Queen Mary University of London

Occupational Health and Safety Directorate

Health and Safety Standard and Procedure Document Audit and Inspection

(Ref: QM_OHSD_AG0001)

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Standard

1.0 Statement of Intent

Queen Mary University of London (Queen Mary) is committed to establishing and implementing a robust inspection and audit system to ensure that the requirement of its Health and Safety Policy Statement, Framework arrangements and Safety Plan, as well as UK legislative requirements are met.

2.0 Scope and Introduction

This health and safety standard for inspection and audit applies to all academic schools, institutes and non-academic departments and their activities throughout the Queen Mary.

This document addresses the responsibilities, the planning, organising and conducting of inspections and audits, the reporting of the results and the development of action plans.

The audit program will be performed with due professional care, in accordance with the audit criteria derived from the formal Health and Safety Management Systems HSE HS(G)65, OHSAS 18001:2007 and HASMAP (Health and Safety Management Profile) standards.

The HASMAP auditing tool has been developed by the Universities Safety and Health Association (USHA) in collaboration with the Higher Education and Funding Council for England (HEFCE) and has been accepted by Health and Safety Executive (HSE) as a valid audit method for higher education institutions. It has been endorsed by the Universities and Colleges Employers Association (UCEA) and Queen Mary's previous Health and Safety Committee. Appendix 1 of this standard contains full details of the HASMAP audit criteria to be used at Queen Mary.

3.0 Objectives of Inspection and Audit

Note: For the purpose of this document, the term 'Department' is used to refer to all academic Schools, Institutes as well as Professional Services Departments.

The objectives of inspection and audit are to:

- Confirm compliance of all departments with the Queen Mary health and safety policy statement, plan and subsequent standards and objectives.
- Provide the Queen Mary's Governing Council and Senior Executive with essential information needed in order to exercise effective control over management of health and safety and ensure compliance with statutory, regulatory and other relevant requirements.

- Evaluate the integrity and reliability of the departments' local arrangements and procedures.
- Encourage Department in self-regulation and compliance with Queen Mary and statutory health and safety requirements.

4.0 Responsibilities and Functions

4.1 Executive Deans

Executive Deans are be answerable to the Principal for ensuring an annual schedule for health and safety monitoring is prepared and implemented across their Faculty.

Executive Deans shall ensure that:

- Their control areas fully comply with the requirements of this document.
- Adequate resources are available to their schools/institutes to conduct self-inspections and implement subsequent remedial actions.
- There is liaison with the Health and Safety Department, Health and Safety Manager for Audit and Compliance (Audit Manager) to prepare an annual health and safety improvement plan for their Faculty based on the inspection and audit results.

4.2 Head of Schools and Directors

Note: For the purpose of this document, the term 'Director' is used to refer to Directors of Institutes as well as Directors of Professional Services Departments.

Heads of schools and directors are responsible for their areas compliance with the statutory and Queen Mary requirements.

For self-inspection, they shall be responsible to ensure:

- Inspection teams are appointed for self-inspection and monitoring exercises (and appropriate training is provided).
- Adequate staff time is allocated for members of their team to carry out self-inspections and monitoring.
- Self-inspections are completed on schedule as far as possible; any remedial action is taken; records are kept for the internal audit.

- A summary of self-inspection findings and action plans are copied to the Audit Manager in the Health and Safety Department, for central records and monitoring.

For the audit, they shall be responsible for:

- Ensuring that sufficient resources are made available to accommodate the audit team as set out in the audit program.
- Ensuring written feedback and progress (action plan) on recommendations and audit observations are made to the Audit Manager within a reasonable agreed timeframe of the audit report.
- Ensuring that their control areas comply with the requirements of this document.

4.3 The Director of Health and Safety

The Director of Health and Safety is responsible for overseeing and ensuring that suitable inspection and audit procedure and guidance is developed and implemented across all areas of Queen Mary.

The Director of Health and Safety shall be responsible to ensure that:

- The Audit Manager and associated team receives appropriate training to remain competent to fulfil their responsibilities for auditing and monitoring
- The conduct and professionalism of the audit team
- Any disputes arising from an internal and external audit or monitoring arrangements are investigated and mediated to achieve a resolution with maintaining compliance with established procedures and standards
- Present an annual audit report to the Principal and the College Council
- The audit procedure and standard is reviewed and updated on a regular basis or when necessary.

4.4 Health and Safety Manager (Audit and Compliance)

Note: For the purpose of this document, the term ‘the Audit Manager’ is used to refer to Health and Safety Manager (Audit and Compliance).

The Audit Manager reports to the Director of Health and Safety and is responsible for developing and managing the Queen Mary health and safety inspection and audit system.

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The Audit Manager shall:

- Develop, implement, manage and continually improve a comprehensive, effective health and safety inspection and auditing system, to monitor health and safety performance across Queen Mary.
- Evaluate and confirm compliance with the requirements of the Queen Mary Safety Plan at Department level.
- Publish the agreed audit program at the start of each academic year.
- Prepare health and safety audit and compliance reports for the Director of Health and Safety, Senior Executive and other bodies or individuals as necessary.
- Provide (in conjunction with other Queen Mary personnel) information, training and instruction and task-specific advice on inspection and audit procedures, sampling, outcomes and follow up actions.
- Monitor that schools/institutes self-inspections are carried out to required standards across all activities of the Queen Mary and on all campuses
- Provide guidance on reporting and follow up processes by the development of check lists.
- Monitor self-inspections to ensure that problems are being identified and rectified, including those that may require Queen Mary wide action.
- Reporting on the effectiveness of self-inspections to the Queen Mary Health and Safety Advisory Group.
- During the audit, ensure the audit team demonstrates integrity, appropriate standards and professionalism.
- Advise and assist Executive Deans and Directors on improving their performance through the production of annual health and safety plans and targets.
- Ensure the highest levels of confidentiality through a respect for the value and ownership of information received, and compliance with the Queen Mary's data protection policy requirements.

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4.5 College Health and Safety Advisory Group

The Health and Safety Advisory Group shall review Queen Mary's compliance with health and safety legislation through audit reports and evaluate the effectiveness of compliance with the health and safety policy and associated procedures at Faculty, School, Institute and Department level.

4.6 All Staff

Staff are required to co-operate fully with inspections and audits and to be open and honest in replies to questions asked of them by Inspection and Audit teams.

4.7 Implementation

4.7.1 Departmental Level

The aim of self-inspection is for department to assess their own health and safety performance and to take necessary remedial action. Each Department should ensure that they have in place effective arrangements for self-inspection to enable them:

- To assess their performance against Queen Mary and statutory requirements and standards.
- To establish their Department progress.
- Take necessary remedial action.

Inspection should be:

- A basic element of their health and safety management.
- The means by which a Department monitors the effectiveness of its procedures.
- Part of the audit trail.

It should be noted here that inspection is not a substitute for routine health and safety checks, maintenance and testing.

The frequency of self-inspections should be based on an assessment of the risks in each Department. Whatever the circumstances the gap between self-inspections should not normally exceed once a year. Once a term will be the most appropriate inspection frequency rate for laboratory, workshop or other higher risk areas. Inspections should be completed on schedule as far as possible and include all activities and workplaces, their physical standards and working practices.
Records should be kept of inspections and the remedial action taken. Where there are high standards of Department inspections and follow up action there should be minimal intervention in by the Health and

Additional Guidance

Safety Department. However, direct intervention may be necessary if remedial measures are not implemented or situations of imminent danger are highlighted.

5.0 The Self Inspection Process

The Department Safety Co-ordinator from each area normally leads the inspection team and is responsible for the preparation of the report. Union Safety Representatives should be included in the team and consideration should be given to inviting someone from another area to bring a different perspective to the team's work should departments feel this to be of benefit.

The teams should:

- Be appropriately trained.
- Familiar with the working practices of the area being inspected and the relevant health and safety standards.

The Faculty Health and Safety Management Group should be consulted in advance on the arrangements for inspections with each department.

Adequate staff time should be allocated for the team members to carry out the inspections and any associated work. The length of time allocated to the inspection can be crucial in maintaining a good standard of observation and interest. Inspections should take no more than one and a half to two hours. It may be necessary to allocate time to discuss the inspections findings and the recommendations.

Inspections are not designed to provide a problem solving mechanism at the very instant a hazard or risk is identified. It may be appropriate to analyse a potential hazard during a post-inspection discussion. However action should be taken if there is an immediate risk to life or premises.

The standard Queen Mary self-inspection checklist should form the basis for the self inspection but should not constrain the team.

Laboratory or workshop inspections should cover the items included in the pro-forma checklist adding or deleting items as appropriate to their circumstances and activities. Any checklist developed should be reviewed in the light of experience and changes to statutory requirements or standards.
Self-inspection checklists can be seen in Appendix 2 of this document.
The inspections should be completed on schedule as far as possible, necessary remedial action taken and records kept of both inspections and remedial actions. The whole school or department does not need to be inspected on the same day or week or all the items included in the checklist be covered during each inspection, although, the gap between inspections should not exceed 12 months.

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Inspection should include:

- The date, names of team members ands a list of the areas and activities inspected.
- Details of the location and significance of any failings discovered (plus any positive findings).
- Recommendations for remedial action with priorities and time scales.
- Details on who should carry out/is responsible for the remedial action.

The Head or Director of the area should:

- Confirm or decide on any necessary remedial action.
- Ensure that action is carried through on time.
- Make the report available to:
    - The Faculty Health and Safety Management Group.
    - Safety representatives as required.
    - The Audit Manager, Health and Safety Department.

The Health and Safety Department, Audit and Governance Section monitor the quality of inspections by sample observations. It will report to the Queen Mary Health and Safety Advisory Group and the College Senior Executive, on the effectiveness of inspections and whether or not they are being carried out.

6.0 'Peer Review' Inspections

The Executive Dean of Faculty or Faculty Health and Safety Management Group may decide to implement a wider 'peer review' inspection system than the 'self-inspection' system noted above, involving volunteers from within and/or outside the Faculty. If the Faculty so decides to proceed with this type of inspection, it must ensure that it has sufficient resources (personnel, time, and arrangements) to undertake the process.

The reporting procedures for peer review inspections will be as same as self-inspection process. The Health and Safety Department, Audit and Governance Section will monitor the quality of peer review inspections by sample observations. It will report to the Queen Mary Health and Safety Advisory Group and the College Senior Executive, on the effectiveness and outcomes.

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7.0 Specific Hazard Group Related Inspections

Under the relevant regulations governing the use of ionising radiation and genetically modified organisms or micro-organisms, there is a legal duty for the Radiation Protection Adviser (RPA) to inspect ionising radiation areas and work and for the relevant Genetically Modified Safety Committee (GMSC) overseeing the genetically modified project to inspect the GM work or work areas.

This is generally advised to be annually or at relevant frequencies. It is responsibility of RPA and the College GMSC to fulfil these roles and facilitate arrangements for inspections in close liaison with the Departments.

Other 'high risk' work or areas may need reviewers external to the Faculty such as Health and Safety Advisers, external experts, other peer reviewers to inspect the work in for example, Containment Level 3 laboratories or High Class laser areas.

It may also be prudent to conduct additional self-inspections before any regulatory authority inspections from the Health and Safety Executive, Home Office or Environment Agency. Further advice on this can be sought from the College Health and Safety Department.

8.0 Audit Process

The internal auditing and monitoring procedure is a five staged process that will be co-ordinated by the College Audit Manager from the Health and Safety Department.

The Audit Manager will arrange an introductory meeting with the Head of School or Director to explain and discuss the nature of the audit that will be undertaken and agree the terms of reference (TOR) for the audit. The TOR is simply the list of documents that will be required for the audit.

The Audit Manager will meet with the Head or Director to ascertain the main 'contact' person within the area who will liaise with the audit team throughout the course of audit.

8.1 Stage One - Selection Process

A department will be selected for audit in accordance with the College Audit Schedule. The selection may change from the published audit schedule if concerns exist within the department or is brought to the attention of the Health and Safety Department about the appropriateness of management arrangements and systems to the current activity being undertaken.

The Audit Manager will prepare the agenda for the initial meeting (Appendix 3 of this document shows an example initial meeting agenda).

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8.2 Stage Two - Desk Top Study

Four weeks before the audit, the Audit Manager will contact/meet with the Head of School or Director and agree the framework and the TOR documents which may include:

- Health and safety plan/objectives/targets for the Department being audited (if not part of policy);
- Minutes of Safety meetings;
- Minutes of team meetings where health and safety forms part of the agenda;
- Safety inspections and associated actions plans;
- Training records and training plans;
- Incident and accident reports and subsequent actions taken;
- Risk assessments and associated
- Examples of how information is communicated to employees:, memos, emails, newsletters, management meeting agenda etc.;
- Reports of self audits, inspections,
- Risk register;
- Business plan;
- List of locations staff work at (including examples of off-site work if appropriate)
- Organisational chart;
- Brief outline of main activities of each unit.

(Appendix 4 of this document shows an example Audit framework and TOR)

The documentation should be provided to the Audit Manager ideally 4 weeks before the Senior Management Interviews. Where a large number of documents are available, e.g. risk assessments, the Audit Manager may decide to view copies of documents within the department. In such cases, a suitable location should be provided to the audit team by the Department. Where an internal website is used, it may be convenient to provide link(s) or give access rights to the health and safety pages.

Additional Guidance

It will depend on the nature and complexity of the area being audited, the desktop audit may include involvement of other specialist advisers and experts examining the evidence.

The audit team will review and examine the documentation received to formulate and develop their understanding of the operational arrangements and system controls of the audit area before conducting the audit. Based on results, the audit manager will develop audit activities and select the appropriate audit question sets from the HASMAP audit package aligning them with the OHSAS 18001:2007 standards. This means, the criteria set used for each department audit will be tailored according to the operations of the department.

At this stage, Head of Department or Director is requested to ensure that they notify all their staff of the audit being conducted so that full co-operation can be given.

8.3 Stage Three – The Audit

The audit will compromise of private and confidential interviews with a number of key staff and students (if applicable) within the selected department. Followed by observations, inspections, and further review of documents and records.

The audit will finish with a closing meeting with relevant managers to inform the audit main findings and recommendations. The onsite audit may last from 1 day up to 5 days depending on the size of department. The audit will not interfere with the day to day operation or work of the department as much as possible.

8.4 Stage Four – Post Audit Follow-Up

Post audit follow-up work may be required to be undertaken with the departmental contact to discuss and clarify any outstanding matters. A number of various methods including e-mail, telephone and face-to-face meetings will be used to do this with minimal disruption.

8.5 Stage Five – The Audit Report

The Audit Manager will prepare the written report using the HASMAP Audit report template (Appendix 5 of this document shows an example report template) within agreed time frame of the audit date and submit to relevant management for action. The Head or Director will be required to prepare an action plan including timescale for actions, a copy of which will be reviewed by the College Health and Safety Advisory Group.

The Audit Manager is responsible for administration of the whole audit process, for opening and closing meetings and for producing the audit plan and report.

Document Control

Initial Data

Author:	Zarah Laing
Position:	Health and Safety Manager (Audit and Compliance)
Checked by:	Dr Kevin Thurlow
Position:	Director of Health and Safety
Approved by:	Dr Kevin Thurlow
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Appendix 1 - HASMAP Audit Criteria Aligned with the OHSAS 18001:20

Element 1 Planning and Risk Control				
Indicator		**Theme**		**OHSAS18001:2007**
A	Planning to improve performance	1	Risk control standards	Are there performance standards for risk control?
		2	Health and Safety (H&S) management standards	Is there a Health and Safety (H&S) management system standard?
		3	Objectives and planning	Is there an effective planning process to improve H&S?
B	Risk control	4	Application of workplace precautions	Are suitable workplace precautions evident?
		5	Application of risk control systems	Risk control systems provide control of hazards and risks and assurance that workplace precautions remain effective?
		6	Risk assessment	Is there an effective risk assessment process?

Appendix 1

Element 2 Organising				
Indicator		**Theme**		**OHSAS18001:2007**
C	Control	7	Arrangements and accountabilities	Do manager aware of their accountabilities for H&S. Are arrangements for H&S defined?
		8	Supervision	Is there effective supervision of hazardous activities?
		9	Arrangements with other departments & organisations	Are there arrangements for controlling risks where facilities or activities are shared with other departments or organisation?
D	Co-operation with staff	10	Consultation	Are there formal structures for consultation with staff and students representatives?
		11	Involvement	Are staff involved in the H&S program?
E	Communication of information	12	Formal communication	Do staff and students receive written information on H&S issues?
		13	Informing	Is H&S discussed with staff and students?
F	Competence	14	Delivering competence	Is there an H&S training program, needs analysis, and assessment prior to appointment of staff and contractors?
		15	Competent H&S advice	Is there appointed H&S officers?

Appendix 1

Element 3 Measuring and Reviewing Performance				
Indicator		**Theme**		**OHSAS18001:2007**
G	Surveying	16	Inspections	Is there a planned inspection process?
		17	Monitoring	Do monitoring checks compliant with best practice?
		18	Audit	Compliant with the audit process?
H	Accidents and incidents	19	Investigation & reporting (I&R) arrangements	Are there arrangements for the reporting, recording and investigating all incidents? Do staff aware of these arrangements?
		20	Compliance with I&R arrangements	H&S incidents are reported and recorded?
		21	Conduct of investigations	Are investigations are through?
I	Corrective and preventative measures	22	Actions	Are remedial actions are consistently implemented?
		23	Data and data analysis	Is monitoring data is used to measure performance?
J	Benchmarking & Review	24	Benchmarking	Is H&S performance compared with other organisations?
		25	Review process	Is performance systematically reviewed using a range of information, and reported. The scope of the review process is specified?
		26	Use of reviews	Are findings used to improve the H&S Program?

Appendix 1

Element 4 Commitment				
Indicator		**Theme**		**OHSAS18001:2007**
K	Leadership	27	Policy commitments	Is H&S policy statement contains commitments and is signed by the senior manager?
		28	Engagement by managers	Do managers influence the implementation of health and safety policy and allocate resources for H&S according to risk priorities?
		29	Governance	The Governing Body oversees the H&S program.
L	Integration	30	Business decisions	Do Business decisions consider H&S issues?
		31	H & S objectives	Is H&S integrated into the business plan?

Appendix 1

Appendix 1

How HASMAP is scored?

Indicators are scored with a level from 0 to 4.

