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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | **Auditors:** | |  | | |
| **Unit Name:** |  | | | | **Standards:** | | **ISO9001: 2008, ISO14001: 2007, ISO45001: 2018** | | |
| **Unit No:** |  | | | |  | |  | | |
| **Unit Manager:** |  | | | | **Key Personnel Present:** | |  | | |
| **Unit Manager Email:** |  | | | |
| **No of Employees:** |  | | | |
| **Waste yes/no** |  | | | |
|  | | | | | | | | | |
| **Audit Summary:** | | | | | | | | | |
| **Number of Major OFI’s:** | |  | **Number of Minor OFI’s:** |  | | **Number of Observations:** | |  | **Audit Graded: Low/ Medium** |
| **Date OFI’s to be close by:** | | |  | **Date OFI's closed:** | | | |  | |
| **Distribution List:** | | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Workplace Safety** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not Applicable** |  |  |
| 1. Accidents, incidents and near misses have been reported on AIR3? |  |  |  |  |  |  |
| *Guidance: Check that all accidents, incidents, near misses and environmental incidents (e.g. chemical spills) are logged on the AIR3 system.* | | | | | | |
| 1. Incident Investigation Packs have been completed and retained for all accidents with a copy forwarded to HSE within 14 days? |  |  |  |  |  |  |
| *Guidance: Incident Investigation Packs (IIPs) must be completed for all accidents however minor, but do not need to be completed for Near Misses, Chemical Spillages. A copy of each IIP must be sent to the HSE Department in Parklands within 14 days of the incident date.* | | | | | | |
| 1. First aiders are identified and trained |  |  |  |  |  |  |
| *Guidance: A suitable number of first aiders are identified with training up to date. This may be part of a client/site first aid arrangements.* | | | | | | |
| 1. The first aid box is fully stocked (incl. blue plasters) with all items in date? |  |  |  |  |  |  |
| *Guidance: Suitable and sufficient first aid boxes provided in clearly labelled and suitable locations, relevant to the size of the unit. Contents to be relevant to the type of operation and no expired dates on first aid materials.* | | | | | | |
| 1. Chemicals in storage listed on rolling inventory and current |  |  |  |  |  |  |
| *Guidance: Check storage are and id 3 chemicals check against rolling inventory is all the relevant information listed and updated* | | | | | | |
| 1. Regular checks on the chemical storage units ? |  |  |  |  |  |  |
| *Guidance: Are waste area checks being completed and actions identified and signed off by operative and manager* | | | | | | |
| 1. COSHH information available for all chemicals in use and in storage |  |  |  |  |  |  |
| *Guidance: For all chemicals used ( cleaning of wheelchairs) and those in storage the relevant documentation must be available -task cards and risk assessments for chemicals in use / Storage collection request MSDS and risk assessment .* | | | | | | |
| 1. Chemicals being diluted correctly |  |  |  |  |  |  |
| *Guidance: Chemicals are clearly labelled in correct dilution bottles and kept secure at ward level* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Workplace Safety** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not applicable** |  |  |
| 1. Chemicals are stored correctly in a designated area? |  |  |  |  |  |  |
| *Guidance: Chemicals stored only in secure areas, away from food storage and preparation areas and sources of ignition. Storage areas should be clean and tidy, containers lidded/labelled and no spillages.* | | | | | | |
| 1. Chemicals secure with clear key access control |  |  |  |  |  |  |
| *Guidance: Key access controlled for both flammable and non-flammable storage areas to supervisor trained nominated personnel.* | | | | | | |
| 1. Are the spill kits available in both storage areas and on the transportation trolley |  |  |  |  |  |  |
| *Guidance: spill kit in each area suitable for chemicals being stored ( spill aid -flammable / pads also available in non flam for hydrofluoric acid ). Operatives to know the correct emergency process in event of spillage during transportation/storage signage available in event of store lockdown* | | | | | | |
| 1. Is the helpdesk /operatives aware of correct process for unknown chemical |  |  |  |  |  |  |
| *Guidance: quarantine of the area until item and originating department identified. Security notified . Compass personnel not to remove until authorised by HSE senior manager* | | | | | | |
