



London Ambulance Service **NHS**
NHS Trust

The Workplace Inspection Procedure

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to ensure the London Ambulance Service NHS Trust (LAS) comply with the Workplace (Health, Safety and Welfare) Regulations 1992, and to ensure that all LAS premises provide a safe and healthy environment for its staff.

Sponsor Department: Health, Safety and Risk

Author/Reviewer: Senior Safety and Risk Advisor. To be reviewed by Mar 2010.

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Date	*Version	Author/Contributor	Amendment Details
15/09/08	1.1	John Selby	Minor - monitoring
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***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	The Workplace (Health, Safety and Welfare) Regulations 1992	
	The Management of (Health and Safety at Work) Regulations 1999	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

Introduction

The Workplace (Health and Safety and Welfare) Regulations 1992 place duties on employers, to undertake regular work place inspections, with a written record being taken of such inspections.

Objectives

The objective of this procedure is to ensure the London Ambulance Service NHS Trust (LAS) comply with the Workplace (Health, Safety and Welfare) Regulations 1992, and to ensure that all LAS premises provide a safe and healthy environment for its staff.

1.0 Responsibilities

- 1.2 It is the responsibility of the Ambulance Operations Manager/Manager, to carry out inspections of stations/premises within their unit together with a local Health and Safety Representative, on a quarterly basis.
- 1.2 It is the responsibility of the Ambulance Operations Manager/Manager to ensure that all hazards identified have been rectified or followed up within one month of the inspection.
- 1.3 It is the Estates Department's responsibility to arrange the maintenance or repair of hazards or items identified during inspections.

2.0 Procedure

The inspection form (Appendix 1) should be completed in full with a copy being held by the Ambulance Operations Manager and copies forwarded to the Sector Health and Safety Chairperson and Area Human Resources Officer.

- 2.1 All hazards identified during the inspection should be brought to the attention of the relevant department, (signified in the far right hand column of the form) and hazards notified using the Hazard Notification Sheet (Part 3 of the form). A copy of Part 3 should also be forwarded to the Safety and Risk Department.
- 2.2 Alternative versions of the Inspection Form, for Emergency Operations centre, and non-operational buildings are held in the Safety and Risk Department.

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	
Monitoring	<p>This procedure will be monitored by the Safety and Risk Department in line with NHS best practice guidance.</p> <p>The Trust will undertake specific monitoring by reviewing:-</p> <p>Premises Inspections reports – presented on a quarterly basis to the Corporate Health and Safety Committee</p> <p>LA 52 Incident reports - incident Reporting Data is tabled at the Corporate Health and Safety Meeting, which are held on a quarterly basis, chaired by the Director of HR</p> <p>Feedback from RIDDOR – learning and obtaining guidance on risk management within the workplace, from reported incidents related to injuries, disease and dangerous occurrences</p>

Workplace Premises Inspection/ Risk Assessment Form

Form Completion Guidance:

- Save a copy of the form to your desktop,
- Use the mouse or Tab-key to select fields,
- Once complete, a form should be printed for signatures to be added.

Forms complete by hand should be written in black ink

PART 1

Date:

Date of Last Inspection:

Premises:

Trade Union Safety Representative:

AOM/DSO/Manager :

Next Inspection Due:

Inspections should be planned to be completed at the end of January, April, July and October.

Guidance for 'Work Place' Inspection/Risk Assessment Completion

In compliance with the Health & Safety at Work Act 1974 all LAS premises are to carryout a Work Place Inspection/Risk Assessment on a three monthly basis.

It is the responsibility of the AOM/DSO/Manager in control of the premises to carryout the inspection in conjunction with the local Health & Safety Representative.

The Inspection Form should be completed in full with a copy being kept by the local AOM/DSO/Manager and additional copies (comprising of the front and rear hazard Notification Sheet only) forwarded to; ACAO, Sector Health & Safety Chairperson / Representatives, Human Resources Personnel Manager / Safety & Risk Department

All relevant items identified as requiring attention should be forwarded to the appropriate department (signified in the far right-hand column) on the 'Hazard Notification' sheet (Part 3). Also forward a copy to the Safety & Risk Department - For information only.

