|  |  |
| --- | --- |
| MASTER_Salford logo.jpg | Health, Safety & WellbeingAudit Template |
| 0161 295 5425http://www.salford.ac.uk/hr |
|  |  |

# Audit Template

|  |  |
| --- | --- |
| **Audit of** |  |
| **Conducted with** |  |
| **Completed by** |  | **Date** |  |
| **Date of previous audit** |  |

**Audit Objectives**

* To measure performance against agreed standards
* To look for evidence of good practice and safe systems of work, which can then be shared in other areas of the University
* To identify any potential hazards to be removed or controlled to prevent injury, ill health or property damage
* To enable areas for improvement to be identified
* To provide opportunities for accurate and specific advice to be given

**Audit Scoring**

*Unsatisfactory* major non-compliance with health and safety legislation and best practice

*Satisfactory* minor non-compliance with health and safety legislation and best practice

*Good*  compliant with health and safety legislation and best practice

*Excellent* compliant with health and safety legislation and best practice and demonstrates a robust health and safety management system

**Target Areas**

The following items, identified in the Risk Register as the University’s most significant risks, are applicable to this audit.

|  |
| --- |
| **1. Building/Estate Risks** |
| a. Asbestos |  | b. Fire |  | c. Electricity |  |
| d. Legionella  |  | e. Contractors |  |  |  |

|  |
| --- |
| **2. Equipment Risks** |
| a. Using ladders |  | b. Fume cupboards |  | c. Local exhaust ventilation |  |
| d. Display screen equipment |  | e. Transport |  | f. Compressed Gases |  |
| g. Lifting equipment |  | h. Fork lift trucks |  | i. Pressure equipment |  |
| j. Laser equipment |  | k. Ionising radiation |  | l. Noise |  |

|  |
| --- |
| **3. People Risks** |
| a. Lone working |  | b. Stress |  | c. Violence and aggression |  |
| d. Manual handling |  | e. Travel |  | f. Fieldtrips |  |
| g. Placements |  | h. Events |  | i. Students |  |

|  |
| --- |
| **4. Special Risks** |
| a. Biological Agents |  | b. GMO’s |  | c. Animal pathogens |  |
| d. Chemicals |  | e. Flammable /DSEAR |  |  |  |

In addition, all departments are assessed for:

*5. Management of Health and Safety Code of Practice*

 a. Each area should be covered by a Health and Safety Code of Practice

 b. This should be current and signed by the person with overall responsibility

*6. Quality of risk assessment systems*

 a. All areas of significant risk should have an up to date risk assessment in place

 b. The control measures should reflect the risks identified and be auditable

c. Actions to eliminate or reduce the risk should have been implemented and evidence must be available to demonstrate this

*7. Safe systems of work*

a. Where the risk assessment requires a procedure, method statement or work instruction to enable the risks to be reduced, this must be current and available to view

b. The safe system of work must be dated and current

*8. Records of training*

 a. Where training is required to eliminate or reduce risks, records should be available to view

*9. Induction procedures*

a. In addition to the main University Induction, each area must be able to demonstrate that local induction of new starters takes place and a written system should exist

 b. There should be records of new starters who have undergone local induction

**Accident Data -** *(provided by Health, Safety & Wellbeing)*

Number of accidents in 3 years

Type of accidents (as per HSE classification)

Reportable/Non Reportable

**Auditor Findings and Observations**

The findings and observations of the audit follow. They take into account the identified risks above and any comments reflect the management systems in place to deal with these.

**Risk Register Items**

**Health and Safety Management Items**

**Audit Score**

**Recommended Audit Period**

The frequency of the audit is determined by the score and recommendations identified in this report.

The recommended frequency from this audit is:

The next planned follow up/audit will take place in:

**Action Plan**

The corrective actions, timescale and responsible person should be completed by the Head of School or Line Manager responsible for the area audited.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Register Item and observation/advice** | **Corrective Action Planned** | **Timescale** | **Responsible**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **H&S Management Item and observation/advice** | **Corrective Action Planned** | **Timescale** | **Responsible**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College Registrar/Executive Director signature  |  | Date |  |