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ACCIDENTS

RECORDING

1. All accidents, whether causing injury or not, to any person on campus or involved in University work off campus are to be immediately recorded, as accurately as possible, using the University's Accident/Incident Report form.
2. If the injured person is unable to complete a report form their immediate supervisor or manager is to do so.
3. Gradual process injuries such as OOS, noise induced hearing loss, dermatitis etc where an actual injury date may be difficult to determine are to be recorded at the time of first symptoms, or suspicions of symptoms.
4. A 'near miss' incident is considered an accident under the Health & Safety in Employment Amendment Act 2002 and should similarly be recorded.
5. Accident/Incident Report forms are available
 - In this document
 - From <http://www.auckland.ac.nz/hrr/forms.ptml>
 - From Human Resources (Health Safety & Wellness Manager)

REPORTING

1. Completed Accident/Incident Reports forms are to be immediately reported to Heads of Department or Managers, who are required to check to ensure the accuracy of the report and forward the original to Human Resources (Health & Wellness Manager) **without delay**. Copies may be kept at department or faculty level as required.
2. Where the injury is serious Human Resources (Health & Wellness Manager) is to be immediately contacted so that they may inform the Health & Safety Service of the Department of Labour / Maritime NZ / Energy Safety Service / CAA as required by legislation by;
 - a) verbal notice, as soon as possible after the occurrence becomes known; and
 - b) written notice (Serious Harm Notification), within 7 days after the occurrence.

The site of serious harm injuries must not be disturbed until cleared by a Health & Safety Inspector from the Dept of Labour / Maritime NZ / Energy Safety Service / CAA

INVESTIGATION

1. All accidents involving a significant hazard or causing serious harm are to be investigated by the supervisor or nominated manager
2. Other accidents and incidents may also require investigation depending upon the circumstances.
3. Accident/Incident Investigation forms are available
 - In this document
 - From [responding to and reporting incident and accidents](#)
 - From Human Resources (Health Safety & Wellness Manager)
4. The Health & Wellness Manager is available to assist with investigations where required and should always be involved in cases of serious harm.
5. Completed Accident/Incident Investigation forms are to be immediately reported to Heads of Department or Managers. Originals are to be forwarded to Human Resources (Health

Safety & Wellness Manager) without delay. Copies may be kept at department or faculty level as required.

DEFINITION OF SERIOUS HARM (HSE ACT)

1. Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
2. Amputation of body part.
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen.
5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation, or ingestion, of any substance.
6. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.

Contacting Investigating Authorities

For Serious Harm Accidents you can contact the;

[Dept of Labour](#)

Ph 0800 20 90 20 24 hours / 7 days a week

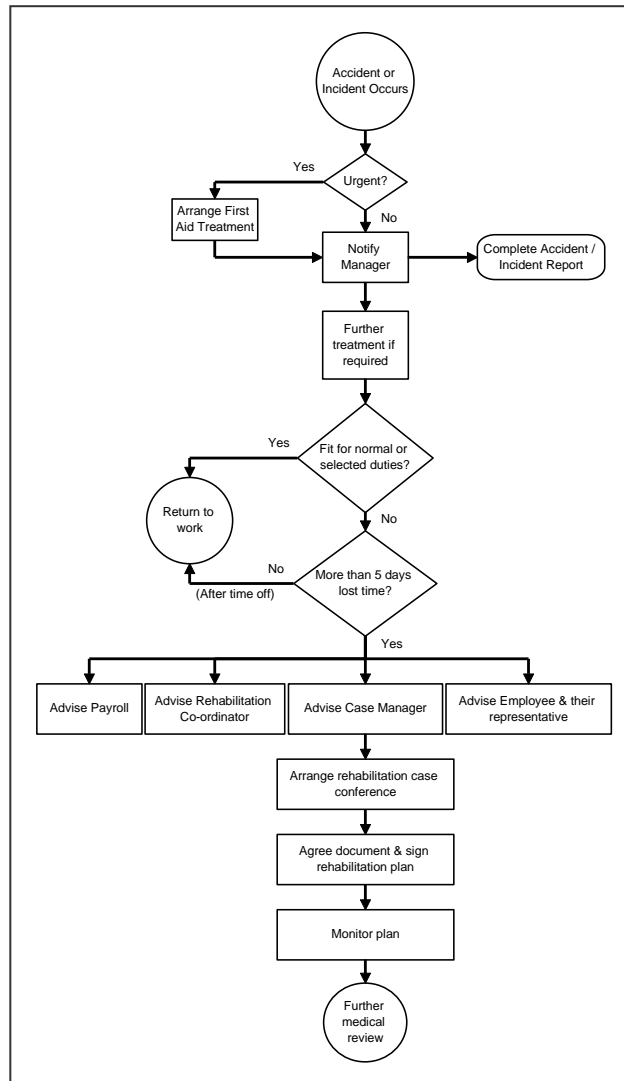
[Maritime NZ / CAA](#)

Freephone: 0508 472 269

[Energy Safety Service](#)

Ph 0800 10 44 77 (Electrical & Gas Accidents)

Injury Management Process



MEDICAL CLAIMS

LODGING CLAIMS (WORK AND NON-WORK RELATED)

1. A claim is lodged whenever a staff member receives medical treatment from a doctor or hospital. A copy of the treatment form (medical certificate) will be sent to WorkAon, the University's claims manager for work injuries, or to ACC for non-work injuries and a copy provided to the staff member.
2. The certificate will detail any further treatment, work restrictions, or time off required.
3. The staff member is to immediately present their copy of the certificate to their Head of Department or Manager who is to forward it to Human Resources (Health & Wellness Manager) without delay (within 48 hours of the accident). Further medical certificates for ongoing treatment are to be similarly treated.
4. For work injuries an Accident/Incident Report should accompany the certificate if one has not already been sent.
5. Any further paper work, for either work or non-work injuries, is to be coordinated through the Health & Wellness Manager. Please contact the Health & Wellness Manager immediately any forms etc; are received.

LOST TIME

1. All injury related absences must be validated with a medical certificate.
2. The statutory level of weekly compensation for time off provided for in the Accident Insurance Act is 80% of normal earnings. However arrangements have been made for University staff to have their salaries maintained at normal levels during any time off required for either work or non-work injuries.
3. No deductions are made from leave entitlements for absence for work injuries.
4. Sick leave is deducted for absence in the first week for non-work injuries.
5. A rehabilitation plan may be established when time off is likely to exceed 5 days. It is therefore important that Human Resources (Health & Wellness Manager) is immediately advised in these circumstances.
6. For General Staff, leave returns are to be completed as normal clearly showing absence for injury as being work or non-work related.
7. For Academic Staff, injury related absence is to be advised by the Head of Department to Human Resources (Health & Wellness Manager) fortnightly.

For further information:

Injury Management Programme
Claims Management & Rehabilitation Manual
<https://policies.auckland.ac.nz/policies/Policies/staff-hr.aspx>



ACCIDENT / INCIDENT REPORT

Complete as soon as possible after the accident or incident.
(Manager/supervisor to complete if staff member unable to do so and check accuracy of information)

Report to HOD. Copy to Faculty or Registry Office and to Human Resources.

For non-injury accidents complete questions 1, 2, 3, 4, 8, 9, 10, 13 & 14 as applicable

1 Particulars of employer:

Faculty/Registry

Department

2 Location of place of accident/incident:

Building (or location)

Level & room

3 Personal data of injured person:

Name

Residential Address

Date of Birth Male Female

4 Signature of injured person:

Date:

5 Occupation or job title of injured person:

Staff Student Visitor

Staff/Student ID No.

6 Period of employment of injured person:

- 1st week 1st month 1-6 months
 6 months - 1 year 1-5 years Over 5 years
 non-employee

7 Treatment of injury:

- Nil First-aid [= Harm]
 Doctor (not hospitalised) Hospitalised [= Poss Serious Harm]

8 Time and date of accident / harm:

Date Time am / pm

Started work at (time)

If shiftworker: Shift Day Afternoon Night

9 Mechanism of accident / harm:

- Fall, trip or slip Hitting objects with part of the body
 Sound or pressure Being hit by moving objects
 Body stressing Heat, radiation or energy
 Biological factors Chemicals or other substances
 Mental stress

10 Agency of accident / harm:

- Machinery or (mainly) fixed plant
 Mobile plant or transport
 Powered equipment, tools or appliances
 Non-powered handtools, appliances and equipment
 Chemical or chemical products
 Material or substance
 Environmental agency
 Animal, human or biological agency (not bacteria or virus)
 Bacterial or virus

11 Body part:

- Head Neck Trunk
 Upper limb Lower limbs Multiple locations
 Systemic (internal organs)

12 Nature of injury or disease: (Specify all)

- Sprain or strain Amputation, incl. eye
 Open wound Nerves or spinal cord
 Puncture wound Damage to artificial aid
 Bruising or crushing Disease, nervous system
 Foreign body Disease, musculoskeletal
 Burns Disease, skin
 Poisoning & toxic effects Disease, digestive system
 Fracture of spine Disease, infectious or parasitic
 Other fractures Disease, respiratory system
 Multiple injuries Disease, circulatory system
 Superficial injury Tumour (malignant or benign)
 Dislocation Mental disorder
 Head injury Fatal
 Internal injury of trunk Occupational hearing loss

13 How did the accident / harm happen?

(If not enough room attach separate sheet or sheets.)

14 Was a significant hazard involved? Yes No

[Refer to department's Hazard Register]

15 Has an investigation been carried out? Yes No

[Required if significant hazard involved or if serious harm injury]

Signature of Head of Department/Manager:

Date:

Name:

NB For serious harm injuries: Secure the accident site and ensure it is not disturbed pending possible DoL investigation.

Notify the Health, Safety & Wellness Manager immediately. Ext: 89645, Mobile 021 937 741

Office use only – Health, Safety & Wellness Manager to complete

Do you accept this as a work related injury? Yes No Unsure

I, the undersigned, declare that the details above have been completed accurately, truthfully and fully to the best of my knowledge and belief, and I understand that providing a false or misleading statement is an offence.

Signature of Health, Safety & Wellness Manager: Date:

Health, Safety & Wellness Manager: Ian O'Keefe Mobile: 021 937 741 Ext: 89645 Fax: 09 373 7625 Email: i.okeefe@auckland.ac.nz
Ext: 84325 internal

ACCIDENT/INCIDENT INVESTIGATION FORM

To be completed for all accidents/incidents involving significant hazards (refer to Department's Hazard Register) and in all instances of serious harm.

PARTICULARS OF ACCIDENT/INCIDENT		
Date	Time	Location

INJURED PERSON	Phone
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	

WITNESSES	Phone
1. <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	
2. <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	
3. <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	

DAMAGED PROPERTY

THE ACCIDENT/INCIDENT	
DESCRIPTION	Briefly describe events leading up to the accident/incident (use reverse for diagram or for further details)
ANALYSIS	What do you consider were the causes of the accident/incident? Eg. Actions, conditions, knowledge, skills, procedures
HOW BAD WAS IT, OR COULD IT HAVE BEEN? Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor	WHAT IS THE CHANCE OF IT HAPPENING AGAIN? <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare

	PREVENTATIVE ACTION	BY WHOM	WHEN
PREVENTION	Eg. Replace, Change, Modify, Substitute, Train/counsel, Review, Monitor		

ACCIDENT/INCIDENT INVESTIGATED BY	DATE	SIGNATURE

HEAD OF DEPT / MANAGER	DEPARTMENT	DATE	SIGNATURE

Attach: Copy of Accident/Incident Report
 Witness statements
 Diagrams and photos. (Diagram must be attached for all vehicle accidents)

Copy to Health, Safety & Wellness Manager, Human Resources.

HEALTH SCREENING AND SURVEILLANCE

An employer may not put an employee in a position that will cause them harm. Therefore at the time of recruitment The University should ascertain that a prospective staff member does not have any health problems that are incompatible, or possibly incompatible, with the position applied for. Job specific questions to identify any such risks are legal, as is a decision not to appoint where clear incompatibility exists.

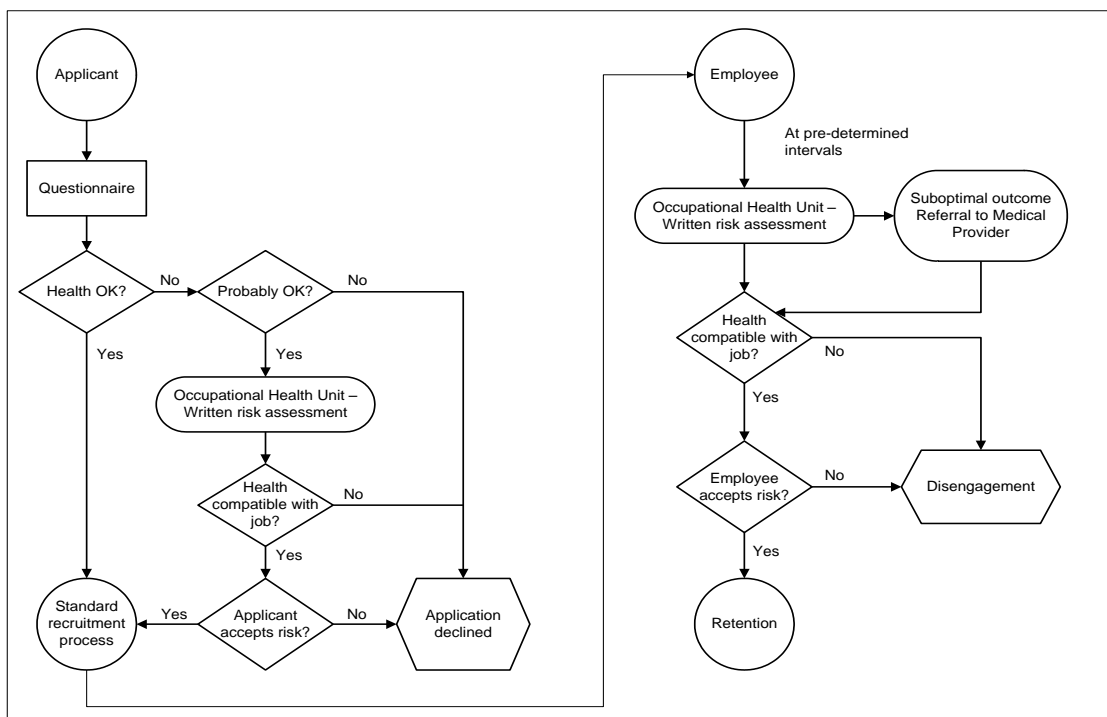
QUESTIONNAIRES

Questionnaires are available in the following categories and are equally applicable to academic and general staff positions.

Clerical or Office work	Library work	Laboratory work	Workshop or Maintenance work
Use of computers	Use of computers	Use of computers	
	Manual handling	Manual handling	Manual handling
		Exposure to workplace chemicals	Exposure to workplace chemicals
		Animal handling	
			Noise

1. Where there is a level of risk but a decision to appoint is made, that person's health needs to be monitored at pre-determined intervals to ensure that their health is not being affected.
2. Staff exposed to certain hazards (e.g. noise) may also require health surveillance. The associated Hazard Analysis Form will indicate where this is the case. Staff with suboptimal results will be issued with appropriate referral for medical review for work-related and non work-related health changes.
3. Where staff health is being negatively affected termination on medical grounds may be necessary.

PROCESS



Revised June 2005

HAZARD MANAGEMENT

DUTIES OF EMPLOYERS

1. A central duty for Employers under the Health & Safety in Employment Act is hazard management.
 - a) A **hazard** is any situation or circumstance that is an actual or potential cause or source of harm and includes: (Note: These provisions are as defined under the Health and Safety in Employment Amendment Act 2002, effective 5 May 2003)
 - i) A situation where a person's behaviour may be an actual or potential cause or source of harm to the person or another person
 - ii) Without limitation a situation described in subparagraph (i) resulting from physical or mental fatigue, drugs, alcohol, traumatic shock, or another temporary condition that affects a person's behaviour.
 - b) **Significant hazards** are defined in the Act as those that can cause serious harm or harm (being harm that is more than trivial) the severity of whose effects on any person depend (entirely or among other things) on the extent or frequency of the person's exposure to the hazard or harm that does not usually occur, or usually is not easily detectable until a significant time after exposure to the hazard.
 - c) Serious harm is defined in the Act (Refer to definition under Accidents)
2. The Act requires that all hazards be **systematically identified and regularly assessed** for their significance.
3. Significant hazards must be:
 - a) Eliminated if practicable
 - b) Isolated where elimination is impracticable
 - c) Minimised where elimination and isolation are impracticable.

Examples:

Elimination:	Isolation:	Minimisation:
Substitution with a less hazardous chemical	Installation of barriers to prevent entry or falls	Operating procedures, guidelines, maintenance schedules
Removal of a process, or a process stage or step	Installing Guards on machinery to prevent contact with dangerous parts	Training and supervision
Removal of a substance / material e.g. asbestos	Installation of mufflers or baffles to reduce noise	Personal protective equipment

- Eliminated hazards obviously cease to exist.
- Isolated hazards also cease to exist, but may reappear if the isolation fails in any way.
- Minimised hazards remain, as controlled hazards, but **only so long as the control measures remain effective**. These hazards are to be listed on the department's Hazard Register and reviewed at least annually.
- Should the state of knowledge of any of the 4 tests of 'all practicable steps' change, the control may be rendered ineffective.

THE TEST OF ACTIONS (ALL PRACTICABLE STEPS)

The test of the actions taken is that of 'all practicable steps' to achieve the result that it is reasonably practicable to take in the circumstances with regard to the following: *(Note: These provisions are as defined under the Health and Safety in Employment Amendment Act 2002, effective 5 May 2003)*

- a) The nature and the severity of the harm that may be suffered if the result is not achieved; and
- b) The current state of knowledge about the likelihood that harm of that nature and severity will be suffered if the result is not achieved; and
- c) The current state of knowledge about the harm of that nature; and
- d) The current state of knowledge about the means available to achieve the result, and about the efficacy of each of those means: and
- e) The availability and cost of each of those means.

To avoid doubt, a person required by this Act to take all practicable steps is required to take those steps only in respect of circumstances that the person knows or ought reasonably to know about.