Level 0 shows a failure to achieve the legislative standards

Level 1 is scored where there is a reactive approach to health & safety management. Breaches of legislation occur and the managers respond to these rather than take a preventive, planned approach. It is non-compliant with legal requirements.

Level 2 is scored for reactive arrangements that are just legally compliant, but are not robust enough to prevent failures which give rise to non-compliant incidents. Prosecution for such arrangements would be unlikely but possible.

Level 3 is used for robust health & safety management systems that proactively seek to anticipate and prevent failures and non-compliant incidents. Planning, goal-setting and monitoring work is strong, and informs practices in every theme.

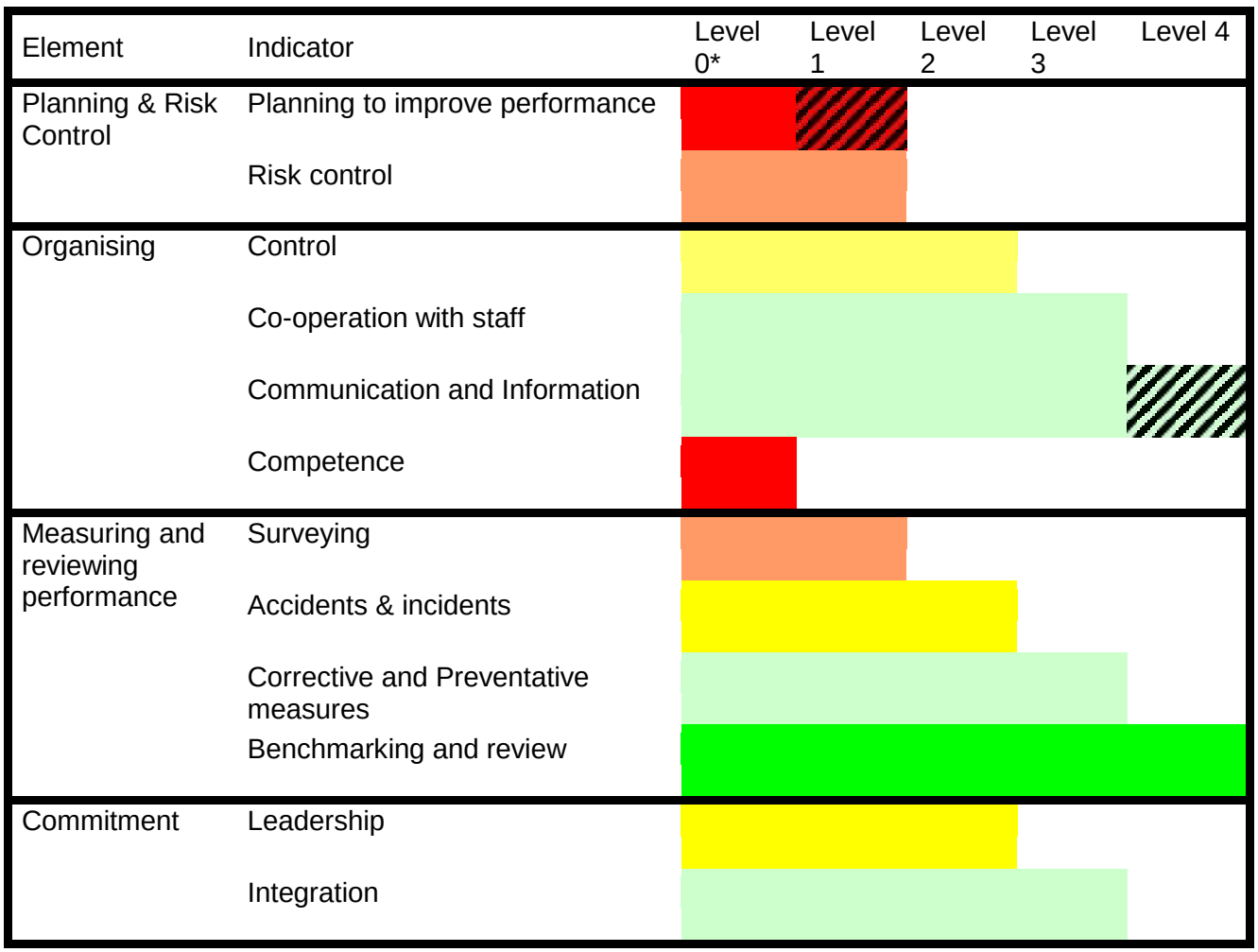
Level 4 indicates a unit that is consistently achieving best practice and exceptional standards. It may be accredited to an external standard such as OHSAS18001:2007.

The Indicator score is a reflection of the lowest score achieved for its component themes, i.e. a score of level 3 in 3 themes and level 1 in a single theme will receive an indicator score of 1.

The scores will be reported as part of the debriefing at the end of each audit using a score card similar to that shown below. A number of the indicators overlap and may involve similar or identical management systems, but are assessed using different themes and as such may result in different scores being achieved.

Example HASMAP score card

Element	Indicator	Level 0*	Level 1	Level 2	Level 3	Level 4
Planning & Risk Control	Planning to improve performance					
	Risk control					
Organising	Control					
	Co-operation with staff					
	Communication and Information					
	Competence					
Measuring and reviewing performance	Surveying					
	Accidents & incidents					
	Corrective and Preventative measures					
	Benchmarking and review					
Commitment	Leadership					
	Integration					



Appendix 1

Solid blocks of colour show the score achieved while a block with hatchings indicates that there was evidence to indicate that a higher standard was being partially achieved.

For example:

- Under the “Planning to improve” Indicator, there was insufficient evidence to achieve a level 1 and as such the audit was awarded a score of 0.
- Under the “Risk Control” Indicator, the audit achieved a score of 1.
- Therefore the “Planning and Risk Control” Element could only score 0 because of the “Planning to improve” Indicator result.
- Under the “Communication and Information” Indicator, whilst there was partial evidence for a level 4, the audit only identified sufficient evidence to allow a score of 3.

Appendix 1

- The “Organising” Element would be score 0, because of the poor score on the “Competence” Indicator, despite the higher scores in other Indicators in that Element.

Appendix 2 – Inspection Checklist (Laboratories)

Health and Safety
Self- Inspection Checklist (Laboratories)

Location	Date
Campus/Building/Floor/Room	

1. KEY STAFF

Please name the staff occupying the following positions within the section?		
1.1 Department Safety Officer		N/A ☐
First Aider		N/A ☐
Fire Marshals		N/A ☐
Comments		

2. RISK ASSESSMENTS

Have the following risk assessments been completed?			
2.1 Control of substances hazardous to health (COSHH)?	Yes ☐	No ☐	N/A ☐
2.2 Procedural risk assessment (all aspects)	Yes ☐	No ☐	N/A ☐
2.3 Genetic modification?	Yes ☐	No ☐	N/A ☐
2.4 Biological?	Yes ☐	No ☐	N/A ☐
2.5 Animal handling and use?	Yes ☐	No ☐	N/A ☐
2.6 Display Screen Equipment?	Yes ☐	No ☐	N/A ☐
2.7 Manual Handling?	Yes ☐	No ☐	N/A ☐
2.8 Lone working?	Yes ☐	No ☐	N/A ☐
2.9 Liquid Nitrogen?	Yes ☐	No ☐	N/A ☐
2.10 Sharps?	Yes ☐	No ☐	N/A ☐
2.11 Lasers?	Yes ☐	No ☐	N/A ☐
Comments			

Appendix 2

3. TRAINING

	Yes	No	N/A
3.1 Are all Staff, students and visitors subject to the documented Induction procedure?	☐	☐	☐

Comments.

	Yes	No	N/A
3.2 Are all new staff and academic visitors assigned a competent supervisor to provide suitable instruction and training	☐	☐	☐

Comments.

	Yes	No	N/A
3.3 Are all new and existing staff, students and academic visitors notified of relevant instructional courses run by the Queen Mary, Health and Safety Department?	☐	☐	☐

Comments

4. WORKPLACE

4.1 Lighting

	Yes	No	N/A
4.1.1 Are all areas of the workplace adequately lit?	☐	☐	☐

Comments

4.2 Housekeeping

	Yes	No
4.2.1 Is the workplace kept generally clean and tidy?	☐	☐

Comments.

	Yes	No	N/A
4.2.2 Is the storage sufficient and appropriate?	☐	☐	☐

Comments

	Yes	No	N/A
4.2.3 Are aisles, passageways and traffic routes free from obstructions and other hazards?	☐	☐	☐

Comments

4.3 Workplace Welfare Facilities

	Yes	No	N/A
4.3.1 Does the workplace have dedicated hand-washing (ie. Hands free operation taps) facilities for use before leaving the work area?	☐	☐	☐

Comments

	Yes	No	N/A
4.3.2 Is a secure locker or room provided for non work clothes and personal items, E.g. coats and bags	☐	☐	☐

Comments

4.4 Noise

	Yes	No	N/A
4.4.1 Is the workplace too noisy? E.g. Do you have to regularly speak in a raised voice to make yourself heard by colleagues standing within 1 or 2 Metres	☐	☐	☐

If yes please list the causes:

4.4.2 Is suitable hearing protection provided if noise levels cannot be reduced by other means?	Yes ☐	No ☐	N/A ☐
Comments			

4.5 Signs and Labels

4.5.1 Are hazard-warning and advisory signs appropriately distributed throughout the area. E.g. Chemicals, Biohazard, Fire escapes, Radiation, etc?	Yes ☐	No ☐	N/A ☐
Comments/missing?			

5. FIRE

5.1 Are all escape routes free from obstacles, including furniture, filing cabinets, electrical equipment, lockers etc?	Yes ☐	No ☐
Comments		

5.2 Have all workers completed online Fire safety awareness training and been given full local instruction in escape and assembly points, and fire precautions?	Yes ☐	No ☐
Comments i.e. list compliance level with the online training.		

6. WORK EQUIPMENT

6.1 General Maintenance

6.1.1 Are decontamination certificates/permits to work issued prior to maintenance work commencing?	Yes ☐	No ☐	N/A ☐
Comments?			

6.2. Bunsen Burners

6.2.1 Are all bench top Bunsen Burners regularly inspected to ensure safety cut outs are in operation?	Yes ☐	No ☐	N/A ☐
Comments?			

6.2.2 Does the responsible person maintain and inspect Bunsen Burners?	Yes ☐	No ☐	N/A ☐
Comments?			

6.3 Autoclaves

6.3.1 Are autoclaves regularly serviced?	Yes ☐	No ☐	N/A ☐
Comments?			

6.3.2 Is the autoclave used for the inactivation of GMO's and or Pathogens?	Yes ☐	No ☐	N/A ☐
Comments?			

6.3.3 Is the autoclave calibrated regularly?	Yes ☐	No ☐	N/A ☐
Comments?			

6.3.4 Does an Insurance agent inspect the Autoclave chamber on an annual basis?	Yes ☐	No ☐	N/A ☐

Comments.

6.4. Local Exhaust Ventilation (LEV) System (Fume Cupboards, Microbiological safety cabinets, including any exhaust ducting Etc)

6.4.1 Are LEVs tested for operator protection at least every 14 months?	Yes ☐	No ☐	N/A ☐
Last test date:			
6.4.2 Are LEVs regularly airflow rate tested?	Yes ☐	No ☐	N/A ☐
Test frequency?			
6.4.3 Are user checks made as required and information/training for correct use given?	Yes ☐	No ☐	N/A ☐
Comments:			

7. ELECTRICAL

7.1 Electrical Safety

7.1.1 Are there any exposed, loose or entangled wires or connections?	Yes ☐	No ☐	N/A ☐
Comments			
7.1.2 Is all 'plug in' electrical equipment subject to regular Portable Appliance Testing by a competent person?	Yes ☐	No ☐	N/A ☐
Comments?			

8. WASTE DISPOSAL

8.1 Does the section produce any of the following waste?

8.1.1 Radiological waste?	Yes ☐	No ☐	N/A ☐	
8.1.2 Clinical waste (human blood and tissue etc)?	Yes ☐	No ☐	N/A ☐	
8.1.3 Pathogens?	Yes ☐	No ☐	N/A ☐	
8.1.4 Genetically Modified Organisms?	Yes ☐	No ☐	N/A ☐	
8.1.5 Chemical?	Yes ☐	No ☐	N/A ☐	
8.1.5 Animal?	Yes ☐	No ☐	N/A ☐	
How is the waste disposed of?				