| 1. Fire Escape routes are free from any obstructions and are clearly signposted from all operational areas? |  |  |  |  |  |  |
| *Guidance: Fire routes are kept free from rubbish, boxes, equipment, incoming deliveries etc including waste areas* | | | | | | |
| 1. Fire Fighting Equipment (incl. fire blankets) is available, stored in the correct position and inspected annually? |  |  |  |  |  |  |
| *Guidance: All firefighting equipment to have been inspected and tested in the last 12 months* | | | | | | |
| 1. A Fire Risk Assessment in place and up to date? |  |  |  |  |  |  |
| *Guidance: A complete fire risk assessment is in place and has been reviewed in the last 12 months. This may be a client owned/managed document. This must cover the satellite areas such as waste areas.* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Workplace Safety** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not applicable** |
| 1. Work equipment is listed on an asset register? |  |  |  |  |  |  |
| *Guidance: All items of work equipment such as ladders, steps, trolleys, carts, hand tools, ride-on cleaning equipment etc has a unique ID and is listed on a work equipment register* | | | | | | |
| 1. The condition of work equipment is regularly inspected with inspections recorded? |  |  |  |  |  |  |
| *Guidance: All items of work equipment are inspected at least every six months, higher risk items such as ladders may be inspected quarterly. All inspections should be recorded on the asset register.* | | | | | | |
| 1. Portable electrical equipment has been PAT tested? |  |  |  |  |  |  |
| *Guidance: Portable electrical appliances should be marked/labelled with their PAT date or an asset number traceable back to a record. Records may also be accessible via the Client.* | | | | | | |
| 1. Storage racks and shelves are fixed, stable and not over-loaded? |  |  |  |  |  |  |
| *Guidance: Shelving secure and in good condition, not damaged, rusty, unstable, overloaded, distorted or dangerous* | | | | | | |
| 1. Good standards of housekeeping in storage and workshop areas? |  |  |  |  |  |  |
| *Guidance: Storage and workshops areas are tidy and free from rubbish* | | | | | | |
| 1. Defective equipment has been reported for repair and removed from service until the repair has been closed out? |  |  |  |  |  |  |
| *Guidance: Any item of work equipment that has failed an visual inspection or PAT test is clearly marked as Not for Use, removed from use, and disposed of if beyond repair.* | | | | | | |
| 1. Charging of equipment is being carried out in ventilated designated area |  |  |  |  |  |  |
| *Guidance: Equipment needing to be charged ( battery) must be carried out in secure ventilated clearly marked area.- cleaning machined , robots* | | | | | | |
| 1. Relevant Compass Policies communicated to all team members (Can be displayed on noticeboards or signed of in induction record) |  |  |  |  |  |  |
| *Guidance: Food Safety, Health and Safety, Quality and Environment Policies, all dated as per copies on HSE Website and signed by CGUK MD.* | | | | | | |
| 1. Employers Liability Insurance displayed on noticeboard? |  |  |  |  |  |  |
| *Guidance; Expiry date will be end of Sept of Compass financial year.* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Workplace Safety** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not applicable** |
| 1. Relevant Compass UK and Ireland or Sector Specific communications communicated to team members. |  |  |  |  |  |  |
| *Guidance: This would include the Weekly Unit Updates, Monthly Safety Moments, Sector Newsletters.* | | | | | | |
| 1. An HSE Meeting is held at least every 6 months? |  |  |  |  |  |  |
| *Guidance: HSE Meetings should take place minimum 6-monthly, and minuted on the standard minutes template. Minutes should be communicated to the whole team on site. All sections of the agenda which are relevant to the operation should be discussed and minuted.* | | | | | | |
| 1. Monthly HSE safety walk has been completed? |  |  |  |  |  |  |
| *Guidance: safety walk should be completed manual paper record available in unit, any actions raised should have been closed out within following month.* | | | | | | |
| 1. Work Premises Statutory Compliance Declaration is completed and signed off? |  |  |  |  |  |  |
