**Low Voltage (LV) Switch Room, Risers, & Plant 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) via 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 *Council*. Action Plans must be completed and sent to WHSW by the end of July each year.

**The Colchester Campus will be split into 5 separate inspection areas with one area inspected each year on a 5-year rota, a total of 20% of Rooms / Risers must be inspected annually in the selected Colchester Campus area.**

**Southend and Loughton Campuses will be inspected on a 20% basis each year.**

**If significant concerns are raised, then additional Rooms / Risers 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?
* Storage cupboards must be metal, in good condition with closing doors.
* 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:**  |  |
| **Name of responsible manager:** (e.g. Head of Department / Section) |  | **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:** |  |  |  |  |  |  |  |