Please note: only issues that are of a serious or long standing Health and Safety nature should be identified on this document. Items such as broken locks or faulty light bulbs / tubes must be reported to the Estates Department via the HEAT system.

It is the local AOM/DSO/Manager's responsibility to follow-up any identified items/hazards that remain outstanding one calendar month after instigation.

Any queries regarding application or implementation of the 'Work Place' Inspection/Risk Assessment should be forwarded to either John Selby or Colin Ashburn on 020 7463 3214.

John Selby
Safety & Risk Department

PART 2

RESP (Responsibility) KEY	
ST – Station	
EST - Estates	NA –Not Applicable

A ACCOMMODATION

1. Crew Areas

- A1.1. All areas clean and free of accumulated materials
- A1.2. All heaters clear of combustible materials
- A1.3. Corridors, stairs, access and exits unobstructed
- A1.4. All areas are thermally comfortable (Minimum 16°C 1hr after work commencing)
- A1.5. Effective means exist to control extremes of temperature (portable fans, open windows, etc)
- A1.6. Floor coverings – secure and free from tripping hazards
- A1.7. Communal facilities – in adequate condition of repair (Tables, sofa, stools, etc)
- A1.8. All electrical extension leads correctly installed (not 'daisy chained')

Yes	No	N/A	RESP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

2. Kitchen

- A2.1. All surfaces clean and free of food / waste
- A2.2. Is all food stored correctly (packets closed, tubs sealed)
- A2.3. Are individual food lockers provided
- A2.4. Drains free of obvious blockages
- A2.5. All electrical extension leads correctly installed (not 'daisy chained')
- A2.6. Serviceable hand wash, cream and hand towel dispensers as appropriate
- A2.7. Hand washing information displayed over sink areas
- A2.8. Any visible signs of vermin / pest in area (mice / mouse dropping, ants, etc)

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

3. Toilets and Washrooms

- A3.1 All surfaces regularly cleaned
- A3.2 All floors regularly mopped using correct colour coded mop and bucket
- A3.3 Serviceable hand wash, cream and hand towel dispensers as appropriate
- A3.4 Hand washing information displayed over sink areas
- A3.5 Toilets and sinks regularly cleaned
- A3.6 Drains / toilets free of obvious blockages

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST

4. Offices

- A4.1 All areas clear and free of accumulated materials
- A4.2 All heaters clear of combustible materials
- A4.3 All areas thermally comfortable (Minimum 16°C 1hr after work commencing)
- A4.4 Effective means exist to control extremes of temperature (portable fans, open windows, etc)
- A4.5 Floor coverings – secure and free from tripping hazards
- A4.6 All furniture in good condition (chairs, desk, etc)
- A4.7 All electrical extension leads correctly installed (not ‘daisy chained’)
- A4.8 Adequate lighting levels in all office areas

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST

B BUILDINGS AND SECURITY

1. External Area

- B1.1. All perimeter fences / gates and external buildings able to be secured
- B1.2 Building structure in good state of repair
- B1.3 All external pathways free from trip hazards
- B1.4 All drains clear of obvious blockages
- B1.5 Rock salt provided for winter months and correctly stored
- B1.6 No Smoking signage displayed in all entrances
- B1.7 Area clear of rubbish / litter

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

2. Garage Area

- B2.1 Garage shutters kept closed at all times, i.e. not held open by the emergency stop button
- B2.2 All pedestrian walkways clear of trip hazards and obstruction
- B2.3 All pedestrian walkways clearly marked
- B2.4 Oil absorption granules readily available and correctly stored
- B2.5 All oil spillages covered using absorption granules and Estates Department notified
- B2.6 Problems relating to pests and vermin (pigeons)
- B2.7 Safety barriers (where fitted) secure and undamaged

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST

3. Storage

- B3.1 Cleaning materials stored in accordance with instructions
- B3.2 Storage areas kept clean and tidy
- B3.3 Combustible materials storage satisfactory
- B3.4 Flammable materials stored correctly
- B3.5 Empty containers disposed of
- B3.6 Gas cylinders stored correctly – empty and

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

B3.7	full segregated Cylinder storage cupboard closed and secured at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

4. General / Domestic Waste

		Yes	No	N/A	RESP.
B4.1	Recycling bins available and being used (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
B4.2	Sufficient refuse bins available and undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
B4.3	Build-up of rubbish around bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B4.4	Bulk / large rubbish items building up around bins / on station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B4.5	Rubbish bins regularly emptied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

5. Sluice Facility

		Yes	No	N/A	RESP.
B5.1	Cleaning materials stored in accordance with instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.2	Adjacent storage areas kept clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.3	Colour coded mops and buckets stored appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.4	Floor area clear and free of standing water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.5	Sink (and drainer where existing) are kept clean and clear of accumulated containers and other debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.6	Serviceable hand wash, cream and hand towel dispensers as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.7	Eye wash kit readily available and in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
B5.8	Spillage kits / D10 / NACDL Tablets available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

6. Security

		Yes	No	N/A	RESP.
B6.1	All relevant internal and all external doors and windows have facility to be locked / secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
B6.2	All external security lighting operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST

7. Electrical

		Yes	No	N/A	RESP.
B7.1	All electrical appliances regularly PAT tested in accordance with regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST

- B7.2 All test stickers / labels suitable visible on appliances
- B7.3 Date of last PAT test checked on X-Drive

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

C Fire

1. Fire Doors and Exits

- C1.1. Fire doors unobstructed / not propped or wedged open
- C1.2 Fire doors in working order (Automatic door closures operable, locks working, etc.)
- C1.3 Visible damage to fire doors (damaged / missing intrumescent strips)
- C1.4 Fire exits clearly marked

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST

2. Fire Safety

- C2.1 Fire routes unobstructed
- C2.2 Fire routes clearly marked
- C2.3 External staff assembly points are clearly marked / signed
- C2.4 Fire instructions positioned in obvious places
- C2.5 Fire instruction signs completed fully and correctly
- C2.6 Suitable and sufficient fire signage displayed
- C2.7 Fire extinguishers located at designated points
- C2.8 Fire extinguisher maintenance completed and record on fire extinguisher
- C2.9 Emergency lighting tested weekly and recorded

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

3. Fire Detection System

- C3.1 Fire detection system tested weekly and recorded in record book
- C3.2 All manual call points unobstructed and clearly visible
- C3.3 All ceiling mounted detectors unobstructed

Yes	No	N/A	RESP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

C3.4	Six monthly Evacuation Drill completed and recorded in fire log book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
C3.5	Fire log book displayed in prominent location by Fire panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
C3.6	Battery operated smoke detector tested for audibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST

D Health and Safety Information

1.

		Yes	No	N/A	RESP.
F1.1	HSAW abstract completed and displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.2	Health and Safety Bulletins are displayed and records filed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.3	Minutes of Health and Safety Committee meetings are on view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.4	Name and Contact details for Safety representative are displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.5	Previous Workplace Inspection readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.6	Previous Fire Risk Assessments readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.7	Previous Electrical and Building Condition surveys readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.8	Fire Marshall Named and Displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST
F1.9	First Aid Kit sealed/full and displayed in readily accessible area.				ST

PART 3

To:
From:

HAZARD NOTIFICATION SHEET

RESULTS

Code	Nature of Hazard	Proposed Action	Action Taken	Date Completion

PART 4

'Follow-up' - The local AOM/DSO/Manager must follow-up any identified outstanding items/hazards 1 (one) calendar month after instigation.

Name of Local ManagerSigned:

Name of Safety Representative Signed: