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| **QUESTIONS** |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Accident and Emergency procedures** | **Date** |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all accidents & incidents been reported via the online reporting system? (If no accidents occurred, still tick 'Yes') | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all issues arising from your employees or any accident or incident investigation been followed up and completed? (If no hazards occurred, still tick 'Yes') | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the first aid box fully stocked and free from additional items? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Training and Competency** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have all new employees completed their on-site induction? (If no new employees, 'tick 'Yes') | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Are service specific training document and completed within 12 months:  Bloods  Pharmacy  Chemical collection  Crash call ( Blue /red)  Bed movers etc  Waste movement | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| COSHH |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are all chemicals stored upright and clearly labelled with corresponding documentation? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the spill kit full and goggles /gloves /mask/dustpan brush available? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the label for door in event of emergency shutdown available with correct contact numbers? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Are staff including service centre staff are aware of spill procedure? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| All chemicals used in your unit listed in the COSHH product inventory or rolling inventory? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Is all required PPE available and being used? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **QUESTIONS** |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Fire Safety** | **Date** |  |  |  |  |  |  |  |  |  |  |  |  |
| All cardboard in waste areas broken down and stored in roll cage/ dedicated bin? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Faulty machinery & equipment including beds and wheelchair reported & taken out of use until repaired? (Beds clearly marked with tag system) | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Multi-socket adaptors are not in use and where extension leads are required, they are not overloaded? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste and other materials are securely stored away from flammable materials in outside areas? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Areas around building under Compass control left secured out of hours? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire exit doors can be opened easily without the use of a key? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Directional signs showing the escape route can be seen at all times? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| The fire alarm is tested weekly & can be heard in all areas? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency lighting is working and being tested? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguishers are in their designated locations, are not obstructed and in view at all times? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguishers have not been discharged and the security tags are intact? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |
| All new starters have been informed of the Fire Emergency Action Plan & this has been recorded on their training record? | **Yes/No** |  |  |  |  |  |  |  |  |  |  |  |  |

**MONTHLY SAFETY WALK CHECKLIST**

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| **QUESTIONS** |  | | **Jan** | | **Feb** | **Mar** | **Apr** | | **May** | **June** | | **July** | | **Aug** | **Sept** | **Oct** | **Nov** | | **Dec** |
| **Slip and trip hazards** | | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are passageways, stairs, floors etc. free from spillages, trailing cables, loose floor coverings or other hazards? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are materials to mop up spillages readily available? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are 'Wet Floor' signs available? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Have any obstructions in corridors been highlighted to service centre to report to trust to remove. | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| **Working practices** | | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Is bed mattress store stacked to safe level and clearly marked clean/dirty/infectious? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are all areas left clear and tidy to allow clear access? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are waste personnel wearing sharp resistant liner gloves/rigger gloves? (As per risk assessment) | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Is clinical waste bins being left locked with no loose bags stored? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are all waste clearly segregated? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Are all logistic/Waste wearing safety hard toe capped slip resistant boots? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| When being stored and moved, are gas cylinders stored on their side or, if stored upright, are they chained? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Personnel working outside are all wearing hi vis vest and safety boots? | **Yes/No** | |  | |  |  |  | |  |  | |  | |  |  |  |  | |  |
| Electrical /Equipment safety | | **Jan** | | **Feb** | | **Mar** | **Apr** | **May** | | **June** | **July** | | **Aug** | | **Sept** | **Oct** | **Nov** | | **Dec** |
| Is all electrical equipment, including plugs and cables free from obvious defects? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Are all storage racks and shelves stable and not over-loaded? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Are all trolleys, sack trucks, roll cages, bed mover good repair and suitable for the tasks required? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Has all patient movement defective equipment been reported for repair and removed from service? | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Is there a Bed mover annual maintenance in place and up to date and up to date by a competent supplier | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| If an electric pallet mover is in place is there an annual maintenance audit place and up to date by a competent supplier | **Yes/No** |  | |  | |  |  |  | |  |  | |  | |  |  |  | |  |
| Safety checks on hand pallet weekly in place truck? | **Yes/No** |  | |  | |  |  | |  |  |  | |  | |  |  |  | |  |
| **Waste Compound** | | | **Jan** | | **Feb** | **Mar** | **Apr** | | **May** | **June** | | **July** | **Aug** | | **Sept** | **Oct** | **Nov** | **Dec** | |
| Are all bins secured with lids closed? | **Yes/No** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |
| Is waste compactor secured with control buttons secured from general use? | **Yes/No** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |
| Waste levels within designated areas and limits ? | **Yes/No** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |
| Have all staff working in the area signed off on task specific risk assessments? | **Yes/No** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |
| Has tug daily check been completed and actions closed off? | **Yes/No** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |
| Are all drains clear and free flowing – if not record work ref number | **Yes/No** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |
| **PLEASE INITIAL** | **Initials** | |  | |  |  |  | |  |  | |  |  | |  |  |  |  | |

**If Action required, please complete below and close off when completed, allow week/two weeks to chase to ensure timely correction**

**MONTHLY SAFETY WALK CHECKLIST (Log Sheet)**

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PLEASE ADD ANY ACTIONS/ OBSERVATIONS HIGHLIGHTED THROUGH ‘DON’T WALK ON BY ‘ POST IT NOTE SYSTEM