| *Guidance: A signed declaration within the last year held in catering health and safety file* | | | | | | |
| 1. Contractors employees undergo a site-specific induction? |  |  |  |  |  |  |
| *Guidance: A variety of historical formats are in use e.g. Passports to Induction. The current place to record induction is on the company Training Record Card.* | | | | | | |
| 1. The Compass Authority to Work process is in place? |  |  |  |  |  |  |
| *Guidance: All contractor works are controlled using the Authority to Work process. Not applicable for catering-only units* | | | | | | |
| 1. Site visitors and contractors signed in and out of site? |  |  |  |  |  |  |
| *Guidance: May be client or site-specific systems* | | | | | | |
| 1. A Permit to Work system is in place e.g. Hot Work, Confined Spaces, LV, and Pressure Systems? |  |  |  |  |  |  |
| *Guidance: All high-risk work is controlled using a Permit to Work. Most relevant for full FM contracts, however catering-only units may have hot work with catering equipment repairs that may be client controlled* | | | | | | |
| 1. Display Screen Equipment assessments been completed within the last 12 months? |  |  |  |  |  |  |
| 1. Actions identified in the DSE assessment have been completed |  |  |  |  |  |  |
| *Guidance: Assessments are required for users of display screen equipment such as computers and laptops. Actions need to be in evidence for multi users in helpdesks – chairs, foot stools etc* | | | | | | |
| 1. Essential risk assessments in place? |  |  |  |  |  |  |
| *Guidance: Essential Risk Assessments fully completed as detailed in the Health & Safety guidance notes on the HSE website.* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Workplace Safety** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not Applicable** |
| 1. Other service specific risk assessments in place? |  |  |  |  |  |  |
| *Guidance: Service-specific risk assessments fully completed as detailed in the Health & Safety guidance notes on the HSE website.* | | | | | | |
| 1. Risk assessments have been communicated to relevant person |  |  |  |  |  |  |
| *Guidance: Evidence includes signatures or initials on original training records with dates – ditto and arrows non compliant* | | | | | | |
| 1. Risk assessments reviewed within last 3 years |  |  |  |  |  |  |
| *Guidance: All assessments should be reviewed following changes and or incidents – check for any amendments and sign off*  *.* | | | | | | |
| 1. Personal Protective Equipment condition is checked and recorded? |  |  |  |  |  |  |
| *Guidance: Condition, use and fit of PPE needs to be checked at least annually* | | | | | | |
| 1. Personal protective equipment has been issued and signed for or personnel aware of location of disposable infection control PPE |  |  |  |  |  |  |
| *Guidance: The issue form and risk assessment should show location of all PPE available for service* | | | | | | |
| 1. Employees have completed a site-specific induction and Compass induction within the 1st month? |  |  |  |  |  |  |
| *Guidance: A variety of historical formats are in use e.g. Passports to Induction. The current place to record induction is on the company Training Record Card.* | | | | | | |
| 1. Employees are up to date with their HSE e-learning? |  |  |  |  |  |  |
| *Guidance: Can be checked at My Learning on Compass Connect. Certificates do not have to be downloaded and printed (although it is desirable to do so in order to have the evidence available for EHOs).* | | | | | | |
| 1. There is a site-specific training matrix for all employees? |  |  |  |  |  |  |
| *Guidance: The training matrix should identify all roles at the contract/unit and the mandatory training requirements for each role.* | | | | | | |
| 1. Agency and temporary employees receive site specific induction and Compass induction prior to starting work? |  |  |  |  |  |  |
| *Guidance: Temporary Worker/Agency Induction Checklist to be completed and signed by every temporary or agency worker. If a temporary / agency worker works in the unit regularly, then this only needs to be completed once, unless circumstances change* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Workplace Safety** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not Applicable** |
| 1. Agency inductions/training is recorded and kept on file? |  |  |  |  |  |  |
| *Guidance: All records kept accordingly* | | | | | | |
