

BOLSOVER DISTRICT COUNCIL
Workplace Safety Inspections Agreement

Bolsover District Council Equalities Statement

Bolsover District Council is committed to equalities as an employer and in all the services provided to all sections of the community.

- The Council believes that no person should be treated unfairly and is committed to eliminate all forms of discrimination in compliance with the Equality Strategy.
- The Council also has due regard to eliminate racial discrimination and to proactively promote equality of opportunity and good relations between persons of different racial groups when performing it's functions.

This document is available in large print and other formats from any of the Council Offices or by contacting the Chief Executives Directorate on 01246 242323. Please bear in mind we will need a few days to arrange this facility.

If you need help to read this document please do not hesitate to contact us.

Our Equality and Diversity Officer can be contacted via [Email](#) or by telephoning 01246 242407.

Minicom: 01246 242450

Fax: 01246 242423

WORKPLACE SAFETY INSPECTIONS AGREEMENT

1. Introduction

Bolsover District Council is committed to the health, safety and welfare of its employees, Councillors and others that may be affected by its activities such as members of the public and contractors. This includes making sure the Authority's premises are maintained, statutory requirements met and safety issues are identified and dealt with effectively.

This can be achieved by having a system of workplace monitoring on a regular and consistent basis. The workplace monitoring can take the form of

- Workplace Inspections to include Hazard Spotting.
- More detailed inspections where areas of concern have been raised.
- Safety audits of policies and their implementation.

The objectives of workplace inspections will be:-

- To identify hazardous conditions so that remedial action can be taken.
- To improve operational safety and conditions.

2. Responsibilities

Safety Sub-Committee Members

- Monitoring compliance with this Policy.
- Monitoring of Reports submitted by the Health and Safety ~~Officer~~ Advisor and others.
- Requesting further information/additional work where there are areas of concern.
- Reviewing policy and suggesting and agreeing changes.

Member Champion for Health and Safety

- To attend health and safety workplace inspections where appropriate
- To carry out the duties as outlined above as a Member of Safety Sub Committee

Health and Safety ~~Officer~~ Advisor

- Co-ordinating the system of inspection and ensuring that hazards are dealt with appropriately and expediently.
- Submission of a summary report on the findings of the workplace inspections.
- Provision of specialist health and safety advice to Managers/Trade Union Safety Representatives.
- Undertaking in-depth audits as and when necessary.

Head of Service/Line Manager

- Conducting health and safety workplace inspections, formal and informal, on a regular basis. Formal inspections will be undertaken every three/six months.
- Ensure that hazards are reported and dealt with appropriately.
- Liaison with the Trade Union Safety Representative and the Health and Safety ~~Office~~ Advisors.

Trade Union Safety Representatives

- To liaise with the Manager at each location to inspect their workplace every 3/6 months* or sooner if work practices have changed or there is a 'high risk' activity.
- To co-operate with the employer on matters of health and safety.
- Check employer systems and procedures relating to health and safety.

*Frequency of inspections is detailed below.

3. Frequency of Inspections

Sherwood Lodge Corporate Buildings		
(The Arc, Sherwood Lodge ,Pleasley Mills)		Six M monthly
Riverside Depot		Six Monthly
Leisure Centres and Greaseworks (PVOAC)		Six Monthly
Other Leisure Facilities		Six Monthly
Pleasley Business Park	Three monthly	
Contact Centres		Six m Monthly
Shop Units & Group Dwellings		Six Monthly
Commercial and Industrial Units		Six Monthly
Bolsover Depot	Three monthly	
South Normanton Depot	Three monthly	
Kissingate Leisure Centre	Three monthly	
Creswell Leisure Centre	Three monthly	
Group Dwellings	Six monthly	

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The date for inspections should be agreed at beginning of the Council year.

4. Duration of Inspections

Where the management and union sides are local to the workplace, inspections should be programmed to last as long as is necessary to inspect the workplace so that normal duties can resume after the inspection.

Where either side is not local to the workplace and/or several workplaces are to be inspected, sufficient time needs to be set aside at the end of the inspection to agree the complete report.

5. Attendees

5.1 Workplace Inspections

Head of Service/Line Manager of workplace location.
Trade Union Safety Representative.
Cabinet Member for Health and Safety as appropriate

5.2 Detailed Inspections

Head of Service/Line Manager of workplace location.
Trade Union Safety Representative.
Health and Safety ~~Officer~~ Advisor.

5.3 Safety Audits

Health and Safety ~~Officer~~ Advisor.
Trade Union Safety Representative.

6. Format of Inspection

- 6.1 A copy of the previous inspection pro-forma should be obtained for the workplace if one is available in order to check previously identified hazards have been rectified or to be made aware of why this has not been undertaken. Copies of relevant risk assessments should also be made available.
- 6.2 The Manager will complete the attached Safety and Housekeeping Inspection Form (WPI 1) as the inspection progresses.
- 6.3 The Safety and Housekeeping Inspection Form (WPI 1) will be used to note the specific safety concerns_s, corrective actions_s, person(s) responsible, target completion dates_s.
- 6.4 Where it is identified that an individual is not complying with health and safety policies etc. (such as not wearing protective clothing) the Manager **will** issue a verbal instruction to the individual(s). The individual will be given an opportunity to explain why they are not complying with health and safety policies. Where these instructions are not heeded the Manager should invoke the disciplinary procedure.
- 6.5 If, in exceptional circumstances, the inspection overruns the agreed time and the Safety and Housekeeping Inspection Form cannot be agreed, a meeting will be arranged at the earliest convenience time for both parties of the necessary parties so that the form can be completed.

