**CAMBRIDGE CENTRE FOR ADVANCED RESEARCHE AND EDUCATION IN SINGAPORE**

**SELF ASSESSMENT TOOL FOR SAFETY1**

Name of person completing form (in block capitals): ...................................................................................…..… Date: ..............................................………

Position: ........................................................................................................................................................................................................................................

1. **Safety Management and Policy**

 1.1 Committees and ‘Safety Personnel’.

 1.1.1 Who is the current CARES Safety & Health Chair? Note - In the absence of a person formally given this duty by the Program Director, the Program Director becomes the DSO by default.

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 1.1.2 Has the S & H Chair been appointed in writing by the Program Director?

 Yes No

 1.1.3 Is there a Safety Committee?

 **If ‘yes’ please say where a list of members, their roles, and terms of reference can be found.** Yes No

 ……………………………................................................................................................................................................................…

 1.1.4 If there is no Safety Committee, why? And what are the plans to institute safety committee?

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 1.1.5 Did the Safety Committee or equivalent meet during the last 12 months?

 Yes No

 If ‘yes’, how many times? ....................................................................................................................................

 If ‘no’, why not? ……………………………………………………………………………………………………….……………….

 1.1.6 Are the minutes of the Safety Committee sent, for information, to the CARES working committee?

 Yes No

 1.1.7 Have you reviewed your Safety Policy within the last 12 months?

 Yes No

 If ‘yes’, state the date.

 If ‘no’, why not? . ………………………………………………………………………………………………………………………

 **Please do this immediately.**

2. **Safety Communication and Training**

 2.1 Do all new employees attend the induction training arranged by Lab Manager which includes health and

 safety? Yes No

 2.2 Are all new employees given health and safety induction training customised to the individual?

 Yes No

 2.3 Is a formal induction checklist used?

 Yes No

 2.4 Are lab workers obtaining the appropriate safety training?

 Yes No

 Who is giving the training?

 ……………………………………………………………………………………………………………………..

 2.5 Is a systematic record kept of the safety training given to staff and students?

 Yes No

 2.6 If ‘yes’ to 2.14 who keeps these records? ......................................................................................................................................................…

 **If ‘no’ to 2.14 a system of record keeping must be established by CARES immediately.**

The ‘Personal Training Record’ on the Health and Safety Division website may help (see 2.20).

 2.7 Are safety training needs identified at performance review (appraisal)?

 Yes No

 2.8 Are any safety booklets etc, circulated internally?

 Yes No

 2.9 How does the Department assure itself that any safety information circulated is appropriate, in date, and is reviewed/revised at appropriate intervals?

 …………………………………………………………….………………………….………………………….……………………………….

 2.10 Methods of dissemination of health and safety information. Which of these do you use?: e-mail

 memo letter

 booklets

 noticeboard

 meeting

 other …………………………………..

3. **Hazard Identification, Risk Assessment and Risk Control**

 3.1 Has CARES formulated a system/policy for identifying hazards and assessing risks?

 Yes No

 If ‘yes’, please give a brief description:

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 ........................................................................................................................................................................................................…................

 **If ‘no’ to question 3.1 please rectify immediately.**

 3.2 Are risk assessments documented?

 Yes No

 If ‘yes’, who signs these? ………………………………………………………………………………………………………………………..

 Where are they kept? …………………………………………………………………………………………………………………………….

 **If ‘no’ to 3.2 please rectify.**

 3.3 Are all individuals informed of their responsibilities for assessing and controlling risk?

 Yes No

 3.4 How does the CARES ensure that the control measures identified by risk assessment are appropriate?

 ……………………………………………………………………………………………………………………………………………………

 3.5 Has CARES stated in its policy the means of controlling risk?

 Yes No

 ***If answer to 3.1 and/or 3.5 is ‘no’, it is likely that safety management systems in CARES are deficient and remedial action may need to be taken straight away.***

 ***The written assessments must be readily and easily available both for use and scrutiny.***

 3.6 Have the assessments been reviewed and/or revised within the last year?

 Yes No

 3.6.1 Please briefly describe how the Department ensures that assessments have been reviewed/revised

 e.g. Safety Committee checks? Inspections?

 ……...…………………………………………………………………………………………………………..……………………….

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 3.8 **Chemical Safety**

Does CARES have a policy on the management of chemicals?

 Yes No

 3.8.1 Have Chemical Safety assessments been carried out for all work where exposure to

 substances hazardous to health and/or safety is possible? Yes No

 3.8.2 Have the necessary forms been completed?

 Yes No

 3.8.3 Is CARES using a standard form?

 Yes No

 3.8.4 Has the CARES procedures in place to deal with reasonably foreseeable accidents, incidents or

 emergencies in addition to first aid arrangements e.g. chemical spill kits, oxygen depletion monitors? Yes No

 Please briefly describe these arrangements.

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 3.9 **Noise and Vibration**

 3.9.1 **Noise** - Has CARES any areas that have received sound level monitoring?

 Yes No

 If ‘yes’, have any control measures been implemented?

 Yes No

 If ‘no’, please say why not …………….………………………………………………………………………………………………..

 …………………………………………………………………………………………………………………………………………..

 3.9.2 **Vibration** - Have hazards arising from vibration been identified e.g. strimmers?

 Yes No

 If ‘yes’, what has the Department done about it? ………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………..

 3.10 **Ionising Radiations**

 Do you:

 3.10.1 Hold stocks of radioactive substances or sources?

 Yes No

 3.10.2 Have any equipment containing a radioactive source (including Gas Chromatographs with Electron

 Capture Detectors, anti-static devices, and liquid scintillation counters)? Yes No

 3.10.3 Currently use any radioactive substance or sources for any purpose?

 Yes No

 3.10.4 Hold or use materials containing naturally occurring radioactive materials eg Uranium or Thorium?

 Yes No

 3.10.5 Have any equipment that intentionally produces x-rays for irradiation of specimens?:

 Beam accelerators (including microscopes)

 Yes No

 Electrical equipment that produces ionising radiations for

 medical or veterinary purposes (eg diagnostic treatment) Yes No

 Other electrical equipment that intentionally or adventitiously

 produces ionising radiation Yes No

 If you have answered ‘yes’ to any of the above, have you advised the Radiations Section of the Health and

 Safety Division that this work takes place? Yes No

 3.11 **Non-ionising Radiation**

 Do you have or use any of the following?:

 Class 3A, Class 3R, Class 3B or Class 4 lasers

 Yes No

 Any embedded laser product containing a Class 3A, Class 3R, Class 3B

 or Class 4 laser *which is serviced on Site*. (An embedded laser product Yes No

 contains a laser and is designed and engineered to reduce access to laser

 radiation for normal use, but the radiation might be accessible during servicing.)

 Any of the following, or any other equipment which may be a source of ultraviolet

 radiation?

 Black lights

 Yes No

 Curing lamps

 Yes No

 UV Germicidal/sterilisation units

 Yes No

 UV cross linkers

 Yes No

 UV Transilluminators

 Yes No

 Electric welding arcs

 Yes No

 If you have answered ‘yes’ to any of the above, have you advised the Radiations Section of the Health and Safety

 Division that this work takes place? Yes No

 3.12 **Visual Display Equipment** eg computers, security monitors, equipment display (Display Screen Equipment Regulations)

 3.12.1 Has the Department issued the University guidance and self-assessment check-list to all people using

 VDUs? Yes No

 ***If ‘no’ do so straight away.*** Contact Occupational Health for the latest version.

Who keeps these records?..….……..........................................…..............................................................................………...………

 3.13 **Non CARES Employees**

 Has CARES defined procedures for controlling the activities of non-University employees

e.g. contactors (service engineers/builders) visitors, and students? Yes No

 If ‘yes’ state what these are e.g. badges, leaflets, supervision ………………………………………………………………………………

 …………………………………………………………….……………………………………………….……………………………………..

 3.14 Have you any printing equipment etc besides standard photocopiers and printers for computers?

 Yes No

 If ‘no’, go straight to 3.17.

 3.16.1 Have all risks associated with such equipment eg noise, chemicals, handling been assessed?

 Yes No

 3.15 **Health surveillance**

 3.15.1 Are there arrangements for pre-employment screening?

 Yes No

 3.15.2 Please describe the arrangements

 ………..................................................................................................................................................................................

 ………..................................................................................................................................................................................

 3.15.3 Are there arrangements to ensure that anyone changing their work to come into contact with

 carcinogens etc would be notified to the Occupational Health Service? Yes No

 If ‘yes’ to 3.15.3, please describe the arrangements

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4. **Monitoring Health and Safety Controls**

 4.1 Inspections

 4.1.1 Is there a schedule of inspections?

 Yes No

 4.1.2 Has the programme been agreed by the Safety Committee?

 Yes No

 4.1.3 Have the inspection reports been received/discussed by the Safety Committee?

 Yes No

 4.1.4 How does the Department ensure that actions identified by the inspections are carried out in a timely fashion?

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 4.1.5 It is an expectation that the Program Director will accompany a minimum of one safety inspection

 per year. Is this departmental practice? Yes No

 4.1.6 During safety tours or inspections of the Department have the Departmental staff used any check-lists?

 Yes No

 4.2 Accident, incident and ill health reporting

 (a) Have all accidents, incidents, “near misses” and dangerous occurrences been reported using the prescribed form?

 Yes No

 (b) Who in CARES keeps the accident records and originals of University accident report forms?

 …………………………………….................................................... …….………………………………………………………………..

 (d) Does the Safety Committee or appropriate ‘group’ consider the accidents etc at their meetings?

 Yes No

 (e) Has the Committee discussed and allocated actions?

 Yes No

 4.3 Equipment

 How many items of the following types of equipment does the Department have?

 (a) How many items (approx) of portable electrical equipment? Are all the items regularly inspected and tested in accordance with guidance? Yes No

 (b) How many conventional fume cupboards? Are they regularly tested?

 Yes No

(c) How many recirculating fume cupboards? How are these managed, tested and maintained?

 …………………………………………………………………..

 …………………………………………………………………..

 (d) Are these fume cupboards on a maintenance contract?

 Yes No

 Brief details of contract: ….......................................................................................................................................................…..............

 (e) How many Local Exhaust Ventilation (LEV) installations, not including the above, are there in the department?

 How often is their performance tested? .......................................................... ........................................................…...

 How is their performance tested? ........……………….…………………………………...........................................................................

 (g) How many pressure vessels? Are they all on the Inventory e.g. dewars, pressure cookers, for testing by the Insurance Agents? Yes No

 autoclaves

 (i) Are the records regarding fume cupboard testing, Microbiological Safety Cabinet (MSC) testing,

 Portable Appliance Testing (PAT), pressure vessels and lifting equipment kept in the Department? Yes No

 By whom? .....................................................................................

 4.4 **Accommodation**

 4.4.1 Has there been any re-allocation of accommodation during the last 12 months?

 Yes No

 4.4.2 If ‘yes’ to 4.4.1, please give brief details of the changes:-

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 4.4.3 Are any building or structural modifications being undertaken or planned for the next 5 years?

 Yes No

 Please provide brief details.

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 4.4.4 Have health, safety, security and disability issues been included in these plans?

  Yes No

 4.4.5 Has the possibility of mercury being “hidden” in the building fabric etc been considered?

 Yes No

 4.4.6 Has the possibility of asbestos being in the building been considered?

 Yes No

 4.4.7 Has the possibility of other contamination such as radioactivity/PCBs/anthrax been considered? Yes No

 4.4.8 Who has assurance been sought from?: ………………………………………………………………………………………………

 4.5 **First Aid**

 4.5.1 Do you have a qualified University first aider located CARES?

 Yes No

 4.5.2 If there is no first aider resident in the Department please name the person(s), such as the receptionist, who knows how to, and would summon the emergency services in the event of accident, or when a first aider is not available. Someone, often a first aider, must be delegated with the task of monitoring the contents of the first aid boxes and organising refills.

 Authorised person(s): .........................................................................……….......................................................…............................

 Person monitoring the first aid boxes: ..........................…...........................………...........................................……...........................

 4.5.3 Please identify any first aiders that have had the special training in first aid e.g. incidents involving cyanide, hydrofluoric acid or sports injuries.

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**5.** **Auditing**

 5.1 Have you received a University Safety Audit since the inception of the auditing programme?

 Yes No

 5.2 Have all Departmental actions been completed?

 Yes No

 5.3 Have you been reviewed by any other organisation or body?

 Yes No

 If ‘yes’, please state what this was and when ……………………………………………………………………………………………………

 5.4 Did this/these review(s) include a safety dimension?

 Yes No