

Safety Audit Checklist - Teaching Areas

LOCATION: _____

Safety audits are part of the School of Medical Sciences safety & risk management system, & conducted by the OHS Committee. It is requested that area supervisors are present for inspections. If the ticked responses are in any of the grey boxes then you are required to take corrective action. If this is beyond your expertise or resources you *must* tell your supervisor. If the problem cannot be resolved, then refer it to the OHS Coordinator. Report* maintenance problems yourself by phoning ext 51156. This includes leaking taps or plumbing, replacement fluorescent tubes, faulty switches, powerpoints etc. Equipment must be clean & free of any chemical contamination before it can be repaired! Once each problem has been rectified, please tick the box in the "rectified" column. When completed, the supervisor should sign and return the form to the OHS coordinator.

1 WORK ENVIRONMENT	Y	N	N/A	Rectified	COMMENTS
1.1 Adequate lighting in teaching area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Adequate ventilation in teaching area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 All services* functioning (taps, gas taps, power points, lights etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4 Accumulation of old equipment, stores, rubbish, chemicals etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5 Are high standards of housekeeping being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6 Waste disposal procedures adopted & adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7 All waste segregated, labelled and inventoried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8 Are waste paper bins free of hazardous material (e.g. broken glass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9 All chairs height adjustable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10 Suitable personal protective equipment available & used correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11 Safety glasses being worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12 Suitable footwear being worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13 Are there any sources of excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.14 Are bench tops suitable for work with chemicals/heating apparatus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.15 Is there a washbasin near the exit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.16 Safety noticeboard present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.17 Up to date yellow placard on laboratory door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.18 Have occupants received appropriate training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 WORK PROCEDURES					
2.1 Manual handling aids available and used (e.g. for gas cylinders)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Are "No Smoking" signs prominently displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Is food and drink stored and/or consumed in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Are laboratory chemicals poured down sinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5 Sharps (needles, syringes, pipettes, scalpels) procedures adopted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6 Are hooks provided near exits for coats/gowns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7 SOPs completed, recorded, and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.8 Custodians noted on equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 ACCIDENT & EMERGENCY					
3.1 Emergency procedures & telephone numbers prominently displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2 Do teaching personnel know emergency procedure for fire, explosion, chemical spill etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3 Is the list of first aid officers and cabinets prominently displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4 First aid kit available and adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5 Incident, accident & injury report forms available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6 Floors clean, dry and free from slip/trip hazards & obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.7 Exits and corridors clear, and exit doors unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.8 Spill kits are available and regularly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.9 Is emergency exit signage adequate*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 HAZARDOUS SUBSTANCES					
4.1 Material Safety Data Sheets available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2 Adequate labels on chemicals, biological materials, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3 Risk assessments completed, recorded, and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 ERGONOMICS					
5.1 Are the desks and chairs stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2 Is there sufficient leg-room under the desk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3 Are standing work areas at a suitable height to work without bending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BUILDING: _____

Safety Audit Checklist-Teaching

DATE: ____ - ____ - ____

6 FIRE		Y	N	N/A	Rectified	COMMENTS
6.1	Suitable type fire extinguishers located, mounted and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Extinguisher(s) charged? Check that pull pin is intact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Have fire extinguishers been tested within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Overhead fire sprinkler/thermal detector heads and smoke detectors clear of obstructions, stores, equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Fire blanket available, readily accessible, and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 ELECTRICAL						
7.1	Switches & power points in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Power leads in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Excessive use of double adaptors or extension leads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Any trip hazard from leads and cables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	High voltage equipment labelled with appropriate warning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Equipment has current test tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 PLANT / EQUIPMENT						
8.1	Equipment left on after hours has contact & emergency details?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Procedures in place for safe plant use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Engineering controls (stops, guards etc) tested and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Are electrical appliances being used in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Is all equipment not in regular use, stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Are areas where electrical equipment is used clear of food/drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 OTHER						
9.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Report Due Date: ____ / ____ / ____

Audit completed by: _____ Signed: _____ Date: ____ / ____ / ____
 _____ Signed: _____ Date: ____ / ____ / ____

Supervisor: _____ Signed: _____ Date: ____ / ____ / ____
 Certifies all rectification complete.

Reviewed by: _____ Signed: _____ Date: ____ / ____ / ____

Please return the completed audit to the OHS coordinator