**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](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 *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:** |  |  |  |  |  |  |  |