8.2 Are waste receptacles or containers appropriate for the waste. E.g. Sharps containers, clinical waste bags, autoclave bags and bins?	Yes ☐	No ☐	N/A ☐
Comments			

9. CHEMICALS

9.1 Are dust, gas or fume producing processes enclosed or isolated? E.g. Weighing stations, decanting chemicals etc.	Yes ☐	No ☐	N/A ☐
Comments			
9.2 Are fume cupboards and other local exhaust ventilation adequate and regularly cleaned and maintained?	Yes ☐	No ☐	N/A ☐
Comments/frequency of testing.			
9.3 Are there emergency procedures and facilities for dealing with chemical spillages and other accidents? E.g. appropriate spillage kits.	Yes ☐	No ☐	N/A ☐
Comments			

10. RADIOLOGICAL

10.1 List the Radiological (open/sealed) substances used?			
10.2 Are the local rules available to all radiation workers?	Yes ☐	No ☐	N/A ☐
Comments			
10.3 Is there open radioisotope or sealed source radiation tracking system in operation?	Yes ☐	No ☐	N/A ☐
Comments			
10.4 Does stock control paperwork/isostock entries match stored stocks of radioisotope?	Yes ☐	No ☐	N/A ☐
Comments.			
10.5 Is storage secure?	Yes ☐	No ☐	N/A ☐
Comments			
10.6 Is protective equipment adequate E.g. Perspex Shielding etc	Yes ☐	No ☐	N/A ☐
Comments.			
10.7 Are emergency procedures and facilities for dealing with spillage and other accidents in place, e.g. appropriate spillage kits.	Yes ☐	No ☐	N/A ☐
Comments			

11. BIOLOGICAL SUBSTANCES (MICROBIOLOGICAL, CLINICAL AND GENETICALLY MODIFIED)

11.1 List the types of biological materials handled? E.g. hazard group and main species, GM class.

	Yes	No	N/A
11.2 If aerosols are produced, are they adequately enclosed or sealed? E.g. centrifuges, microbiological safety cabinets etc.	☐	☐	☐
Comments			
11.3 Are emergency procedures and facilities for dealing with spillage and other accidents in place, e.g. appropriate spillage kits.	☐	☐	☐
Comments			

12. ANIMAL WORK

12.1 List the Animals worked with? E.g. Mice, rats etc.

	Yes	No	N/A
12.2 Is all animal work and procedures approved by the BSU and Home Office?	☐	☐	☐
Comments			
12.3 Does the section carry out work with live animals outside the BSU?	☐	☐	☐
Comments			
12.4 Are SOP's written in accordance with the COSHH, GM(CU) and Radiation Regulations?	☐	☐	☐
Comments			
12.5 Are procedures in place to minimise the production of Dander and other potential respiratory sensitisers?	☐	☐	☐
Comments			
12.6 Are all animal workers (and others affected by the work) registered with occupational health?	☐	☐	☐
Comments			

13. LIQUID NITROGEN

	Yes	No	N/A
13.1 Are liquid nitrogen vessels regularly maintained and inspected as appropriate?	☐	☐	☐
Inspection frequency?			
13.2 Is the Liquid Nitrogen appropriately stored (not in escape routes) and storage areas adequately ventilated?	☐	☐	☐
Comments			

13.3 Do low oxygen detectors monitor areas used to store or handle Liquid nitrogen?	Yes ☐	No ☐	N/A ☐
Comments.			

14. TRANSPORTING DANGEROUS GOODS

14.1 Does the Transport of Dangerous goods by means other than air comply with the Carriage of Dangerous Goods by Road or Rail (Classification, Packaging and Labelling) regulations?	Yes ☐	No ☐	N/A ☐
Comments.			
14.2 Does the transport of Dangerous Goods by air comply with the International Air Transport Association regulations including the use of appropriate UN type approved containers?	Yes ☐	No ☐	N/A ☐
Comments			
14.3 Are all hazardous substances including waste transported outside the laboratory (but within the work place/building) suitably contained in robust leak proof containers?	Yes ☐	No ☐	N/A ☐
Comments.			
14.4 Are control measures in place to deal with any spillage during transport?	Yes ☐	No ☐	N/A ☐
Comments.			

15. PERSONAL PROTECTIVE EQUIPMENT

15.1 Are all workers provided with suitable personal protective equipment for the task, e.g. lab coats, safety glasses, face shields, gloves, ear defenders etc?	Yes ☐	No ☐	N/A ☐
Comments			
15.2 Is all protective equipment in good condition and well maintained?	Yes ☐	No ☐	N/A ☐
Comments?			

16. FIRST AID

16.1 Is there at least one fully equipped first aid box provided in the area?	Yes ☐	No ☐	N/A ☐
Comments.			

17. ACCIDENTS AND INCIDENTS

17.1 Are all Incidents and Accidents documented and reported to the Health and Safety Team, School/Institute Safety Officer and to the Line Manager?	Yes ☐	No ☐
Comments.		

18. ADDITIONAL COMMENTS

Name and Signature of person leading the inspection

Date	Name	Signature

Appendix 2

Health and Safety
Self Inspection Checklist for Offices and Communal Areas

Location	Date

1. KEY STAFF

Please name the staff occupying the following positions within the section?		
1.1 Head of Department (HoD)		N/A ☐
1.2 Departmental Administrator (DA)		N/A ☐
1.3 Departmental Safety Officer (DSO)		N/A ☐
1.4 Office Manager		N/A ☐
1.5 First Aider(s)		N/A ☐
		N/A ☐
		N/A ☐
1.6 Fire Marshalls		N/A ☐
		N/A ☐
Comments		

2. RISK ASSESSMENTS

Have the following risk assessments been completed?			
2.1 General Office	Yes ☐	No ☐	N/A ☐
2.2 Display Screen Equipment Online Self Assessments	Yes ☐	No ☐	N/A ☐

Comments

3. TRAINING

3.1 Are all Staff, students and visitors subject to the documented Induction procedure? Yes ☐ No ☐ N/A ☐

Comments.

3.2 Are all new staff and academic visitors assigned a competent supervisor to provide suitable instruction and training Yes ☐ No ☐ N/A ☐

Comments.