7. Distribution of Report

Copies of the report will be distributed to all those in attendance, the Health and Safety ~~Officer~~ Advisor and other Officers who may be responsible for taking corrective action.

8. Response Times to Report

The relevant Head of Service/Line Manager will complete the 'Date Action Completed' column within ten working days of the Targeted Completion Date and distribute copies to those identified in paragraph 7.

SAFETY & HOUSEKEEPING INSPECTION

LOCATION & INSPECTOR INFORMATION

Explain all items and issues that need attention at the end of the checklist. Include the item letter and number, location of the deficiency, and the corrective action necessary. Mark an answer for each question using the following legend:

Yes = Acceptable at time of inspection	No = Needs Attention	N/A = Not Applicable
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Inspection Date: _____ Inspector Name(s): _____

Location Name: _____

GENERAL FACILITY

A. Conditions and Hygiene Yes No N/A

1.	Corridors and floors free of slip and trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Corners, out-of-way places clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Work places, tables and benches clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Wash rooms, locker rooms and disposal containers adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hand soap or other cleaning agent and warm water provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Hand towels or other means of drying hands available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Eyewash stations (and safety showers) clean, operable and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Sidewalks and parking areas in good condition (walking surface, holes, ice, litter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Health & Safety Notices Yes No N/A

1.	Health & Safety Policy current and posted available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Regulatory posters current and posted (e.g. first address)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	All accidents recorded and reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Safety data sheets up-to-date and available to employees (COSHH sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hazardous materials properly labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Identification Form used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Lights Heating & Ventilation Yes No N/A

1.	General lighting adequate and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Heating adequate with controls to regulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ventilation system adequate and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Emergency lighting in place and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Air circulating systems inspected on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Fire Prevention, Emergencies & Exits		Yes	No	N/A
1.	Safety rules posted and enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Exterior and interior lights adequate and in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Exits and corridors leading to exits visible, clearly marked, and kept clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Exit signs in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Non-exits properly signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Extinguishers provided and checked, training conducted for all persons expected to use extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Easy access of fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Extinguisher hoses, sprinkler heads and valves unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Flammable liquids stored in approved safety cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Test emergency lighting equipment as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Test fire/security detection/protection devices as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Fire doors kept closed at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	"No Smoking" signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Emergency valves/switches clearly and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Walking & Work Surfaces		Yes	No	N/A
1.	Grates or covers over floor openings such as floor power points secured and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Steps on stairs and stairways with a safe surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Corridors, stairs and passageways kept clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Wet surfaces cleaned up promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Exits properly labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Seasonal hazards are addressed (snow removal, salt, leaves, artificial lighting levels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Mezzanines marked with rating and not overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. First Aid		Yes	No	N/A
1.	Emergency eye washes and showers properly located, identified, unobstructed and training conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	First aid cabinets well stocked, clean, accessible, no items have expired dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	First aid names/telephone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Medical Sharps waste container available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Waste Receptacles		Yes	No	N/A
1.	Waste receptacles provided and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Waste receptacles emptied regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Electrical		Yes	No	N/A
1.	Electrical boxes provided with required covers (all open spaces have block outs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Temporary wiring and extensions in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Permanent wiring in safe condition, no open or exposed plugs or wires, all wires protected from abrasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Electrical panels closed when not being accessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Electrical rooms are kept locked and clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Electrical panels unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Power tools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Depot Works & Fuel Areas		Yes	No	N/A
1.	Spill kits readily available around fuel areas, training conducted and procedures posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Nozzles and hoses in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Emergency shut-off clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fueling areas are inspected for spills and/or leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Area is clean; snow removal, free from debris, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Area lights are working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Fencing is in good condition and free from debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Ladders & Elevated Platforms		Yes	No	N/A
1.	Portable ladders in good condition with slip-proof feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Fixed metal ladders in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Platforms in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Adequate head clearance provided from the floor to the ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Personal Protective Equipment & Housekeeping		Yes	No	N/A
1.	Safety glasses provided and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Authorised safety boots worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Chemical resistant gloves worn where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hearing protection properly used as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Sharps equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Face shield properly used as appropriate for task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Unused portions of service pits covered or protected by guardrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other (Personal Protective Equipment) High visibility clothing used as required (to create high visibility to operative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L. Electrical & Fire Safety		Yes	No	N/A
1.	Combustible liquids (fuels, solvents, paints, etc) are stored in non-combustible cabinet with closing doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Electrical circuit breakers identified and used in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Electrical extension cables in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Pressure washer in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Other Facility Specific Areas				
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY CHECKLIST CORRECTIVE ACTION SUMMARY

Site Inspected: _____ Date Inspection Completed _____

Address: _____

Inspection Team members: _____

CORRECTIVE ACTION PLAN					
Safety Checklist Item #	SPECIFIC SAFETY CONCERN	CORRECTIVE ACTION	PERSON(S) RESPONSIBLE	Targeted Completion Date	Date Action Completed

The Safety Checklist and Corrective Action Plan has been reviewed by the proper officials and the corrective actions have been implemented.

Prepared and Reviewed by:	Title	Date and Time