| 1. Staff have onsite infection control training and refresher |  |  |  |  |  |  |
| *Guidance: Documents should be within the 12 month via refresher* | | | | | | |
| 1. Staff are aware of correct treatment and reporting of needlestick and body fluid exposure |  |  |  |  |  |  |
| *Guidance: request info from 2 employees – should be seen by OH /ED within 24 hours of exposure support via management ongoing* | | | | | | |
| 1. Staff have been seen by OH and up to date with vaccinations for work stream |  |  |  |  |  |  |
| *Guidance: request info from 2 employees – should be seen by OH prior to starting work and within the reviewed timeframe available from HR* | | | | | | |
| 1. Daily pre checks are carried out for all workplace vehicles |  |  |  |  |  |  |
| *Guidance: Pre use checks must be undertaken for all vehicles including cars vans minibuses pick ups ride ons and fork lifts – this info may be held in separate service files* | | | | | | |
| 1. Colleagues driving on company business have had a driving licence check |  |  |  |  |  |  |
| *Guidance: All site operated vehicles must show training for use of vehicle if LEX vehicle check completed centrally and recorded* | | | | | | |
| 1. Lone worker activities identified and captured in risk assessment |  |  |  |  |  |  |
| *Guidance: Lone workers are those working on site for extended periods of time –i.e. security, portering ,cleaning out of hours* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
|  | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not Applicable** |
| 1. Controls to support lone workers in place and being checked |  |  |  |  |  |  |
| *Guidance: Measures in place to safeguard lone workers may include restricted duties – external patrols ,check calls ,man down systems* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Waste Compound** | **Fully Compliant** | **No Evidence** | **Some Evidence** | **Not Applicable** |
| 1. Is area around waste compactors clean and tidy |  |  |  |  |  |  |
| *Guidance: Is there any debris of evidence of leakage from the compactors and is this being cleaned up and prevented from entering the water system.* | | | | | | |
| 1. Drains in area |  |  |  |  |  |  |
| *Guidance: Evidence being kept clear and cleaned on regular basis* | | | | | | |
| 1. Cardboard baler safe operation |  |  |  |  |  |  |
| *Guidance: All metal ties secured to prevent tripping hazard /training record for operative /is baled locked off when not in use to prevent accidental use.* | | | | | | |
| 1. Machine operational safety |  |  |  |  |  |  |
| *Guidance: Are all the equipment in use in the waste compound locked off when not in use – compactors, balers, tugs,* | | | | | | |
| 1. Pressure test has been completed for any pressure washers used in the compound |  |  |  |  |  |  |
| *Guidance: Evidence the machine is tested within 12 months and operators training records to be viewed .* | | | | | | |
| 1. Bin washing- is there designated area /clean tidy |  |  |  |  |  |  |
| *Guidance: only domestic bins can be washed on site , check permission from local authority to allow run off into drain ( usually held by client) on completion is the drain bung put back into base of bin to prevent leakage when moved.* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Waste Compound** | **Fully Compliant** | **No Evidence** | **Some Evidence** | **Not Applicable** |
| 1. Are external bulk skips locked , tidy and loaded safely |  |  |  |  |  |  |
| *Guidance: Review the stacking in the store is it safe. doors should be locked to prevent unauthorised access out of hours* | | | | | | |
| 1. Is WEEE waste segregated and stored safely |  |  |  |  |  |  |
| *Guidance: Review the stacking in the store is it safe. doors should be locked to prevent unauthorised access* | | | | | | |
| 1. Is the confidential store locked and items stacked safely |  |  |  |  |  |  |
| *Guidance: Review the stacking in the store is it safe should not exceed waist height. doors should be locked to prevent unauthorised access* | | | | | | |
| 1. Are all clinical /cytotoxic /atomical/sharp waste clearly labelled and tagged. All bins locked and secure |  |  |  |  |  |  |
| *Guidance: All clinical haz waste streams must be clearly identified to originating department /ward* | | | | | | |
| 1. Are waste strip lights stored in suitable ‘coffin’ |  |  |  |  |  |  |
| *Guidance: Review the stacking in the store is it safe doors should be locked to prevent unauthorised access out of hours* | | | | | | |
| 1. Is there clear safety signage displayed |  |  |  |  |  |  |
| *Guidance: Unauthorised access /forklift in operation* | | | | | | |
| 1. Is there a clear process in place on the movement of vehicles in the area during collections and deliveries |  |  |  |  |  |  |
| *Guidance: Ask for the process when deliveries or collections in place to control the interaction between operatives and vehicles – this includes collection from external collections points across site.* | | | | | | |
| 1. Is there clear segregation of clean /dirty bins |  |  |  |  |  |  |
| *Guidance: There should be clear signage to show empty /full bin storage to prevent contaminated bins re-entering the building* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Road risk** | **Fully Compliant** | **No Evidence** | **Some Evidence** | **Not Applicable** |
| 1. LOLER Certificate in date and displayed on site for forklift /forklift operation |  |  |  |  |  |  |
| *Guidance: certificate needs to be within last 12 months and clearly displayed. Request copies of operatives training records* | | | | | | |
| 1. Waste portering team all wearing correct PPE – rigger gloves , safety boots and hi visibility external wear |  |  |  |  |  |  |
| *Guidance: All should be wearing hi vis /boots and rigger gloves at all times – winter also thermals should be worn* | | | | | | |
| 1. Is there evidence of daily check by supervisor /team leader |  |  |  |  |  |  |
| *Guidance: daily check sheet/monthly safety walk* | | | | | | |
| 1. Is there evidence of collection in waste rooms |  |  |  |  |  |  |
| *Guidance: collection sheets /order documentation /stock sheets* | | | | | | |
| 1. Are waste rooms tidy and waste clearly segregated |  |  |  |  |  |  |
| *Guidance: All waste rooms should be secure and clearly segregated with relevant signage displayed. Cardboard should be broken down and no bags left on the floor – if evidence is this recorded and reported to originating department to rectify.* | | | | | | |
| 1. Observe the operative Moving waste /litter pickers external are they moving safely |  |  |  |  |  |  |
| *Guidance:*  *Bins should be pulled using mechanical tug up to 2 bins inside building /4 outside using correct connectors.*  *Lids should be closed and secure nothing loaded on the top*  *When loading bin should be securing lid either behind bin or via hand*  *No decanting /no pushing bags down with hands* | | | | | | |
| **Questions- Medical gas movement storage** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Fully Compliant** | **No Evidence** | **Some Evidence** | **Not Applicable** |
| 1. Is the cylinder trolley in good working order? |  |  |  |  |  |  |
| *Guidance: Check chains and wheels are in good condition* | | | | | | |
| 1. Are cylinders stacked safety in storage and transport |  |  |  |  |  |  |
| *Guidance: small cylinders stacked horizontally and within the cage of trolley . Large cylinders MUST be stored upright and secured with a chain to prevent falling* | | | | | | |
| 1. Daily check completed on the cylinder storage and manifold |  |  |  |  |  |  |
| *Guidance: Operative completing check for tidy / condition of store /aware of emergency process in event of the alarm on manifold .* | | | | | | |
| 1. Clear segregation of empty/full cylinders |  |  |  |  |  |  |
| *Guidance: signage clearly segregating the store.* | | | | | | |
| **Questions- Patient movement /blood and internal operation** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Fully Compliant** | **No Evidence** | **Some Evidence** | **Not Applicable** |
| 1. Allocation schedule |  |  |  |  |  |  |
| *Guidance: Check sufficient personnel allocated to shift to cover service at all times.* | | | | | | |  |  |  |  |  |  |
| 1. *OSP- controls for any unit specific process* |  |  |  |  |  |  |
| *Guidance: Ask for any specifics – helipad /cardiac arrest response and ask to see process and RA for the task is it comprehensive and clear* | | | | | | |
| 1. Are task sheets being completed and checked by supervisor/manager |  |  |  |  |  |  |
| *Guidance: is there regular checks by supervisor manager that tasks are being completed correctly and only closed once completed* | | | | | | |
| 1. Job allocation being correctly closed out on completion of the job |  |  |  |  |  |  |
| *Guidance: check there are operational systems in place for task allocation and close out as per contract requirements Cleaning monitoring being documented and dated. any concerns rectified and checked off* | | | | | | |
| 1. Evidence of job allocation as per qualification |  |  |  |  |  |  |
| *Guidance: Ais there an up to date information on operative capabilities according to task allocation – blood, cardiac arrest , helipad response chemical movement* | | | | | | |
| 1. Is Porter operative dressed according to infection control /uniform guidelines |  |  |  |  |  |  |
| *Guidance: bare below elbow, no watches /bracelets /jewelled rings. No nail polish or false nails safety boots and appropriate gloves /mask* | | | | | | |
| 1. Is operator able to use equipment safely /wheelchair /bed mover and explain correct process |  |  |  |  |  |  |
| *Guidance: observe process – operator to check with patient and then able to show correct procedure for the task and move safely in building at sensible pace to avoid other users – on arrival at location let medical team know patient has arrived.* | | | | | | |
| 1. Evidence of job allocation as per qualification |  |  |  |  |  |  |
| *Guidance: Ais there an up to date information on operative capabilities according to task allocation – blood, cardiac arrest , helipad response chemical movement* | | | | | | |

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| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Environmental compliance** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not Applicable** |
| 85.Waste transfer notes |  |  |  |  |  |  |
| *Guidance: All waste leaving site must be documented on a waste transfer note – check available for last 3 years for all relevant waste streams .A site waste stream summary should be available showing all streams and waste contractor* | | | | | | |
| 86.Waste Carrier certificates |  |  |  |  |  |  |
| *Guidance: All waste leaving site must be via a nominated waste carrier – check copies of all waste contractors certificates held on file* | | | | | | |
| 87. Aspects and impacts register |  |  |  |  |  |  |
| *Guidance: available form the Compass Net Zero site request a copy to be held at site for reference* | | | | | | |
| 88. Net zero toolkit |  |  |  |  |  |  |
| *Guidance: All sections completed for site ( all services) and annual update completed* | | | | | | |
| 89. Environmental policy |  |  |  |  |  |  |
| *Guidance: Policy clearly displayed and within last 12 months* | | | | | | |
| 90.Have all personnel site wide completed environmental training |  |  |  |  |  |  |
| *Guidance: Review training grid* | | | | | | |
| 91.Are spill plans in use and displayed in relevant areas |  |  |  |  |  |  |
| *Guidance: In areas of waste chemicals ,oil* | | | | | | |
| **Questions** | **Compliance** | | | | **Non-Conformance Type**  **M=Major**  **Mi=Minor**  **O=Observation** | **Action Required/ Comments** |
| **Health and Wellbeing** | **Fully Compliant** | **Some Evidence** | **No Evidence** | **Not Applicable** |
| 92.  Has the  Compass UK and Ireland Nourished Life Website been promoted with the team on site? (www.nourishedlife.co.uk) |  |  |  |  |  |  |
| *Guidance: Ask members of the team if they are aware of the Nourished Life Website* | | | | | | |
| 93.Evidence regular team huddles and discussion re safety |  |  |  |  |  |  |
| *Guidance: Ask what daily communication /evidence of safety shares on notice boards /regular update of information and good process of two way communication between team and manager* | | | | | | |
| 94.Is the AXA Be Supported Online Counselling Poster on display on the Unit noticeboard or in the team members welfare area? |  |  |  |  |  |  |
| *Guidance: AXA Be Supported Poster can be downloaded from the Health and Wellbeing section on the HSE Website.*  *Evidence of preparing to work in hospitals and Breakaway booklet being used and distributed.* | | | | | | |
| 95.All forms, manuals in use are current versions as per HSE Website document control? |  |  |  |  |  |  |
| *Guidance: Any unit specific processed must be documented with a clear documented process and evidence reviewed annually* | | | | | | |

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| Notes and Observations |
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| Notes and Observations |
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