HAZARD IDENTIFICATION AND ANALYSIS

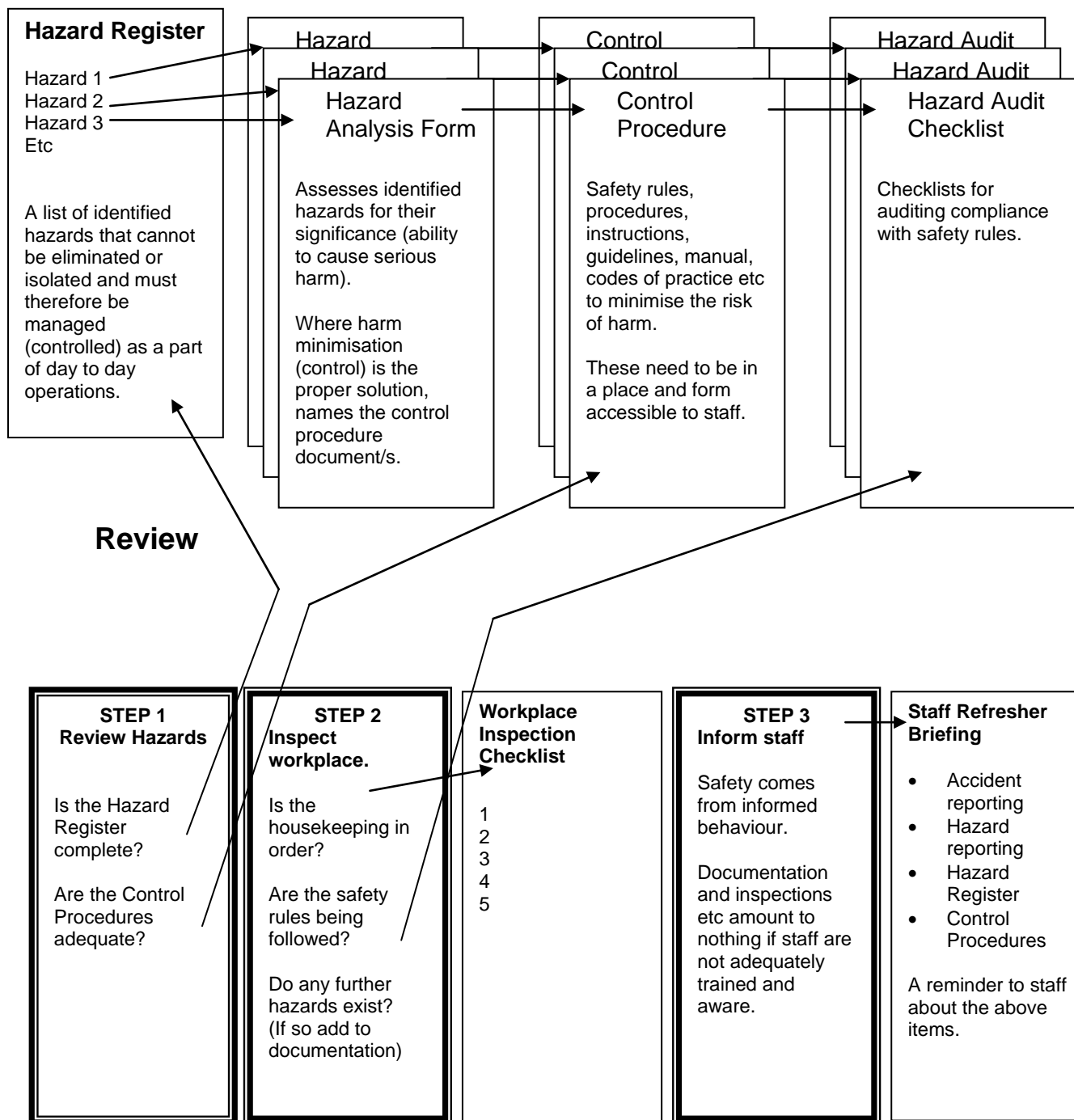
1. Involve as many staff as practical.
2. Extract from existing manuals, handbooks and other documentation a list of tasks, situations or equipment noted as presenting a danger or a risk. If no such documentation exists use the List of Controlled Hazards in this document as a starting point.
3. Conduct a walk-through of the workplace to see if anything else should be added to the list. Include 'housekeeping' items such as untidiness and broken or faulty equipment. Consider the harm / injury that could occur to an individual from the hazard. This will assist with establishing the extent of controls and priority action to be taken.
4. Like items (eg hand-tools, chemicals, laboratories) that present a similar danger or risk may be grouped.
5. Complete a **Hazard Analysis Form** for each item or group of items. If a new activity, process, machine & hazard is identified & has quite specific or unique Hazards enter this on the Hazard Analysis Form
6. Hazards presented by breakdowns in either procedure (eg untidiness) or plant will be able to be eliminated and should be attended to without delay.
7. Hazards that cannot be eliminated but can be isolated should be attended to without delay.
8. The remaining hazards will be those that are a part of normal operations and have to be managed (controlled) on a day-to-day basis to minimise the risk.
9. Each is to be listed on the Department's **Hazard Register** and have a **Control Procedure** established. The document containing the procedure is to be noted on the relevant Hazard Analysis Form.
10. Control procedures should be comprehensive and specific and demonstrate how the hazard will be mitigated to prevent potential harm. Implemented controls must meet best practice and /or legal requirements to ensure that all reasonable and practicable steps have been taken.
11. Extract the most salient points from each Control Procedure into a **Hazard Audit Checklist**. (Sample audit checklists have been established for the hazards on the List of Controlled Hazards).
12. Complete a Hazard Analysis Form to assess the hazards of new equipment, substances, or processes being introduced into the workplace, and to assess the significance and management options for reported unsafe conditions (except where elimination is obvious).

WORKPLACE INSPECTIONS & HAZARD REVIEWS

1. Workplace inspections and reviews of existing (controlled) hazards are to be conducted by 31 March each year to:
 - a) Ensure that a safe and healthy environment is being maintained
 - b) Confirm that the Hazard Register is up-to-date
 - c) Verify that hazard control procedures are adequate
 - d) Audit compliance with control procedures
 - e) Remind staff of workplace hazards and of their responsibilities
2. Staff should be notified when inspections and reviews are to take place so that appropriate people may be involved and consulted. It is important to involve staff who have a good working knowledge of their work particular work activities to ensure comprehensive checks are conducted.
3. Completed checklists are to be filed in the folder containing this document.
4. The Hazard Register is to be signed by the HoD, checked by the Faculty Registrar / Manager or Service Division Manager and copied and forwarded to the Human Resources (Health Safety & Wellness Manager) once inspections have been completed and staff have received their refresher briefing.
5. Any matters needing attention are to be:
 - a) Clearly assigned to specific individuals for action.
 - b) Noted when actioned on the Hazard Register or Workplace Inspection Checklist.

HAZARD MANAGEMENT OVERVIEW

Documentation



Hazard Analysis Form

Complete for tasks, situations or equipment considered hazardous. Report to HOD.
 File in Accident/Illness Prevention Programme folder. Action as required.

Task, situation, equipment

What could cause injury or illness? *(Select all applicable)*

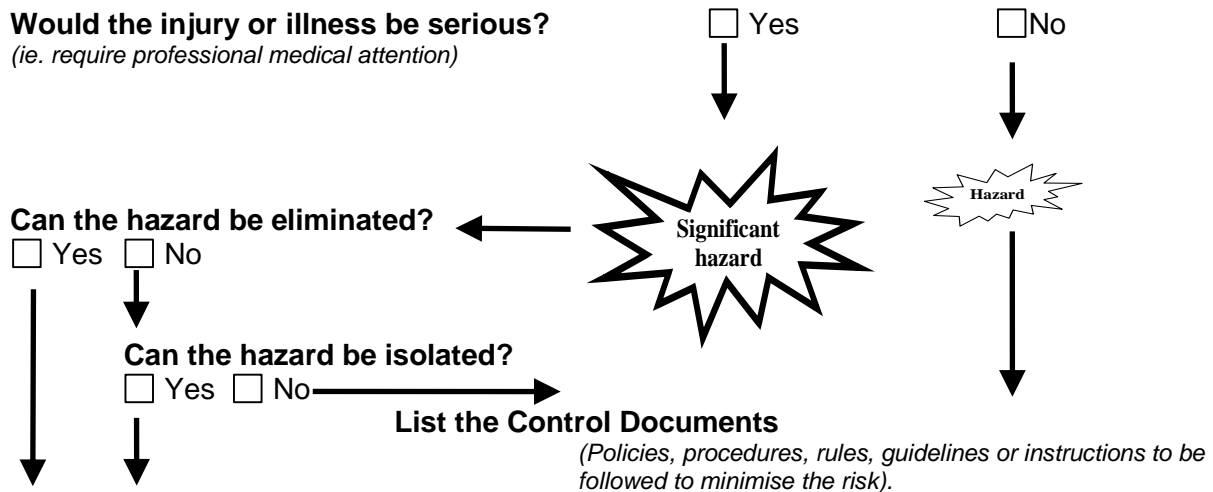
- | | | |
|---|--|--|
| <input type="checkbox"/> Fall, Slip or Trip | <input type="checkbox"/> Hitting objects with part of the body | <input type="checkbox"/> Being hit by moving objects |
| <input type="checkbox"/> Body stressing | <input type="checkbox"/> Chemicals or other substances | <input type="checkbox"/> Heat, radiation or energy |
| <input type="checkbox"/> Sound or pressure | <input type="checkbox"/> Biological factors | <input type="checkbox"/> Mental Stress |

What injury or illness is likely? *(Select all applicable)*

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Sprain or strain | <input type="checkbox"/> Fracture | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Bruising or crushing |
| <input type="checkbox"/> Open wound | <input type="checkbox"/> Puncture wound | <input type="checkbox"/> Burns | <input type="checkbox"/> Fatal |
| <input type="checkbox"/> Poisoning | <input type="checkbox"/> Infection/disease | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Mental disorder |

What is the probability of injury or illness occurring? High Medium Low
(Consider the nature of the task or situation, and the frequency and duration of exposure).

Would the injury or illness be serious? Yes No
(ie. require professional medical attention)



List steps to be taken:	
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
Person responsible:	Is health monitoring required? <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency:
Completion date:	By whom:

Completed by: _____ **Date:** _____

TABLE OF CONTROLLED HAZARDS

Category	Hazards	Injuries	Location	Policies and Guidelines
Physical	Falls, slips, trips, bumps and strikes	Bruises, fractures, lacerations	Offices Grounds Workshops Locations Service Areas Laboratories	<ul style="list-style-type: none"> • The Erection of Sculpture and Displays Policy • Field Trips Policy • Office Safety Guidelines • Security & You • Fieldwork Safety Guidelines
Ergonomic	Computer use, pipetting, lifting and carrying	Sprains and strains, OOS	Offices Workshops Locations Service Areas Laboratories	<ul style="list-style-type: none"> • Computer Safety Guidelines • Manual Handling Safety Guidelines • www.habitatwork.co.nz • COP for Visual Display Units
Electrical	Equipment and appliances	Shock, burns, electrocution, fire	Offices Workshops Locations Service Areas Laboratories	<ul style="list-style-type: none"> • Electrical Safety Guidelines • In-service safety inspection and testing of electrical equipment AS/NZS 3760:2010
Mechanical	Machinery and tools	Lacerations, bruises, fractures	Offices Workshops Locations Service Areas Laboratories	<ul style="list-style-type: none"> • Equipment Design, Modification, Repair and Commissioning Policy • Machinery Guidelines <u>DOL</u> publication • Workshop Safety Guidelines • Gas Cylinder Safety Guidelines
Chemical	Storage, use, disposal	Poisoning, burns, fire, explosion, contamination	Workshops Locations Service Areas Laboratories	<ul style="list-style-type: none"> • The Management of Chemicals Policy • The Small Scale Use of Chemicals Policy • Gas Cylinder Guidelines • Laboratory Safety Guidelines • Chemical Safety Guidelines • Cryogenic Materials Safety Guidelines • Code of Practice for Exempt Labs
Biological	Animals, humans, micro-organisms	Infection, lacerations, contamination	Locations Service Areas Laboratories	<ul style="list-style-type: none"> • Laboratory Safety Guidelines • Biohazardous Material Safety Guidelines • Animal Safety Guidelines • Infectious Disease Policy • UABSC Website Policy
Radiation	Lasers, x-rays, UV light, radioactive material	Poisoning, burns, tissue damage, cancers	Service Areas Laboratories	<ul style="list-style-type: none"> • The Use of Lasers Policy • Laboratory Safety Guidelines • Radioactive Material Safety Guidelines • Laser Safety Guidelines • UV Light Safety Guidelines • X Ray Safety Guidelines • Safe Handling of Radioisotopes • Radiation Protection Plan Policy

1. This table of Controlled Hazards and their associated control procedures have been extracted from various University safety manuals.
2. They are provided as examples, and may be incorporated as seen fit, into new or existing safety manuals.

Where more specificity is required a new Hazard Analysis Form is to be completed and a new control procedure established.

HAZARD REGISTER COVER PAGE

Department:

Date:

Inspector:

Hazards	Does the hazard still exist?		Is the control procedure still adequate?		Is the procedure being followed?		Deficiencies to be corrected by	Corrected
	✓	✗	✓	✗	✓	✗	Name	Date
Emergency Management								
General Health & Safety Requirement: Work Environment								
Electrical Safety								
Workshop, Plant / Machinery Safety								
Wood Working Machinery								
Metal Work Machinery								
Working at Height Safety								
Laboratory Safety								
Radioactive Material, X-Ray & Irradiating Apparatus and Ultra-Violet Safety								
Fieldwork Safety								

Instructions:

1. This form is available at [Hazard Review Process](#) via Health Safety & Wellness Intranet
2. Departments should customise it to list all the significant hazards in the department that require ongoing management control.
3. Review the Department's safety manual to verify that procedures are still adequate.
4. Refer to Controlled Hazards Checklists to verify if procedures are being followed.
5. HoD to sign off that the process has been completed satisfactorily.
6. Copy this form to the Human Resources (Health & Wellness Manager) immediately following the review.

Hazard Review, workplace inspections and staff refresher briefings for the department were completed by

Name:

Signature

EMERGENCY MANAGEMENT CHECKLIST

Department: Date:

Inspector:

Area (building, floor, room)

Instructions:

1. This form is available at <http://www.auckland.ac.nz/hrr/forms.ptml>
2. Departments should customise it to meet their local circumstances by deleting non-applicable items and adding additional items as necessary.
3. The area(s) covered per checklist will depend upon the geographic spread of operations, the variety of operations, and organisational structures and responsibilities.

Fire Safety			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are fire extinguishers conspicuous and none are missing and are securely mounted.			
Have fire extinguishers received annual check? (Should see a label advising this.)			
Are fire blankets conspicuous? (If applicable)			
Are EXITS conspicuous and are EXITS routes unobstructed?			
Check that no materials or waste is accumulating in exit stairwells.			
See that smoke and fire doors are not wedged open and freely close. (Note magnetic release doors close when alarm is activated.)			

Fire Safety			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Manual Call points conspicuous and unobstructed?			
Are emergency and exit signs conspicuous and have completed details?			
Are staff briefed on Fire Evacuation Procedure for specific building?			
Have staff been briefed on how to assist people who have a disability or impairment that prevents them egressing exit stairs?			
Click here to add any further unique or specific hazards.			

Personal Safety and Security			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are staff familiar with Security contact numbers and external emergency call points?			
Are staff aware of security support services when working late at night?			
Is lighting sufficient within work area and main egress routes at night time?			
Has approval been provided to staff/students who may be working after hours as per the			

Personal Safety and Security			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Access to University Facilities Policy?			
Have staff been briefed on University and/or Department security requirement?			
Has a Hazard Assessment been conducted to take into account people working after hours and working alone?			
Click here to add any further unique or specific hazards.			

Bomb Threat/Natural Disaster/Gas/Power Outage			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Have emergency plans been reviewed and are they still applicable?			
Are staff/managers familiar with bomb threat procedures?			
Are key staff/managers familiar with procedures when managing gas leak emergencies?			
Are procedures in place to manage power outages?			
Are torches or similar items available?			
Are these items operational?			

Bomb Threat/Natural Disaster/Gas/Power Outage			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Click here to add any further unique or specific hazards.			

First Aid			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are department/floor level first aid kits conspicuous and appropriately stocked?			
Are designated Building First Aider's first aid kits appropriately stocked?			
Are first aid rooms suitably equipped and clean?			
Is first aid manual accessible?			
If available, are Automatic External Defibrillators (AED) conspicuous and in working order?			
Have assigned staff received refresher training in Automatic External Defibrillators (AED) operations?			
Are signs/placards in place to identify and locate trained first aiders who are able to operate such Automatic External Defibrillators ?			
Is the location of these devices identified?			
Click here to add any further unique or specific			

First Aid			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
hazards.			

Emergency Management	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

General Health and Safety Requirements: Work Environment

Stairs			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are they in good repair, e.g. no chips or damage?			
Is lighting adequate for people to ascend and descend stairs safely?			
Is the stair surface suitable to prevent potential slips?			
Is stair tread even?			
Are handrails and safety barriers in a good condition and secure?			
Click here to add any further unique or specific hazards.			

Floors			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are they even and in good repair?			
Is floor surface adequate to prevent slips?			
Carpet is level, not frayed and does not pose a tripping hazard.			
There is no excess build up of water, leaves or other substances on the floor to create a slipping hazard?			

Floors			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are mezzanine floors or access ways fitted with handrails, mid-rails, toe-boards or a suitably solid barrier protection to prevent falls?			
Are these barriers in good repair?			
Are guard rails set at a height between 900mm – 1.2 metres or higher?			
Are changes in floor surface level suitably marked?			
Are walkways and corridors free from obstructions or protruding items?			
Is signage readily accessible to warn occupants of slippery floors from spills and subsequent clean up?			
Click here to add any further unique or specific hazards.			

Storage and Shelving			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are storage shelves secured and not overloaded?			
Are stored items/contents adequately secured within and on shelves? E.g. are items overhanging shelves, or heavy items placed			

Storage and Shelving			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
at an easier access height?			
Do stored items remain one metre below sprinkler heads and are not stored above them?			
Is the shelving structure in good condition?			
Is waste material accumulating?			
Are suitable step ladders available for staff to use?			
Click here to add any further unique or specific hazards.			

Kitchenettes/Toilets/Bathrooms			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are kitchenettes clean?			
Are cups and cutlery adequately stored?			
Are cooking appliances clean and hygienic?			
Are rubbish bins present and are they clean? Is rubbish regularly removed?			
Have kitchen appliances been electrically checked, tested and tagged?			
Are tea towels clean and regularly changed?			

Kitchenettes/Toilets/Bathrooms			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are toilet areas clean and hygienic?			
Are soap dispensers functional and adequate?			
Are hand drying facilities functional and adequate?			
Click here to add any further unique or specific hazards.			

Environmental Conditions			
Specific Controls and Checks	Y/N N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are temperatures in office/classrooms generally remaining within comfort zones? If excessive, please note when this occurs and for how long.			
Is adequate fresh air ventilation being received?			
Is lighting adequate? *Ask occupants who may indicate if they are experiencing difficulties with glare or the room being too bright or dark. If so, note down and a lighting test may need to be arranged. *For those equipped with light meters, a measurement of 500 lux is recommended.			
Are fans and portable heaters in good repair? Have they been electrically checked and tagged as per the Safety Testing and Inspection of Electrical Appliances policy?			
Click here to add any further unique or specific hazards.			

General Health and Safety Requirements: Work Environment	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

GENERAL HEALTH AND SAFETY REQUIREMENTS: WORK ENVIRONMENT

Department: Date:

Inspector:

Instructions:

1. These checklists are available at <http://www.auckland.ac.nz/hrr/forms.ptml>
2. They have been developed from the safety guidelines in the University Health and Safety Manual and are for auditing compliance with established procedures.
3. The file should be customised to contain a checklist for each item on the department's Hazard Register.
4. Items within each checklist should be customised to correspond to the actual control procedures in use in the department.

Computer Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are chairs fully adjustable for: <ul style="list-style-type: none"> • Seat height • Back height and angle • Staff know how to adjust them? 			
Are chairs functional and in good repair?			
Are desks in good order? E.g. no damage or sharp edges.			
Are adjustable desks correctly adjusted for the operators? E.g. not too high or low			
Is there adequate leg room below the desk to allow the operator freedom to move? E.g. no excessive items stored below desk area restricting movement?			
Are footrests available where required?			
Are operators without footrests able to comfortably place feet flat on floor to provide a supportive posture?			

Computer Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are screens adjusted to the correct height?			
Are screens/monitors free from excessive glare?			
Are systems in place to monitor fatigue and excessive workload?			
Is task variety encouraged to minimise static posture?			
Are staff aware of symptoms and signs of OOS/discomfort, pain and injury, and early injury reporting?			
Are staff aware of the need for micro-pauses and breaks?			
Do staff demonstrate good keyboard/mouse technique?			
Do staff know how to adjust their workstation, chair and monitor?			
Click here to add any further unique or specific hazards.			

Manual Handling Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Have staff received training on how to safely lift items?			
Are appropriate mechanical lifting devices available to assist with lifting? E.g. trolleys.			
Do repetitive and high load problems exist with certain tasks?			
Has a Hazard Assessment been conducted to identify issues and appropriate controls and procedures developed in regard to lifting and transporting items/loads?			
Are operators comfortably able to reach items to avoid back strain or injury?			
Have steps been taken to reduce the weight of loads people may have to lift? E.g. restricting the weight of boxed publications.			
Have items been placed at height levels to allow staff to correctly lift and not incur strain injuries?			
Are reminders in place to inform staff to consider team lifting when certain items are not easily lifted alone?			
Click here to add any further unique or specific hazards.			

ELECTRICAL SAFETY

Department:

Date:

Inspector:

Instructions:

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Electrical Safety			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is equipment and appliances (including plugs and leads) in good repair?			
Are number of power outlets sufficient?			
Check that multi boxes are not overloaded or daisy chained together.			
Are power leads routed away from traffic areas and do not pose a tripping hazard or subject to damage?			
Has electrical appliance and equipment been checked by qualified/competent electrical personnel? *Look for electrical testing tag on appliances, leads, multi-boxes. *Refer to Electrical Appliance Testing Policy and NZS 3760/2001 & 2003			

Electrical Safety			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are appropriate warning notices displayed (e.g. high voltage)?			
Have electrical appliances/leads been electrically checked and tagged?			
Are electrical appliances that are operating within designated Hazardous Zones intrinsically safe and have they been inspected by an Electrical Inspector for hazardous areas?			
Are Residual Current Devices available, used and in good work order?			
Click here to add any further unique or specific hazards.			

