <i>(Where possible use photos. In the event of a discussion, then indicate whom with and what exactly was said)</i>
Internal			
4.1	Are all walkways, gangways and identified fire escape routes free from obstructions, tripping hazards and is the floor of a stable condition?		
4.2	Are all alarm call points unobstructed and visible throughout the building?		
4.3	Are fire action notices located at call points and are they suitably marked with the assembly point?		
4.4	Does the inspector feel there are sufficient Fire Fighting Equipment and of the right type situated in the area?		
4.5	Can all doors used as a means of escape to a safe area be opened without the use of a key? <i>(MH units may have different arrangements; if so confirm exactly what)</i>		
4.6	Is there evidence that electrical equipment is included in the Portable Appliance Testing process in the Trust? <i>(Include Expiry Dates)</i>		
4.7	Are there sufficient numbers of well stocked and in date first aid boxes on site? <i>(Record details)</i>		
4.8	Is the building free from an accumulation of rubbish, waste paper or combustible materials?		
4.9	Are items stored safely throughout the building?		
4.10	Are all staff wearing Trust ID Badges?		
4.11	Are the toilet areas clean and dry?		
4.12	Are areas clearly defined with suitable access controls?		
4.13	Are areas accessible by members of the public without staff knowledge?		
4.14	Are there facilities available for confidential documentation disposal? <i>(If yes please provide details including external contractors)</i>		
4.15	Is there a suitable collection box for storage of used batteries prior to correct disposal of by the waste contractor?		
4.16	Is there a suitable, lockable COSHH cupboard on site?		
4.17	Are COSHH items stored in the COSHH cupboard when not in use?		
4.18	Is there evidence of compliance to clinical and non-clinical waste being segregated?		
4.19	Are there taps on site that are not used or not used very often? <i>(List location of taps and whether there is any evidence of Flush tests being</i>		

	<i>undertaken)</i>		
4.20	Is there evidence that the Infection Control policy is being complied with in regards to correct disposal of sharps containers? <i>(Guidance: The Infection Protection Society recommends that Sharps Boxes are replaced when 2/3rds full)</i>		
4.21	Are all appropriate sharps boxes being used for the waste needs of the unit? <i>Guidance : Yellow top – Clinical waste Orange top – Infected clinical waste Blue top – pharmaceutical waste Purple top – Cytotoxic/cytostatic waste</i>		
4.22	Are there thermometers placed within the building? <i>(Location and is the temperature monitored and recorded?)</i>		
4.23	Are window restrictors fitted to the Windows in this facility? <i>(A sample to be made to ensure they are of the correct aperture. 100mm or 4inches)</i>		
4.24	Where applicable, does the site have a plumbed in Water Cooler or standalone bottle system? <i>(In the event of a standalone bottle system, refer them to Estates as requested by the Water Quality Group)</i>		
4.25	Have staff raised any further concerns not already covered during this inspection?		
External			
5.1	Are external areas well-lit in darkness hours? <i>(Physical check if possible)</i>		
5.2	Are clinical bins locked and stored securely?		
5.3	Is there evidence of cars blocking fire exits?		
5.4	Is there evidence of cars parking on kerbs?		
5.5	Are any of the CCTV cameras blocked?		
5.6	Is there adequate segregation between vehicle and pedestrians?		
5.7	Are all access and egress routes free from obstructions, tripping hazards and is the ground of a stable condition? <i>(Consider pathways, roads, car parks and grounds where appropriate)</i>		
Rooms not included in inspection (Due to no access)			

Additional Comments:

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Non-Conformity / Observation Log

Non-conformities have been identified as legal or policy requirements therefore the actions must be completed. In the event of non-agreement or unable to complete the action then please discuss with the Risk Management Team Representative, as documented on Page 1 of this report, either for assistance or discuss alternative actions that could be considered to mitigate the non-conformance.

Reference Number	Non-Conformity	Action

Observations are highlighted by the Risk Management Team Representative and need to be locally managed. In the event they are not or cannot be managed, then the observation (hazard) must be recorded on the GWPRA with the measures that are being locally taken.

Reference Number or Room Identification	Observations

Note:

All non-conformity actions raised will be entered onto the Datix system and managers will be able to update the actions from within the Datix Risk Module. This action plan will be monitored by the Health & Safety Sub Group for the area inspected.

