

CHECKLIST FOR HEALTH AND SAFETY INSPECTIONS

Produced by ASTI (March 2006)

Health, Safety and Welfare at Work Act – Section 25 (2) (3) :

A Safety Representative may inspect the whole or any part of the place of work after giving reasonable notice to the employer or immediately, in the event of an accident, dangerous occurrence or imminent danger or risk to the safety, health and welfare of any person. The Employer and the Safety Representative shall, having regard to the nature and extent of the hazards in the place of work, agree the frequency or schedule of inspections which may be carried out, which agreement shall not be unreasonably withheld by the employer.

Frequency :

A comprehensive inspection of the school should be carried out by the Safety Representative at least once a year. Further inspections or partial inspections should be carried out as deemed appropriate by the Safety Representative. The comprehensive inspection of the whole school may be conducted on one day or it could be done in stages over a number of days. It is estimated that the full inspection could take approximately two hours to complete.

Principal :

There should be full co-operation between the Safety Representative and the School Principal on the issue of a school inspections. The Principal should be consulted on the timing of the inspection. It may be deemed helpful and in the interests of good health and safety practice if the Safety Representative and Principal together inspected the school. If necessary, the Safety Representative is entitled to request 'time off' work in order to conduct an inspection.

Consultation :

The checklist below is not exhaustive. The Safety Representative should amend and adapt the checklist to suit the circumstances of his/her own school. In adapting the checklist, it is recommended that the Safety Representative consults with the teachers who have specific expertise, e.g. science teachers, P.E. teachers, home economics teachers, art teachers, etc.

Specialist Areas :

As the Safety Representative may well not have expertise in examining specialist rooms, e.g. science laboratories, it is appropriate for the Safety Representative to consult with the specialist teachers in order to identify any faults or failings in the specialist rooms and in adapting the inspection checklist.

Post Inspection :

Following an inspection, the Safety Representative should retain copies of the completed checklist and any other notes he/she may have taken. If matters of concern have been identified, these should be listed and given to the School Principal so that they can be addressed. The Act states that every employer shall consider any representations made by the Safety Representative on matters of health, safety and welfare of employees.

THE INSPECTION

Circulation Areas

	Problem	?	No Problem	Comment
--	----------------	----------	-------------------	----------------

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
-------------------------------------	-------------------------------------	-------------------------------------	--

STAIRWAYS

Are banisters secure and safe?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Are stairways adequately lit?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Are steps / carpets worn?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Are steps slippery?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

PASSAGES / CORRIDORS

Are floor surfaces even?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Are floor surfaces slippery?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Are passages adequately lit?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Is litter / rubbish allowed to accumulate?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Are mats / carpets a tripping hazard?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

	Problem	?	No Problem	Comment
Check for loose plaster, damaged walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DOORS AND WINDOWS

Any doors obstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety of glass in doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is glass in fire doors reinforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any broken / damaged hinges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Damaged catches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Broken wood panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Broken, cracked glass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loose, stiff handles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dangerously swinging doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All doors open from inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All doors open in emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Exit doors clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Night lighting over exit doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Push / pull notices on doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows cleaned regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows open easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows broken or cracked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Window fastenings / cord damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dangerous jutting windows when open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

HEATING AND VENTILATION

Heating system regularly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate heating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety of mobile heaters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Objects left on heaters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Blinds / shading from sunlight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FIRE SAFETY

Fire exits clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire exits clear of obstructions inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire exits clear of obstructions outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Escape route clear of obstruction outside?+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire doors open outwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire doors not wedged open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire doors kept unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation procedure clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation procedure clearly explained to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation procedure clearly explained to students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Evacuation drills held once per term?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation drills evaluated and logged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expert advice received on fire equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sufficient fire extinguishers correctly placed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sufficient fire blankets correctly placed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire equipment regularly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff trained to use fire equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire alarm clearly audible in all rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alarm system link to external buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage of flammable substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure for calling fire brigade checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure for calling ambulance checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure for calling gardai checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure for calling medical Personnel checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Problem ? No Comment
Problem

ELECTRICAL EQUIPMENT

General

Does competent person check equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Equipment correctly wired and earthed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plugs correctly wired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Correct fuse ratings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circuit breakers as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Isolating switches clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Isolating switches well sited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Lighting

All light fittings working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light switches in safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Adequate lighting for type of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in classrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in corridors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in cloakrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plugs / Sockets / Leads				
Plugs in good conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sockets in good conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Socket screws and mountings secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Socket positions convenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sockets not subject to damp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insulation on leads in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leads are the correct length?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No trailing leads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Multi point adaptors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Equipment

Electrical equipment operating correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical equipment unplugged when not used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
On / off indicators working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular servicing of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

GAS

Gas isolator valves known?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas isolator valves accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas taps and valves tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage of compressed gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Problem ? No Problem Comment

FIRST AID

Clear first aid notices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Notice on basic first aid and advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate number of first aid boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Location of first aid boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure for calling help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency telephone numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid boxes contain:				
Basic first aid advice card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sterile adhesive dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sterile eye pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medium, large sterile dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cotton wool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tweezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antiseptic cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Accident report book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No paracetamol, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CLASSROOMS

Are rooms overcrowded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are cupboards, blackboards, etc. stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any damaged furniture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sharp edges in furniture, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are shelf mountings secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

LABORATORIES

Are safety rules displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there safe access / egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Are chairs, stools, etc. safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is floor non slip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is floor drying equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate protective equipment for pupils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate protective equipment for teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire blankets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe work surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal arrangements for glassware?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal arrangements for waste chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal arrangements for For biological debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standard of labels on chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nature of risks on labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturers' names on labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All substances dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Shelf life of substances marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Correct storage of substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security of risky substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelving for chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage of flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cupboards properly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fume cupboard in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical spillage procedures adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WORKSHOPS

Workshop tidy, floors clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Machines adequately guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand tools in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage of tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Machine cut-off switches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Dust ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ART AND POTTERY

Guillotines guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guillotines locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pottery kiln safety cut-out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pottery kiln sited safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ventilation for clay dust, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe glazes, adhesives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe wax heating facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throwing wheels safety maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Containers properly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage of materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage of equipment (scalpels, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe work surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

HOME ECONOMICS

Refrigerators, fridges operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing facilities, soap, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposable towels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage of cleaning materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe labelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal of unwanted equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe electric irons and ironing boards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sharp utensils safely stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous substances locked away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety guards on cookers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe storage presses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe procedures for heavy lifting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe sewing machines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
First aid boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non slip floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

GYM AND HALLS

First aid boxes accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors clean, non slip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brackets securing ropes, wall bars safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secure stacking of P.E. equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
P.E. mats in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular equipment checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Splinters on wooden beams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vaulting horses, benches safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe showers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stage steps safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Stage lighting safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OFFICES

Chemicals stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Machine noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
V.D.U. light glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
H.S.A guidelines on V.D.U. use available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

KITCHEN

Kitchen area clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dining area clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non slip floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
First aid boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Equipment safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe labelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

BOILER

No combustible waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boiler in proper working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boiler safely maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe disposal of ash, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

STAFFROOM

Adequate heating, ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate cloakroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Adequate personal storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staffroom overcrowding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staffroom catering facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff sanitary facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

HYGIENE

Soap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand drying facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Litter bins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, suitable sanitary facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Problem ? No
Problem**

OUTSIDE

Footpaths, slabs even, not broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe steps with handrails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofs, drain pipes maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe manholes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe external P.E. facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe goalposts, tennis posts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe car parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe bicycle parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SCHOOL PROCEDURES

Safety statement adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular staff safety consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discipline and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discipline code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bullying and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
Bullying code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stress training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexual harassment code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular evacuation drills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation drills assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visitor security checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C.C.T.V. security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Problem	?	No Problem	Comment
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of Safety Representative:

Date(s) of Inspection: