**High Voltage (HV) Switch Room**

**Workplace Inspection Checklist and Action Plan**

**Reporting of inspections:** Following your inspection, you must send a copy of your inspection **action plan** to, Workplace Health Safety and Wellbeing (WHSW) at [safety@essex.ac.uk](mailto:safety@essex.ac.uk).

NB: The completion of annual inspections is reported to the University *Health and Safety Group* (HSG), *University Steering Group (*USG) and to *Council*. Action Plans must be completed and sent to WHSW by the end of July each year.

**A total of 20% of all HV Switch Rooms must be inspected annually over all three campuses. If significant concerns are raised, then additional HV Switch Rooms will be also inspected.**

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| **Room inspected (give specific room identification number):** | | |
| **Inspection carried out by:** | **Date:** | |
| **Item** | **Y / N/ Part / NA (or date):** | **Action Number** (to correspond with Action Plan below): |
| Have actions from the previous inspection been regularly reviewed (e.g. every 3 months), high priority actions addressed in good time and action plan updated? |  |  |
| **Safe access?**   * Are doors in good condition? * Are access and egress points safe to use? * Fixed ladders formally inspected in the last 12 months. * Fixed ladders in good condition and securely fixed to the building. |  |  |
| **Security**   * Are access points secure from unauthorised use? * Are there Permit or Authority signs on the access doors? |  |  |
| **Slip and trip and striking hazards**   * Are the walkways slippery? * Obstructions in access routes. * Look for protruding items at head height. |  |  |
| **Are there any electrical hazards?**   * Damaged, casing, leads, plugs. * Is electrical test in date? * Look for signs of oil leaks. * Look for signs of overheating. |  |  |
| **Lighting**   * Are light levels acceptable when door closed? |  |  |
| **Fire**   * Are there any fire hazards including combustible material? * Are fire extinguishers in date? * Is there fire detection? |  |  |
| **General**   * Is internal structure in good condition, including walls, floors and ceilings? * Is the area tidy and free from waste? * Is appropriate electrical signage posted in area? |  |  |
| **Other items noted:** | |  |

Health and Safety Inspection: Action Plan

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| **Area(s) inspected:** | |  | | | **Inspected by:** |  | | | | **Date:** |  | |
| **Responsible manager** (e.g. Head of Department / Section). | | | **Name:** |  | | **Signed:** |  | | | **Date:** |  | |
| **Action No.** | **Area for improvement** | | **Action needed** | | | **Who will take action?** | | **Priority**  **H, M, L** | **Target Date** | | **Date achieved** | **Call log number** |
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| **This action plan will be reviewed by (name and job role):** | | |  | | | | |
| **Planned review dates:** |  |  |  |  |  |  |  |
| **Once reviewed initial to confirm:** |  |  |  |  |  |  |  |