3.3 Are all new and existing staff, students and academic visitors notified of relevant instructional courses run by the Queen Mary in-house Health and Safety Department? Yes ☐ No ☐ N/A ☐

Comments

4. WORKPLACE

4.1 Lighting

4.1.1 Are all areas of the workplace adequately lit? Yes ☐ No ☐ N/A ☐

Comments

4.2 Housekeeping

	Yes	No	N/A
4.2.1 Is the workplace kept generally clean and tidy?	☐	☐	☐

Comments.

	Yes	No	N/A
4.2.2 Is there sufficient and appropriate storage?	☐	☐	☐

Comments

	Yes	No	N/A
4.2.3 Are aisles, passageways and traffic routes free from obstructions and other hazards?	☐	☐	☐

Comments

4.3 Workplace Welfare Facilities

	Yes	No	N/A
4.3.1 Does the workplace have dedicated hand-washing facilities for use before leaving the work area?	☐	☐	☐

Comments

	Yes	No	N/A
4.3.2 Is a secure locker or room provided for non work clothes and personal items, E.g. coats and bags?	☐	☐	☐

Comments

	Yes	No	N/A
4.3.3 Are sufficient number of lavatories provided?	☐	☐	☐

Comments

	Yes	No	N/A
4.3.4 Is adequate heating provided?	☐	☐	☐

Comments

	Yes	No	N/A
4.3.5 Is adequate air conditioning provided?	☐	☐	☐

Comments

4.4 Noise

	Yes	No	N/A
4.4.1 Is the workplace too noisy? E.g. Do you have to regularly speak in a raised voice to make yourself heard by colleagues standing within 1 or 2 Metres	☐	☐	☐

If yes please list the causes:

	Yes	No	N/A
4.4.2 Is suitable hearing protection provided if noise levels cannot be reduced by other means?	☐	☐	☐

Comments

4.5 Signs and Labels

	Yes	No	N/A
4.5.1 Are hazard-warning and advisory signs appropriately distributed throughout the Section. E.g. Fire escapes, First Aid Box, Refuge Points etc?	☐	☐	☐

Comments/missing?

5. FIRE

5.1 Are all escape routes free from obstacles, including furniture, filing cabinets, electrical equipment, lockers etc?	Yes ☐	No ☐	
Comments			
5.2 Have all workers been given full instruction and training in escape and assembly points, and fire precautions?	Yes ☐	No ☐	
Comments			
5.3 Are Fire Exits clearly signed?	Yes ☐	No ☐	
Comments			
5.4 Are Fire Alarms regularly tested?	Yes ☐	No ☐	
Comments			
5.2 Are there regular fire drills?	Yes ☐	No ☐	
Comments			

6. WORK EQUIPMENT

6.1 General Maintenance

6.1.1 Are display screens placed in a suitable position	Yes ☐	No ☐	N/A ☐
Comments?			
6.1.2 Are individual work stations kept free from hazards (e.g. overloaded bookshelves)	Yes ☐	No ☐	N/A ☐
Comments?			
6.2.2 Is office equipment e.g. printers adequately maintained	Yes ☐	No ☐	N/A ☐
Comments?			

7. ELECTRICAL

7.1 Electrical Safety

7.1.1 Are there any exposed, loose or entangled wires or connections?	Yes ☐	No ☐	N/A ☐
Comments			
7.1.2 Is all 'plug in' electrical equipment subject to regular Portable Appliance Testing by a competent engineer?	Yes ☐	No ☐	N/A ☐
Comments?			
7.1.3 Are all up-to-date PAT stickers displayed?	Yes ☐	No ☐	N/A ☐
Comments?			

8. WASTE DISPOSAL

8.1 Are waste receptacles or containers appropriate for the waste. E.g. Recyclable waste, confidential waste, general waste	Yes ☐	No ☐	N/A ☐

Comments

9. FIRST AID

9.1 Is there at least one fully equipped first aid box provided in the workplace? Yes ☐ No ☐ N/A ☐

Comments.

10. ACCIDENTS AND INCIDENTS

10.1 Are all Incidents and Accidents reported through the College reporting procedure? Yes ☐ No ☐

Comments.

11. INVENTORY CHECK

Equipment	serial no.	present yes/no

12. ADDITIONAL COMMENTS

Name and Signature of person leading the inspection

Date	Name	Signature

Once completed, please send a copy of this form to the Health and Safety Manager for Audits and Governance. The original needs to be retained by the Office Manager

Reviewed by the Health and Safety Manager

Date	Name	Signature

COMMENTS

Actions:

Action to be taken	by whom	time scale	date completed	dso approved

Appendix 2

Appendix 3 – The Initial Meeting Agenda

Health and Safety Department
Audit and Governance Section

HASMAP Audit
The Initial Meeting Agenda

1. Introductions
2. Establish understanding of HASMAP package and process
3. Areas of interest
4. Resources and timescale
5. Report back
6. Terms of reference

Appendix 3

Appendix 4 – Audit Framework and TOR

Health and Safety Department
Audit and Governance Section

Audit Framework and Terms of Reference

Faculty:

Department:

Local Contact Name and Number:

Auditors:

Date:

This document lays out a number of important facts and commitments, accepted by both the auditors and auditee. The audit will be based on the following commitments and it is important that both parties understand what is expected of them. This document should be circulated by the most senior manager of the Department to ensure that his/her team knows and understands the principles of the audit.

Scope

The audit will be carried out using the Health And Safety Management Profile audit package. This has been designed specifically for use in Universities. Health and Safety Policy and Standard for Inspections and Audit is available on the Health and Safety Department, Audit and Governance website, but in essence it is based on the Health & Safety Executive's Guidance HS(G)65 Successful Health & Safety Management and aligned with the OHSAS18001:2007.

Documentation provision

Information and paperwork may be requested at any point during the process but it is critical to ensuring the audit process that the documentation identified on the final page of this document is provided at least 4 weeks before the Senior Management interviews commence.

Facilities and arrangements

To ensure the efficient running of the audit, it is the responsibility of the most senior manager of the Department to organise interviews with the selected employees. We will make ourselves available between the and to enable these meetings to be arranged. The auditee is responsible for providing interview facilities,although these will often be their own office. It is also important that a final debriefing meeting is held with the Senior Manager.

Confidentiality

During the audit, we will speak to a number of people, including staff and students. Comments made by individuals, will not be directly attributed to the person without their express prior consent.

No Surprises

In our experience, it is key to ensuring auditee satisfaction that where possible, regular updates are provided when issues are identified. This ensures that there are no surprises both at the closing meeting and in the final report.

Who should be contacted:

How:

Final meeting date & time:

Attendees:

Report

The final report will be issued to the senior manager(s), the safety officer or equivalent within the 28days of the audit. The Executive Summary, levels achieved and the action plan prepared by the auditee will be submitted to the Health and Safety Advisory Group.

Levels achieved

The levels achieved are based on a pre-determined scoring system. If minor issues are identified and corrected before the report is issued, we may take this into account if we feel it is appropriate.

Appendix 4

Assurance

Audits are designed to provide assurance about the quality of a management system by selecting particular risks and using them to test the thoroughness and effectiveness of policies and procedures. The size and duration of the sample can directly affect the level of assurance an audit provides, so this, along with the risk profile of the area, will be taken into account when scheduling future audits. It also means that the local management must continue to self-inspect and self-monitor rather than rely on external audits.

Confirmation

Name: Role: Health and Safety Manager Function:	Signature: Date:
Name: Role: Function:	Signature: Date:
Name: Role: Function:	Signature: Date:
Name: Role: Function:	Signature: Date:

Appendix 4

Documentation

Please supply the following documentation **4 weeks before the Senior Management Interviews**. Where a large number of documents are available, e.g. risk assessments, please supply copies of those most relevant to the hazard groups. Where an internal website is used, it may be convenient to provide link(s) or give access rights to the health and safety pages.

- Health and safety policy for the Department being audited;
- Minutes of Safety meetings and committees,
- Minutes of team meetings where health and safety forms part of the agenda,
- Safety inspections and associated actions plans,
- Training records and training plans,
- Incident and accident reports and subsequent actions taken,
- Job descriptions for relevant grades of staff,
- Risk assessments and associated documentation (e.g. if the risk assessment refers to a permit to work, please also supply a permit to work),
- Examples of how information is communicated to employees: memos, emails, newsletters, etc.
- Reports of self-inspections,
- Risk register,
- Business plan,
- List of locations staff work at (including examples of off-site work if appropriate),
- Organisational chart,
- Brief outline of main activities of organisational units.

Appendix 4

Appendix 5 – HASMAP Report Template

Queen Mary University of London

Health and Safety Department

HASMAP Audit Report
(Template)

Lead Auditor:

Audit Team:

Department:

Date of Report:

Report Status:

Checked By:

Approved By:

Version:

Appendix 5

Assessment

Element	Indicator	Level 0*	Level 1	Level 2	Level 3	Level 4
Planning & Risk Control	Planning to improve performance					
	Risk control					
Organising	Control					
	Co-operation with staff					
	Communication and Information					
	Competence					
Measuring and reviewing performance	Surveying					
	Accidents & incidents					
	Corrective and Preventative measures					
	Benchmarking and review					
Commitment	Leadership					
	Integration					

Level 0 shows a failure to achieve the legislative standards.

Level 1 is achieved where there is a reactive approach to health & safety. Breaches of legislation occur and managers respond to these rather than take a preventive approach. It is non-compliant with legal requirements.

Level 2 is achieved for arrangements that are mostly legally compliant, but are not robust enough to prevent failures which give rise to non-compliant incidents. Prosecution for such arrangements would be unlikely but possible.

Level 3 is achieved for robust health & safety management systems that actively seek to anticipate and prevent failures and non-compliant incidents. Planning, goal-setting and monitoring work is strong, and informs practices in every theme.

Level 4 is achieved for units that are consistently achieving exceptional standards and is probably accredited to an external standard such as OHSAS18001:2007.
Hatched areas shows there was evidence to indicate that the School or Faculty is working towards this level but has not yet achieved it.

Contents

Explanation of layout

This report is laid out to reflect the criteria identified in the HASMAP package. Further information on the HASMAP criteria and audit scheme can be found on the Health and Safety Department, Audit and Governance website. There are a total of 31 criteria, known as Themes, which may or may not have been selected for audit in your School/Department. Each Theme has two paragraphs within this document – one to explain what issues were found and one to suggest a way of improving the system to achieve level 3, unless otherwise indicated. There is always more than one way to improve a system, and consideration should be given to what works best for your area. Audit reports provide an indication of the "level achieved" on a scale of 0 to 4, an explanation of which is provided on the assessment sheet at the end of this report. Individual criteria are also assessed and the level achieved provided at the end of each section. Numbers in brackets, indicate a higher level that was not fully achieved.

Disclaimer

The findings and recommendations contained within this document are based on information obtained through interviews, site visits and paperwork reviews carried out at the time. Whilst every effort was made to gather relevant data, it is possible that some issues were not addressed.

Appendix 5

Findings & Recommendations

A Planning to improve performance

A1 *i) Finding:* There is a generic statement of intent for risk control but no specific standards with respect to risk control.

ii)Recommendation: There should be defined and legally compliant standards for the control of all significant risks. There should be statements indicating when and how systems are reviewed. Review and enhance the definition of what is required by way of a risk assessment.

A2 *i)Finding:* The policy states that inspections (self-monitoring) are carried out inline with the departmental safety plan, although there was no evidence of these being carried out. The policy states regular independent audits are carried out, although there was no evidence of these.

A2 *ii) Recommendation:* Review the policy to ensure it is proactive and self-reviewing. A safety management system approach such as HS(G)65 or OHSAS 18001:2007 should be adopted. Implement a system of self-inspection, carried out by team members, safety advisors and senior managers to proactively identify potential hazards and review the adequacy of management systems. Review how training needs are identified for all grades of employee. The system and its outputs should be documented.

A3 *i) Finding:* The policy has a series of objectives which reflect those in the overarching Queen Mary policy. However, these statements are generic – where possible these should be quantified and qualified, e.g. specifying review periods, providing a process for monitoring and reviewing both the achievement and relevance of the objectives, etc.There was no evidence of any personal objectives being set other than at the most senior level.

A3 *ii) Recommendation:* Review the policy and identify quantifiable objectives and means of measuring performance against them. Consider the Performance and Development Review (PDR) process to achieve these.

Theme	**Level achieved**
A1 Risk control standards	
A2 Health and safety management standards	
A3 Objectives and planning	
Overall	

Appendix 5

Appendix 6 – Self Inspection Process Flow Chart

Appendix 6