Electrical Safety Checklists	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

ANNUAL AUDIT FORM – ELECTRICAL APPLIANCE TESTING

Department:

Date:

Completed by:

Contact Details:

SAFETY TESTING OF APPLIANCES IN USE CONDUCTED:

Priority 1 – Testing every six months	✓	x	Comment
Appliances: which are very frequently used, portable, used in workshops, or used in hostile environments. (See Note-1 and Note-3)			

Priority 2 – Annual Testing	✓	x	Comment
Most appliances in normal usage, items in kitchens & tea rooms			
Appliances which are exposed to mild “hostile environment” factors, including heaters and devices with internal heating			
Computers/controllers used on the fringe off, or in conjunction with other appliances used in a hostile environment			

Priority 3 – Testing 1 to 2 Years	✓	x	Comment
Appliances in office-like environments which are subject to occasional movement and which have been approved (registered written consent) to be rescheduled from the annual testing requirement. (See Note 2)			

Priority 4 – Testing within 5 years	✓	x	Comment
Office environment: clean & stable, where power cords are not subject to flexing, or any form of abuse			

Note-1: “Hostile Environment” includes an environment in which heat, shock, vibration (movement, flexing), moisture (ice, fluids, condensation), pressure (inc. crushing forces), or abnormal levels of dust is present.

Note-2: Refer to HR Policy “Safety Testing of Electrical Appliances” Appendix-1 “Rescheduling...”

Note-3: Hired and Loaned appliances (excluding computers) should be inspected before each hire/loan and monthly.

WORKSHOP, PLANT/MACHINERY CHECKLISTS

Department: Date:

Inspector:

Instructions:

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After Hours			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are After Hours/Working Alone procedures in place for Workshops and Machinery? E.g. no operation or access of Workshops alone or after hours.			
Have staff been informed and have they acknowledged the After Hours Access procedure?			
Click here to add any further unique or specific hazards.			

Safety Signage/Instruction Manuals/Registers			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Safety Signage relevant and located adjacent to specific Hazards?			
Are sign-in registers or Workshop restrictions in place to prevent unauthorised access and are people briefed on the safety relevant hazards?			

Safety Signage/Instruction Manuals/Registers			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Safe Operating Procedures placarded next to machines?			
Are Machine Instruction Manuals accessible to users?			
Are maintenance records kept for machinery/plant/equipment?			
Click here to add any further unique or specific hazards.			

House Keeping			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Materials and stored items do not encroach into walkways?			
Is rubbish/waste material removed to waste bins and frequently disposed?			
Have waste materials that have been soaked or been in contact with flammable liquids been suitably disposed in waste bins dampened in water?			
Are Swarf, Dust, Oil and other items removed around machinery and walkways?			
Click here to add any further unique or specific hazards.			

Machinery Lockout Procedures			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are procedures in place to manage faults,			

Machinery Lockout Procedures			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
cleaning & maintenance of machinery?			
Are lockout procedures in place and staff know the procedure?			
Hold cards, tags, and lockout devices are accessible and utilised?			
Are procedures in place to remove damaged and faulty equipment from service and labelled to identify that it is out of service?			
Click here to add any further unique or specific hazards.			

Gantry Crane and Lifting Equipment			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Has crane been inspected annually by a Marine & Industrial Engineer?			
Is crane certificate is displayed?			
Is lifting gear such as chains, lifting strops, hooks and wires in good condition and have been inspected by an independent competent person within the last 12 months, or as specified by manufacturer?			
Is Control Pendant well marked with control symbols and directions?			
Are Emergency Stop Buttons operational?			
Are SOP's in place to ensure the safe operation of the crane?			
Is protective equipment worn by all people who operate within the vicinity of the crane?			

Gantry Crane and Lifting Equipment			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are maintenance records, certificates and engineering reports accessible for inspection and perusal in a register?			
Are support rigs in good condition?			
Click here to add any further unique or specific hazards.			

Personal Protective Equipment (PPE) – Hearing Protection			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is hearing protection clean?			
Is hearing protection in good condition and not damaged?			
Is hearing protection suitable for noise levels encountered?			
Are users shown how to fit ear plugs?			
Click here to add any further unique or specific hazards.			

Personal Protective Equipment (PPE) – Respiratory Protection			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is respiratory equipment is clean?			
Are filter cartridges still operational within prescribed time limits?			
Are filter cartridges the correct type for encountered airborne contaminants?			

Personal Protective Equipment (PPE) – Respiratory Protection			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the respirator functional and undamaged?			
Are respirators stored in a manner (Click Clack Container) to prevent contamination and filter use?			
Click here to add any further unique or specific hazards.			

Personal Protective Equipment (PPE) – Safety Glasses/Visors			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are safety glasses/visors clean and undamaged?			
Is there a range of sizes available for users where such equipment may be shared in a class environment?			
Click here to add any further unique or specific hazards.			

Personal Protective Equipment (PPE) – Safety Helmets			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are helmets undamaged?			
Are hard hats still within their 3 year's life span from the date of issue?			
Click here to add any further unique or specific hazards.			

Personal Protective Equipment (PPE) – Safety Footwear
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Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is safety footwear worn in workshop and suitable for purpose?			
Is safety footwear in good condition?			
Are staff and students instructed on PPE requirements and how to wear it correctly?			
Click here to add any further unique or specific hazards.			

Personal Protective Equipment (PPE) – Ventilation/Extraction Systems			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are systems functioning effectively to remove contaminants from plant within room or at point of source?			
Click here to add any further unique or specific hazards.			

Workshop, Plant/Machinery Safety Checklist	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

Woodworking Machinery:

Circular Saw			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Hood Guard fitted, set correctly, secured?			
Is Push stick present, in good condition, and painted different colour?			
Is Riving Knife fitted and secured, adjusted correctly?			
Is emergency stop button operational?			
Are operation controls functional?			
Is dust extraction system operational, and saw dust removed from work areas?			
Is transmission guard fitted and secure?			
Are electrical leads are in good condition?			
Click here to add any further unique or specific hazards.			

Router			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is router cutter guard fitted?			
Are jig and routing boards available where material cannot be secured by other means?			
Click here to add any further unique or specific hazards.			

Planing Machines			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments

Planing Machines			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is cylindrical cutter block fitted?			
Bridge guard is fitted?			
Have you checked that Leg and Mutton guards are not used?			
Can table opening be adjusted?			
Are push blocks fitted with a pressure shoulder and hand grips available for materials that are less than 450 mm wide or unable to pass material under guard?			
Are Anti-Kick Back devices fitted and functional?			
Click here to add any further unique or specific hazards.			

Bandsaw			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the working side of the saw blade guarded between the guide and any upper band wheel that is within reach from the working level?			
Click here to add any further unique or specific hazards.			

Cross Cut Off Saw, Draw Saw, Radial Arm Saw			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Check that saw blade does not extend past edge of table?			
Is hood guard secure and fitted?			

Cross Cut Off Saw, Draw Saw, Radial Arm Saw			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is frontal (finger) guard fitted and adjustable?			
Is barrier fence fitted in non-cutting side of blade when saw is in retracted position?			
Does the saw stop or retract to the fence if released?			
Click here to add any further unique or specific hazards.			

Vertical Spindle Moulding Machine			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is cage guard or similar guard fitted to isolate cutters?			
Are jigs or holders accessible to hold materials where cage guard cannot be used?			
Is push stick and spike available?			
Click here to add any further unique or specific hazards.			

Sander (Belt)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are both pulleys guarded?			
Are guards fitted to isolate in-running nips between the belt and pulleys?			
Click here to add any further unique or specific hazards.			

Dust Extractions Systems			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the system functional?			
Is the dust collection system regularly checked and changed?			
Check that no sources of ignition are located within 3m of collection unit.			
Is signage in place instructing no ignition sources should be within area?			
Click here to add any further unique or specific hazards.			

Chainsaw			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is rigid front handle guard fitted, and in good repair?			
Is the chain brake functional?			
Is a protective mitt fitted and in good condition?			
Is the stop switch in good functional condition?			
Is the throttle lockout switch in good functional condition?			
Is the chain catcher undamaged and in good repair?			

Chainsaw			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the muffler in good repair?			
Is the chain sharpened and tensioned as per manufacturer's specifications?			
Is the lubrication and fluid of the saw set at correct levels and functioning?			
If electrically powered, is the electrical lead in good condition and been electrically checked and tagged?			
Is appropriate safety clothing and equipment accessible and worn? <ul style="list-style-type: none"> • Steel capped safety boots • Class 4 or 5 ear muffs • chainsaw operator's safety trousers or chaps • Safety helmet • Safety goggles and visor 			
Is the saw regularly maintained?			
Click here to add any further unique or specific hazards.			

Woodworking Machinery	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

Metal Work Machinery:

Lathe			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is transmission is guarded and secure?			
Is emergency Stop is functional and accessible?			
Is interlock guard operational and covers chuck (if fitted)?			
Is foot brake operational?			
Click here to add any further unique or specific hazards.			

CNC Machine			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Interlock Guards fitted and are operational?			
Do Controls Function correctly?			
Are symbols or control directions legible?			
Are Polycarbonate windows intact and are clean?			
Are Dust extraction system fitted and operational?			
Is Emergency stop button operational and accessible?			
Click here to add any further unique or specific hazards.			

Punch and Forming Press			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Tool and die guarded and securely fitted?			
Is Interlocked Guard fitted and prevents machine operation?			
Are Mechanical linkages to interlock guard sound, and not bent or damaged?			
Is Anti-free fall device functional and in good repair?			
Is Rear Guard fitted to prevent access to tool and die?			
Hydraulic Press – are Light beam guards operational, and do they bring machine to a halt if beam is broken?			
Is Foot pedal shrouded?			
Are SOP's are in place when changing tool and die during set up?			
Click here to add any further unique or specific hazards.			

Metal Cutting Guillotine			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is a guard positioned in front of the Blade and Clamp to prevent access and amputation?			
Is Frontal guard narrow enough to prevent fingers accessing dangerous area?			
Is a back guard fitted to prevent access to blade?			
If fitted, are light beams operational and do			

Metal Cutting Guillotine			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
they stop machine operation if beam is broken?			
Is the foot pedal shrouded?			
If fitted, are interlock guard operational and prevent machine motion when opened?			
Click here to add any further unique or specific hazards.			

Drill			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the Transmission Guard securely fitted?			
Are Emergency Stop buttons functional and can they be easily reached?			
Click here to add any further unique or specific hazards.			

Combination Metal Working Machine/Ironworker			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Foot Pedal Shrouded?			
Is Punching station suitably guarded?			
Is Shearing Station suitably guarded?			
Is Notching Section Guarded with fixed or adjustable guard?			
Are Emergency Stop buttons are functional and can be easily reached?			
Click here to add any further unique or specific			

Combination Metal Working Machine/Ironworker			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
hazards.			

Roll Bending Machine (Powered)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the emergency stop button/s functional?			
Is the transmission guarded?			
Are emergency stop cords fitted and functional?			
Click here to add any further unique or specific hazards.			

Press Brake			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are light beam guards functional? When beam is obstructed, does machine come to a stop?			
Are physical side guards installed and fitted to prevent contact with tool and die?			
Is the rear side of the machine guarded and lockout procedures in place when access is needed?			
Is Operating foot pedal functional?			
Click here to add any further unique or specific hazards.			

Abrasive Grinders (Pedestal)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the peripheral guard in place and securely fitted?			
Is an adjustable top piece/tongue fitted to help contain wheel fractures?			
Is the abrasive wheel secured to machine?			
Is the correct type of abrasive wheel fitted for the machine and job?			
Is the pedestal Grinder secured to work bench?			
Are abrasive wheels in good condition, undamaged and have even surface wear?			
Are abrasive wheel appropriately stored to prevent damage?			
Click here to add any further unique or specific hazards.			

Hand Held Portable Grinders			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the peripheral guard in place and securely fitted?			
Is the abrasive wheel secure to machine?			
Are abrasive wheels in good condition and undamaged and have even surface wear?			
Is the dead man switch functioning?			
Is the manufacturer's operating manual accessible to users?			

Hand Held Portable Grinders			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is appropriate safety equipment and clothing worn and accessible to users? E.g. goggles, visors, dust masks, safety footwear.			
Click here to add any further unique or specific hazards.			

Robot Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Perimeter Fencing installed and prevents access to moving parts?			
Are Installed Light Beams operational and bring machine to a immediate stop if broken?			
Are Installed Interlock gates or switches functional?			
Are Emergency Stop Buttons easily accessible and functional?			
Is Lockout procedure is in place and do staff know the procedure?			
Are Procedures in place to manage faults, cleaning and maintenance?			
Click here to add any further unique or specific hazards.			

Other Plant/Machinery Not Already Identified (write name of machine here:			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is machine fully guarded to prevent people reaching dangerous parts from all sides?			

Other Plant/Machinery Not Already Identified (write name of machine here: _____)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are guards secured in a manner to prevent being tampered with or easily defeated?			
Are controls all functional and their functions labelled?			
Are Lockout procedures in place for repairs/cleaning and maintenance?			
Are interlock guards functional? E.g. either stop machine or prevent guard from being opened and requires a control reset.			
Can the interlock switches be defeated by use of a tool, tape or other means?			
Are fitted light beams functional and tested?			
Has machine been electrically tested?			
Is Machinery operating with safe speeds?			
Are Extraction and Ventilation systems adequately operating to remove contaminants?			
Click here to add any further unique or specific hazards.			

Gas Cylinders and Welding Equipment			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are oxy acetylene cylinders fitted with flash back arrestors?			
Are cylinders restrained from falls, secured in appropriate racks or trolleys and stored in an upright position?			
Are valves and regulators secure and			

Gas Cylinders and Welding Equipment			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
undamaged?			
Are connections to flexible pipe work secured?			
Are cylinder keys with each cylinder?			
Are hoses are in good repair?			
Is mechanical Ventilation and extraction system sufficient to remove contaminants?			
Are cylinders correctly labelled?			
Are welding masks/visor in good repair? Is a welding helmet with a suitable arc flash filter, not less than shade 10 worn and in good condition?			
Are spare fuel gas cylinders and oxygen cylinders stored separately?			
Are gas cylinders kept away from electrical apparatus and sources of heat?			
Are flameproof overalls worn and in good condition?			
Are suitable gloves available and in good condition?			
Are suitable respirators worn and masks are clean?			
Are filters clean and suitable for encountered fumes?			
Is suitable safety footwear worn and in good condition.			
Are suitable spats and aprons worn and in good condition?			
Are safety goggles worn and in a good condition?			

Gas Cylinders and Welding Equipment			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are electrical cables, connectors, switches, and cover plates for arc welders in good condition? E.g. not frayed or damaged or missing?			
Are Material Safety Data Sheets readily available for gas cylinders?			
Do users understand the Hotwork Permit system?			
Are Welding curtains available to protect bystanders from Welders flash?			
Click here to add any further unique or specific hazards.			

Hazardous Substances (Chemicals)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Substances safely segregated?			
Are Substances stored within designated Dangerous Good Stores or Flameproof cabinets?			
Are storage facilities suitably labelled with Hazardous Substance symbols?			
Are Chemical containers labelled and legible?			
Are Flammable Substances being managed as per the Safe Methods of use Procedure?			
Are containers suitable and not leaking contents?			
Is suitable equipment available for transportation of chemicals between work			

Hazardous Substances (Chemicals)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
areas and labs?			
Are minimum amounts of flammable substances used in workshop?			
Are Material Safety Data Sheets are readily accessible?			
Click here to add any further unique or specific hazards.			

Metal Work Machinery	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

WORKING AT HEIGHT SAFETY CHECKLISTS

Department: Date:

Inspector:

Instructions:

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Ladders			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are ladder stiles in a good condition and not bent or damaged?			
Are ladder feet in place, not damaged or worn?			
Are ladder rungs not missing, bent, slippery or damaged?			
Check that step ladder locking bars are not damaged?			
Check that extensions ladder rope and locks are not damaged?			
Check that ladders are the appropriate type for task or work activity?			
Click here to add any further unique or specific hazards.			

Cherry Pickers/Scissor Lifts			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Operators Manual accessible, read and understood by operators?			
Are Log Book, Certificates and Maintenance Records maintained?			
Are controls labelled?			
Controls are functional?			
Are Platform Guard rails undamaged and secure?			
Are fuel, water and oil levels in work platforms set correctly?			
Is the powered mechanism for operating the platform working properly?			
Check that emergency controls function correctly and any ancillary safety equipment (e.g. safety harness) are in good condition.			
Check that hydraulic lines are not leaking or damaged?			
Check that the supporting structure is sound and free from distortion or cracking.			
Check that tyre pressure is correctly inflated, if pneumatic tyres are fitted, and that tyres are undamaged?			

Cherry Pickers/Scissor Lifts			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are brakes working efficiently and the brake fluid level is set correctly?			
Has the machine been checked every 6 months by a competent person?			
Are operators trained in machine's operation and capability?			
Click here to add any further unique or specific hazards.			

Fall Arrest/Restraint Systems			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are harnesses in good condition and not frayed or damaged?			
Is a register kept logging harness, lanyard and rope access equipment condition?			
Are fall arrest devices and restraint mechanisms functional and in good condition?			
Have permanently installed anchorages been checked within last 12 months?			
Are harnesses, ropes, lanyards stored in manner to prevent damage?			
Are karabiners functional and undamaged?			

Fall Arrest/Restraint Systems			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are lanyards and ancillary rope access equipment functional and checked for damage?			
Are procedures in place to perform a rescue while operating at height?			
Click here to add any further unique or specific hazards.			

Working at Height Safety Checklists	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

VEHICLE SAFETY CHECKLISTS

Department: Date:

Inspector:

Instructions:

13. These checklists are available at <http://www.auckland.ac.nz/hrr/forms.ptml>
14. They have been developed from the safety guidelines in the University Health and Safety Manual and are for auditing compliance with established procedures.
15. The file should be customised to contain a checklist for each item on the department's Hazard Register.
16. Items within each checklist should be customised to correspond to the actual control procedures in use in the department.

Forklift			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Have all forklift operators received training via an authorised forklift trainer's course?			
Is the forklift operational manual accessible and has it been read by operators?			
Are maintenance records readily accessible?			
Is the machine regularly serviced? When?			
Are warning systems such as lights, reversing beepers and horn functional?			
If gas operated, is LPG/CNG cylinder securely restrained?			
Are connections in good order?			
If fitted with a seat belt, is this in good repair?			

Forklift			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are tyres in good condition and have sufficient tread?			
Are all controls functional and ensure smooth movement?			
Does the foot and park brake function effectively?			
Is an approved lifting platform accessible/used when lifting personnel?			
Is there a problem with forklift fumes in work areas?			
Click here to add any further unique or specific hazards.			

Trailers			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Does trailer have a current warrant of fitness and registration?			
Are tyres, including spare, in good condition and inflated to correct levels?			
Are lights functional?			
Is the safety chain in good condition?			

Trailers			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the tow ball and coupling in good condition and securely attached to the tow bar and trailer draw bar respectively?			
It the coupling well lubricated?			
Are wheels spinning freely and without any noises indicating worn wheel bearings?			
If fitted, are trailer brakes functional?			
Are staff familiar with good loading techniques of trailers?			
Are securing devices for trailer loads in good condition and suitable for the loads carried?			
Are warning flags, as specified by LTSA, available and fitted for any overhanging or protruding loads?			
Click here to add any further unique or specific hazards.			

Vehicles			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Do vehicles have a current Warrant of fitness?			
Do vehicles have a current vehicle registration?			

Vehicles			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Do all lights and warning devices operate?			
Are safety belts in good condition and functional?			
Are tyres (including spare) in good condition?			
Is a first aid kit located in vehicle and suitably stocked?			
Is a fire extinguisher fitted and secured within vehicle?			
Are mirrors in good condition?			
Have drivers been through a Defensive Driving course?			
Do drivers have appropriate licences for class of vehicle?			
Do drivers know how to change a flat tyre and what equipment they need to use?			
Are brakes, water, oil fluids set at correct levels for that vehicle?			
Are internal load restraint barriers installed to prevent loose loads impacting driver and passengers?			
Click here to add any further unique or specific hazards.			

Tractors			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the PTO shaft adequately guarded?			
Are attached transmissions on implements guarded to prevent injury?			
Are warning devices, e.g. horn, lights functional?			
Is rollover protection fitted and structurally sound?			
Are primary controls such as steering, brakes, accelerator functional?			
Are secondary controls for implements functional?			
Are fitted seat belts functional and in good condition?			
Are hydraulic fluids for implements set at correct levels?			
Click here to add any further unique or specific hazards.			

All Terrain Vehicle (ATV)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are primary controls functional and effective? E.g. steering, brakes Foot & park, Throttle.			
Are warning devices and lights functional?			
Are tyres in good condition and correctly inflated?			
Are riders helmets correct type, good fitting for the operator, and in good condition?			

All Terrain Vehicle (ATV)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Suitable riding clothing is worn?			
Are rules in place to prevent youths riding ATV's?			
Is the Operator's Manual accessible and has it been read by riders?			
Are rules in place regarding unsafe zones of using an ATV on certain terrain?			
Click here to add any further unique or specific hazards.			

Vehicle Safety Checklist	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

LABORATORY SAFETY CHECKLISTS

Department: Date:

Inspector:

Instructions:

17. These checklists are available at <http://www.auckland.ac.nz/hrr/forms.ptml>
18. They have been developed from the safety guidelines in the University Health and Safety Manual and are for auditing compliance with established procedures.
19. The file should be customised to contain a checklist for each item on the department's Hazard Register.
20. Items within each checklist should be customised to correspond to the actual control procedures in use in the department.

HSNO Requirements			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Laboratory Managers or Persons in charge identified and noted on Laboratory signage?			
Are Labs suitably secured to prevent unauthorised access?			
Have Lab personnel access to Material Safety Data Sheets and know how to find this information?			
Do Lab Personnel know where and how to find Safe Method of Use Procedures?			
No food or drink is located or consumed within Lab environments? (Are signs and lab rules in place?)			
Are washing facilities suitable and clean?			
Have Cleaning Contractors been instructed on safety procedures to be taken while operating in or around Labs while undertaking cleaning tasks. Specifically around "no go" areas and emergency procedures have been explained?			
Is appropriate personal protective equipment			

HSNO Requirements			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
available, clean and in good condition?			
Click here to add any further unique or specific hazards.			

Respiratory Protection (if applicable)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is Respiratory Equipment is clean?			
Are Filter cartridges still operational within prescribed time limits?			
Are Filter cartridges the correct type for encountered airborne contaminants?			
Is the Respirator functional and undamaged?			
Are Respirators stored in a manner (Click Clack Container) to prevent contamination and filter use?			
If breathing apparatus is used, is it functional and ready for use?			
Click here to add any further unique or specific hazards.			

Safety Glasses/Visors			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are they clean and undamaged?			
Is there a range of sizes available for users where such equipment may be shared in a class environment?			

Safety Glasses/Visors			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Do staff members have specific safety glasses issued to them?			
Click here to add any further unique or specific hazards.			

Safety Footwear			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is suitable closed Footwear worn in Lab and suitable for purpose?			
Click here to add any further unique or specific hazards.			

Gloves			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are suitable gloves available for the type of hazardous substance being handled?			
Are they in good condition?			
Are there a range of sizes for multiple users e.g. class type situations?			
Click here to add any further unique or specific hazards.			

Lab Coats/Coveralls			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are they accessible and in good condition?			
Are staff and students instructed on PPE			

Lab Coats/Coveralls			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
requirements and how to wear it correctly?			
Click here to add any further unique or specific hazards.			

Waste Material and Disposal/House Keeping			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Procedures are in place and understood on how to safely remove and dispose of Hazardous Substances?			
Are waste materials not accumulating?			
Are shelves secure and not overloaded with contents?			
Are access ways free of obstructions?			
Click here to add any further unique or specific hazards.			

Dangerous Goods Stores			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Does Store have appropriate signage?			
Signage is clearly legible and visible?			
Is person in charge of the Store identifiable?			
Date last check of store.			
Are Stores used for storage of waste?			
Date last waste disposal.			
Are Stores used for solvent decanting? If so,			

Dangerous Goods Stores			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
date of last check of solvent exposures during decanting operations.			
Click here to add any further unique or specific hazards.			

Emergency Management			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Emergency Spill kits in place, accessible and suitably equipped?			
Staff know location of spill kits and their capabilities?			
Are emergency showers and eye wash stations functional?			
Access to emergency showers are not blocked, and are readily accessible. Electrical appliances or other items are stored clear of shower heads.			
Are Emergency Procedures in place for Power Failures?			
Are First Aid Kits readily accessible and well signed posted?			
Are Wardens and First Aiders identified and details strategically sign posted.			
Are Emergency Hazard Maps held by key personnel to assist Emergency Services?			
Are Fire Extinguisher and fire fighting equipment accessible and the correct type of medium to suppress fire?			
Click here to add any further unique or specific			

Emergency Management			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
hazards.			

Fume Hoods			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Has fume hood received annual check done by SGS? (Please record date of last check.)			
Have filters been checked on recirculating Fume Cupboards and replaced as per specifications or need?			
Recirculating Fume cupboards have prominent signs indicating limitations of use?			
Is Fume cupboard fitted with alarms? If so, are they functional? If not, is the fume cupboard fitted with 'tell tales'?			
Is fume hood functioning effectively (particularly across the face of the hood)?			
Do fume hoods continue to operate effectively when the sash door is at different opening and closing heights?			
Does the sash door function smoothly, stops at desired position and linkages are in good condition?			
Are controls labelled and legible?			
Are operating manuals accessible?			
Is there excess storage of hazardous materials within fume hood?			
Are suitable blast shields available when handling highly hazardous and volatile			

Fume Hoods			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
substances?			
Is lighting suitable to allow work within chamber?			
Are fire extinguishers mounted approximately 4m from fume cupboards?			
Click here to add any further unique or specific hazards.			

Hazardous Substances (Chemicals)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are substances safely segregated? (Class3, 4 and 5 compounds segregated?)			
Are substances stored within designated Dangerous Good Stores or Flameproof cabinets?			
Are storage facilities suitably labelled with Hazardous Substance symbols?			
Are chemical containers labelled and legible indicating contents and concentrations if applicable?			
Are <u>ethers</u> labelled with date of purchase, date of opening, date expiration and last test date?			
Flammable Substances are being managed as			

Hazardous Substances (Chemicals)			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
per the Safe Methods of use Procedure?			
Is the location of trinitroaromatic compounds (such as picric acid) known and recorded?			
Are the trinitroaromatic compounds kept under sufficient water (usually 30%)? (They have not been left to dry out.)			
Are containers suitable and not leaking contents? Caps for containers are secure.			
Is suitable equipment available for transportation of chemicals between work areas and labs?			
Are quantities of flammable substances (outside flameproof cabinets) being used in accordance with SMOU for Flammables?			
Click here to add any further unique or specific hazards.			

Gas Cylinders/Compressed Gases			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Inventory of gas cylinders is kept to a minimum?			
Are cylinders of flammable gas attached to a source of ignition have flash back arrestors fitted?			

Gas Cylinders/Compressed Gases			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are cylinders restrained from falls and secured in appropriate racks and stored in an upright position?			
Have valves and regulators been checked?			
Are connections to flexible pipe work secured?			
Is there a key with each cylinder?			
Are hoses in good repair?			
Are cylinders correctly labelled?			
Are oxygen cylinders kept well away from other combustible gases and sources of ignition)?			
Are gas cylinders kept away from electrical apparatus and sources of heat?			
Is there adequate ventilation for gas cylinder storage?			
Are suitable gloves available and in good condition when handling gases?			
Is suitable safety footwear worn and in good condition?			
Are safety goggles accessible, being worn and in good condition?			

Gas Cylinders/Compressed Gases			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Are Material Safety Data Sheets readily available for gas cylinders?			
Have staff that maintain and operate gas cylinders read and understand the Safe Methods of use Procedure and the gas supplier's instructions?			
Is suitable equipment available to safely transport cylinders? E.g. purpose built trolleys. And these trolleys are in good condition?			
Click here to add any further unique or specific hazards.			

Biological Materials Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Laboratories are part of MAF approved containment facilities and have appropriate signage?			
Are bench tops and hood surfaces cleaned and decontaminated at least daily?			
Are laboratory floors mopped and polished regularly?			
Are appropriate waste disposal facilities available?			
Is warning and safety signage adequate and visible?			
Are approved sharp containers available to			

Biological Materials Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
dispose of syringes?			
Are disposable gloves readily accessible for users?			
Are cupboards, refrigerators and freezers that store Biohazardous material clearly identified with warning labels?			
Date of last Containment facility internal audit. <ul style="list-style-type: none"> • Corrective actions? • When completed? 			
Click here to add any further unique or specific hazards.			

Cryogenic Materials Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Storage is not in closed rooms?			
Loose leather mitts and full face shields are available for decanting and transferring?			
Is perspex face visor and/or goggle protection available for when thawing vials?			
Click here to add any further unique or specific hazards.			

Animal Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is appropriate personal protective equipment available and worn?			

Animal Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is the animal house/lab maintained under negative pressure?			
Is outgoing air adequately filtered?			
Can the animal area be strictly isolated?			
Is bedding material appropriate?			
Is there a safe means to transport animals between labs?			
Is there lifting equipment suitable to shift animals?			
Is it clearly stated that no food, water or eating implements are within the lab?			
Is access restricted to lab to prevent unauthorised access?			
Click here to add any further unique or specific hazards.			

Laboratory Safety Checklist	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

Laboratory Safety Checklist

RADIOACTIVE MATERIAL, X-RAY AND IRRADIATING APPARATUS AND ULTRA VIOLET SAFETY CHECKLISTS

Department: Date:

Inspector:

Instructions:

21. These checklists are available at <http://www.auckland.ac.nz/hrr/forms.ptml>
22. They have been developed from the safety guidelines in the University Health and Safety Manual and are for auditing compliance with established procedures.
23. The file should be customised to contain a checklist for each item on the department's Hazard Register.
24. Items within each checklist should be customised to correspond to the actual control procedures in use in the department.

Unsealed and Sealed Radioactive			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Has the licensee been identified?			
Is the NRL Safe Code of Practice readily available?			
Have all users attended the Safe Handling of Radionuclides at Work course?			
Date of last internal audit?			
Were any corrective actions required?			
When were these completed?			
Date of last monitoring survey?			
Were records and results kept?			
When were survey meters last checked. (List date.)			
When were waste bunkers last checked? (Record date.)			

Unsealed and Sealed Radioactive			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Have dates of disposal of decayed waste been recorded?			
Click here to add any further unique or specific hazards.			

X-Ray Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Has the licensee been identified?			
Is the appropriate NRL Safe Code of Practice readily available?			
Have all users received appropriate training?			
When was last internal audit?			
Were any corrective actions required from last audit?			
When were corrective actions completed?			
When was the last dosimetry survey conducted?			
Do operators wear dosimetry badges/films and are they readily available?			
If so, what was the date of the last assessment? What were the results?			
Click here to add any further unique or specific hazards.			

Ultra Violet Light Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Is appropriate personal protective equipment available? E.g. goggles, face shields or masks, long sleeve shirts as appropriate, and other protective devices and equipment.			
Is ventilation adequate?			
Are safety interlocks functional and are they type that cannot be tampered with?			
Is appropriate shielding in place to protect bystanders in work area from UV light?			
Click here to add any further unique or specific hazards.			

Laser Safety			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Have laser sites been clearly identified and access restricted?			
Is appropriate personal protective equipment available?			
Are users adequately trained?			
Click here to add any further unique or specific hazards.			

Radioactive Material, X-Ray Equipment and Ultra Violet Safety Checklists	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

FIELDWORK SAFETY CHECKLISTS

Department: Date:

Inspector:

Instructions:

1. These checklists are available at <http://www.auckland.ac.nz/hrr/forms.ptml>
2. They have been developed from the safety guidelines in the University Health and Safety Manual and are for auditing compliance with established procedures.
3. The file should be customised to contain a checklist for each item on the department's Hazard Register.
4. Items within each checklist should be customised to correspond to the actual control procedures in use in the department.

Fieldwork			
Specific Controls and Checks	Y, N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
Have hazard assessments been conducted on each fieldwork activity?			
Have staff/field trip leaders attended applicable training or refresher courses for outdoor safety?			
Do SOP's emphasise the need to receive weather reports prior to outdoor fieldwork activities?			
Are University emergency response contacts listed for staff?			
Are procedures in place to deal with overdue or missing persons?			
Are first aid kit contents sufficient for field work?			
Are radio/satellite phone communications			

Fieldwork			
Specific Controls and Checks	Y,N, N/A	Specific Location/Site	Identified Hazard/Fault/Comments
functional and do staff know how to use equipment?			
Are Emergency Personal Locator Beacons (EPLB) available for fieldwork activities that take place in alpine, forest, marine/vessel environments or where emergency assistance is not readily available?			
Do EPLBs operate on the new 406 MHz frequency?			
Are beacons functional and been tested? *please note the special testing requirement time to avoid a false callout			
Are emergency survival kits available? Are contents sufficient and still functional?			
Is protective clothing appropriate and or good repair for outdoor field activities?			
Click here to add any further unique or specific hazards.			

Fieldwork Safety Checklists	
Corrective Actions Taken to Rectify Hazard	Date Completed
Comments:	

COMPLETED FORMS

WORKPLACE INSPECTION CHECKLISTS

HAZARD REGISTERS

HAZARD AUDIT CHECKLISTS

Each year when hazard reviews, workplace inspections and staff refresher briefings have been conducted the above forms should be filed in this section.

A copy of the Hazard Register, signed by the HoD is to be sent to Human Resources, Health & Wellness Manager

The Staff Refresher Briefing form is filed within the Staff Training section.

STAFF TRAINING

From the Health and Safety in Employment Amendment Act 2002:

12. INFORMATION FOR EMPLOYEES GENERALLY AND HEALTH AND SAFETY REPRESENTATIVES--

- (1) Every employer shall ensure that every employee who does work of any kind, or uses plant of any kind, or deals with a substance of any kind, in a place of work has been given, and is provided with ready access to, information in a form and manner that the employee is reasonably likely to understand. Information about:
 - (a) What to do if an emergency arises while the employee is doing work of that kind, using plant of that kind, or dealing with substances of that kind, in that place; and
 - (b) All identified hazards to which the employee is or may be exposed while doing work of that kind, using plant of that kind, or dealing with substances of that kind, in that place, and the steps to be taken to minimise the likelihood that the hazards will be a cause or source of harm to the employee; and
 - (c) All identified hazards the employee will or may create while doing work of that kind, using plant of that kind, or dealing with substances of that kind, in that place, and the steps to be taken to minimise the likelihood that the hazards will be a cause or source of harm to other people; and
 - (d) Where all necessary safety clothing, devices, equipment, and materials are kept.
- (2) An employer must ensure that all health and safety representatives in a place of work have ready access to sufficient information about health and safety and safety systems and health and safety issues in the place of work to enable the representatives to perform their functions effectively.

13 TRAINING AND SUPERVISION--

Every employer shall take all practicable steps to ensure that every employee who does work of any kind, or uses plant of any kind, or deals with a substance of any kind, in a place of work--

- (a) Either-
 - (i) Has; or
 - (ii) Is so supervised, by a person who has,--
 - such knowledge and experience of similar places, and work, plant, or substances of that kind, as to ensure that the employee's doing the work, using the plant, or dealing with the substance, is not likely to cause harm to the employee or other people; and
- (b) Is adequately trained in the safe use of all plant, objects, substances, and protective clothing and equipment that the employee is or may be required to use or handle.

GUIDELINES

1. Do not assume staff members' level of knowledge or training. Check it out.
2. Signage does not substitute for training.
3. Induct new employees on H&S matters before they start work.
4. Develop training modules as necessary from hazard management documentation.
5. Training should be interactive so that questions may be asked, points clarified, and assessments made.
6. Managers and supervisors should be comfortable that their staff are adequately trained or are otherwise satisfactorily supervised.

RECORDS

1. Records are to be maintained of all training and briefing sessions.
2. SODU will maintain records where training is arranged through SODU. Departments will advise SODU of participants in additional Health and Safety training organised by them.
3. A copy of all completed Health and Safety Training Record forms and Staff Refresher Briefing forms should be kept in this section of the folder containing this document.

HEALTH & SAFETY TRAINING RECORD

Complete and forward to SODU when staff have received health and safety training organised by the Department.

Names:

The persons named above have completed the following training, and have achieved the required level of competence to operate safely.

Course Title:

Course Date:

Presented by:

Manager:

Signature: Date:

STAFF REFRESHER BRIEFING

Department:

Following the annual hazard review and workplace inspection all staff are to receive a refresher briefing (a reminder) about:

Their responsibilities:

To report all accidents

(Accident/Incident Report Form, where to locate it, who to report it to)

To report all dangerous situations

(Who to advise)

Hazard Management

The Department's Hazard Register

(The workplace hazards they need to be aware of)

The Department's Safety Manual

(The rules to minimise the risk to health and safety)

I confirm that staff in the above department have received a refresher briefing session as outlined above.

Name:

Position:

Signature

Date:

MANAGEMENT OF CONTRACTORS

1. Contractors are any persons engaged other than as staff. They may be companies or individuals and vary from academics and professionals to tradespeople to construction companies. They may work on or off site and for varying lengths of time.
2. When hiring contractors the University becomes a Principal under the Health and Safety in Employment Amendment Act 2002, with the duty to take all practicable steps to ensure that the contractor, subcontractors and their staff are not harmed while on the Principal's property or through their work on the Principal's property cause harm to others.
3. Given the variety of contractors that might be engaged this duty can be confusing.
4. In general

THE UNIVERSITY SHOULD ADVISE ALL CONTRACTORS ON SITE OF:

- Emergency evacuation procedures
- On campus hazards they are likely to encounter and how to avoid or minimise them
- Any restrictions on their movements or access to various areas
- The requirement to report accidents and hazards (copies of University documentation will be provided i.e. Incident/Injury Form, Accident Investigation Form and Hazard Identification)
- The ongoing requirement for monitoring of compliance by the University (through the department contracting them) through a review of the contractors work whilst on site – refer to Audit Report
- Post-contract evaluation will be completed by the Project Manager, Maintenance Manager or Operations Manager after all the work is completed and information i.e. Audit Report, Department feedback, etc is submitted.

And

THE CONTRACTOR SHOULD ADVISE THE UNIVERSITY OF:

- The contractor's health and safety system – copies of policy and procedures
 - Any hazards they may be introducing onto the University campus and how they will be controlling these hazards
5. The degree to which the exchange of information is formalised in writing will depend upon the type of work, its materials and processes, location, duration, time of day, and people involved.
 6. Where the risks are significant, such as with major constructions and alterations, health and safety matters should be included in the contract itself. Regular site meetings will be held where Health and Safety issues are reviewed, discussed and minuted.

For contractors involved in capital works contracts the minimum requirements for monitoring of compliance by the University will be as follows:

- Induction of contractors before they commence work on site
 - Reviewing the contractors' generic and site specific Health and Safety Plan prior to work commencing on site
 - Health and Safety updates included as standard agenda items at fortnightly site meetings where the contractors' table their report on Health and Safety incidents to date
 - University Project Office maintains a Health and Safety file on each capital works project. A copy of the contractors' incident reports are filed for reference
 - All serious harm incident reports forwarded to the University Health & Wellness Manager
7. For ongoing supply and maintenance requirements the use of a limited number of preferred supply and maintenance contractors are recommended, with health and safety requirements formalised in writing. On site audits are to be conducted at least annually.
 8. For medium and above risk situations the Contractor should be requested yearly to sign the "Contractor Health and Safety Declaration"

Revised June 2005

CONTRACTOR HEALTH AND SAFETY DECLARATION

I,

have been contracted by The University of Auckland for the following work:

I acknowledge and accept the following as conditions of my contract.

1. I have been advised of the University's emergency evacuation procedures.
2. I have been advised of hazards that I might encounter on campus, and of how to avoid or minimise them.
3. I have been advised of any restrictions to my movements on campus.
4. I will inform each of my employees and/or sub-contractors on campus of the above and will take full responsibility for their and my complete compliance with all health and safety directives from the University.
5. Qualified competent, or properly supervised, personnel will carry out the contracted work in a proper manner with full regard to the requirements of the Health & Safety in Employment Amendment Act 2002 and subsequent amendments.
6. All work and activity will be monitored and all associated hazards controlled to prevent harm to any person.
7. I will report to the University any hazards and controls as they arise.
8. I will report to the University should any accident occur and provide a completed University of Auckland Accident/Incident Report or a copy of my accident/incident register for the University records. Please note that serious harm injuries must be reported immediately to the University through the Health & Wellness Manager and to OSH and a full investigation and report completed and forwarded for the University's records.

Signature:

Date: