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**Document Reference: PPD SHE report Q4 2020-21**

**PPD HEALTH AND SAFETY MANAGEMENT COMMITTEE**

**SAFETY, HEALTH AND ENVIRONMENT REPORT:**

***Q4 2021/22: 1st January 2022 to 31st March 2022***

To note:

1. The information provided in section 2 (SHE Group communications and SHE Code updates) should be cascaded within PPD as appropriate, ensuring implementation of any changes to code requirements.
2. Overdue safety tour actions should be undertaken promptly and recorded on SHE Assure to formally close off the action when it has been completed. It is possible that actions may have been completed in some cases, but not recorded, and the data may require cleansing.
3. PPD staff who have not completed the DSE assessment module must be encouraged to so, as both modules are required to formally complete the training, and to close the gap between the two modules of the course. Although uptake of most mandatory courses is good (either exceeding the 90% target or approaching it), the DSE assessment module continues to be significantly lower at 75%. Totara updates now allow Line Managers to check the status of staff mandatory training directly from Totara, as well as refresher dates.
4. An all code audit of Boulby Mine was completed in Q4, and the report is in preparation.
5. The department should review its progress against the 2021/22 Health and Safety objectives.
6. Committee members are asked to note the details of the major incidents reported in Q4 (appendix 1) and to disseminate learning as appropriate.
7. **Departmental H&S Performance**
   1. **SHE Incidents**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Q1** | | | **Q2** | | | **Q3** | | | **Q4** | | | **2020/21 Total** |
|
| RIDDOR reportable incidents | **0** | | | **0** | | | **0** | | | **0** | | | **0** |
| Injuries | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **2** |
| Non Injury Incidents | **0** | **0** | **1** | **0** | **0** | **2** | **0** | **0** | **0** | **0** | **0** | **0** | **3** |
| **Total:** | **2** | | | **2** | | | **0** | | | **1** | | | **5** |

KEY: **RED - Major (SoPS) AMBER – Moderate GREEN – Minor**

Details of these incidents are summarised in Appendix 2.

**1.2 SHE actions from SHE Assure (as of 29/03/2022**)

**Overdue** actions arising from SHE Audits; SHE tours; Fire Risk Assessments; Risk Assessments and H&S incidents.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Fire Risk Assessment actions** | **Free standing actions** | **Incident actions** | **Risk Assessment actions** | **Safety Tour actions** | **SHE Audit actions** |
| PPD | **-** | **-** | **-** | **-** | **31** | **0** |

**A summary of overdue safety tour actions is listed in Appendix 3.**

* 1. **SHE Risk Assessments from SHE Assure (as of 23/04/2022)**

**At the time of the data download PPD had no risk assessments overdue for review and none were due in the next three months.**

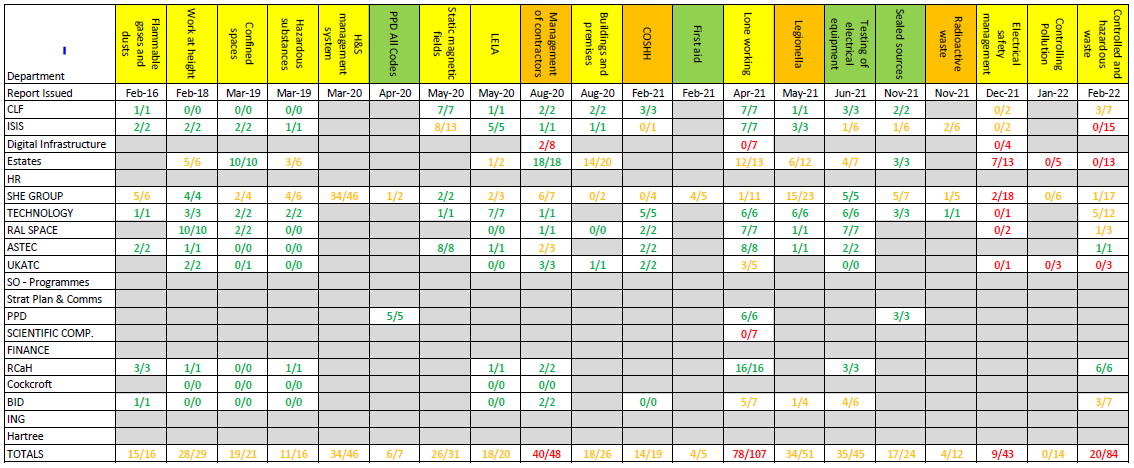
* 1. **Mandatory SHE Training (as of 01/04/2022**)

The following data shows the percentage of employees, fixed term and agency staff whose mandatory training is ‘in-date’.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Staff Nos** | **SHE Induction/ Refresher** | **Fire Safety** | **Safe Manual Handling** | **DSE training** | **DSE assessment** | **Asbestos Essentials** | **STFC H&S Management Arrangements** | **Electrical Safety Essentials** |
| **PPD** | 81 | **90%** | **88%** | **89%** | **89%** | **75%** | **89%** | **89%** | **90%** |
| **STFC Total** | 3065 | **83%** | **85%** | **86%** | **86%** | **78%** | **89%** | **89%** | **88%** |

Line managers are now more readily able to check the status of their staff training and refresh dates, due to increased functionality on Totara. Further information is provided in appendix 4.

**1.5 Departmental response to SHE Audit reports (as of 21/04/2022)**





**1.6 Audits Reported in Q4** (SC31 Waste Management and SC41 Controlling pollution)

Five audits were carried over from 2020-21 and a further 10 Audits are planned for 2021-22.

The 2022-23 audit programme is currently being developed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Audit | Status | Report Issued |
| 2020-21 | SC14: Management of radioactive sealed sources | Audit complete | Nov 2021 |
| 2020-21 | SC21: Management of radioactive waste | Audit complete | Nov 2021 |
| 2020-21 | SC38: Control of legionella | Audit complete | May 2021 |
| 2020-21 | SC17: Portable electrical equipment | Audit complete | Dec 2021 |
| 2020-21 | SC01: Lone and out of hours working | Audit complete | Apr 2021 |
|  |  |  |  |
| 2021-22 | All codes – Boulby Mine | Drafting report |  |
| 2021-22 | SC31: Waste management | Audit complete | Feb 2022 |
| 2021-22 | SC32: Fire management | Drafting report |  |
| 2021-22 | SC34: Electrical safety | Audit complete | Dec 2021 |
| 2021-22 | SC05: Reporting, investigating and recording of incidents | Drafting report |  |
| 2021-22 | SC30: Auditing and inspection | Drafting report |  |
| 2021-22 | SC28: Open sources | Drafting report |  |
| 2021-22 | SC12: Manual handling | Planning |  |
| 2021-22 | SC20: Dangerous substances and explosive atmospheres | Drafting report |  |
| 2021-22 | SC41: Controlling pollution to air, land and water | Audit complete | Jan 2022 |

**2 STFC SHE Management System**

**2.1 SHE Group Communications**

 The following SHE Notices were issued to STFC in Q4:

|  |  |  |
| --- | --- | --- |
| **STFC SHE Notices** | | |
| No 284  Jan 22 | [Sharing-learning-and-information](https://staff.she.stfc.ac.uk/Pages/Staff/SN283-Sharing-learning-and-information.aspx/) | |
|  |  |  |
|  |  |  |
|  |  |  |
| No 285  Jan 22 | [SHE Management arrangements 2022-23](https://staff.she.stfc.ac.uk/Pages/Staff/SN283-Sharing-learning-and-information.aspx/)  Each year STFC reviews and re-issues its [Health and Safety (H&S) Management Arrangements](https://staff.she.stfc.ac.uk/Pages/STFC_Health_and_Safety_Management_Arrangements.pdf)​, the STFC equivalent of a H&S policy. As STFC is part of UKRI we now come under the high level [UKRI Health and Safety Policy](https://www.ukri.org/wp-content/uploads/2021/02/UKRI-180221-HealthAndSafetyPolicy.pdf).  This year's update has not resulted in significant changes. | |
| No 286  Feb 22 | [Sharing-learning-and-information](https://staff.she.stfc.ac.uk/Pages/Staff/SN283-Sharing-learning-and-information.aspx/) | |
|  |  |  |
|  |  |  |
|  |  |  |

**2.2 SHE Code updates**

Two SHE codes were updated in Q4.

|  |  |  |
| --- | --- | --- |
| **SHE Code launched / updated** | | **Updated** |
| SC2 | **Movement of Vehicles**  Minor addition to para 3.2 | Mar 2022 |
| SC17 | **Testing and inspection of electrical equipment**  Clarification of changes to 4.3, 4.5, 4.7 and Appendix 2  Additional information for clarification in 4.5.3, Appendix 1 and Appendix 3 | Feb 2022 |

**2.3 STFC SHE objectives**

|  |  |
| --- | --- |
| **STFC Health and Safety Objectives 2021/2022** | **Commentary on progress** |
| **1 COVID-19**  Manage safe return of staff, tenants, term contractors, facility users etc. to agreed levels of on-site working. | Complete  Suitable and sufficient arrangements made for the safe return of staff and tenants to RAL site. |
| 1. **Mental health**   Ensure that all staff are actively supported by their managers and have access to the resources, including training, they need to support mental health and wellbeing. | Training and information sources made available and advertised via in-Focus and in-Brief. |
| **3 SHE Risk Registers**  **3.1** - Build actions to mitigate the highest risks determined by Departmental SHE risk registers into Departmental SHE improvement plans for 2021/22.  **3.2** - Consolidate Departmental risk registers at site and STFC levels for review by Site and STFC SHE Management Committees. | 3.1 Complete  3.2 Complete  Site level and STFC level Risk Registers produced by collating information from departmental risk registers. Presented to STFC HSMC in Dec 2021. |
| 1. **Fire Risk Assessments (FRAs)**   Building Fire Managers complete a review of all outstanding building Fire Risk Assessments agreeing actions to address outstanding issues. | Ongoing  At RAL a review of the role and responsibilities of Building Fire Managers is currently in progress |

**2.4 SHE Regulatory update**

No changes to UK health & safety legislation have been published.

**2.5 SHE Risk Registers**

Departments should carry out an annual review and update of their SHE Risk Registers.

Copies of the current Departmental SHE Risk Registers are now held in a folder in the HSPROJECTTEAM Drive.

Site Level and STFC Level risk registers have now been produced from the data provided in each departmental register.

**3. Fire Safety**

**3.1 Summary of Q4 2021/22 Fire Incidents across STFC**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ref | Incident Severity | Date of Incident | Time of Incident | Site | Location | Incident Details | Type of Incident |
| I08919 | Moderate | 31/03/2022 | 09:16 | RAL | R6 R80 | Asbestos contractors inside the building doing a smoke test. No fire alarm permit had been taken out. | Fire Incident |
| I08891 | Minor | 24/03/2022 | 16:41 | DL | Outside Tower Building | Cigarette Bin On Fire | Fire Incident |
| I08847 | Minor | 15/03/2022 | 11:36 | DL | VELA Inner Hall, Ground Floor tunnel | Contractors working for ASTeC caused a detector to go into fire mode due to dust created while working. | Fire False Alarm |
| I08809 | Minor | 03/03/2022 | 09:32 | DL | MCR computer room (D6) D Block corridor | Contractors working in the MCR computer room (D6) disturbed dust setting off sensor L4M02. | Fire False Alarm |
| I08768 | Minor | 13/02/2022 | 14:17 | DL | Inner Hall | Detector spurious activation | Fire False Alarm |
| I08767 | Minor | 02/02/2022 | 09:41 | DL | Inner Hall | Contractors cutting concrete floor for the installation of a goods lift in the ring tunnel. Wet cutting but still sufficient dust or fumes to activate detector. | Fire False Alarm |
| I08625 | Minor | 07/01/2022 | 12:27 | RAL | R12 GC02 S3 in the kitchen | Fire activation in the kitchen. Food was burnt in the microwave filling the room with smoke. | Fire Incident |
| I08766 | Minor | 04/01/2022 | 10:54 | DL | Inner Hall | Detector spurious activation | Fire False Alarm |

**3.2 Status of PPD Fire Risk Assessments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | Buildings still requiring a FRA | FRAs currently up to date | Draft FRAs awaiting BFM input | FRA >6 months overdue | TOTAL |
| PPD | - | R5.2 | - | - | 1 |
| Total | 0 | 1 | 0 | 0 | **1** |

Where previously there were gaps in the appointment of Building Fire Managers for some buildings at RAL these gaps have now been filled.

A number of Fire Safety Workshops have been timetabled to identify where improvements could be made in fire safety management arrangements at RAL (and more widely STFC), and specific training needs will be identified which will require appropriate resourcing.

Due to COVID and the introduction of hybrid working a number of Building Wardens have resigned from the role, moved departments or have left STFC. Building Fire Managers, with the assistance of the relevant DSC, are asked to check cover for their departments and seek replacements where they may be required. Names should be provided to Steve Wollen, so that they can be added to the training waiting list.

**4. Occupational Health**

TP Health (UK) Ltd are contracted to provide the STFC OH service until Oct 2022. This service includes the provision for health surveillance/screening, management referrals, first aid and Wellbeing services, e.g. online exercise classes.  Preparations for the next 4yr contract are underway with the new contract specification due to be released for an open tender completion in mid-June. The current Wellbeing service will be part of this review, should you wish to provide feedback regarding the type of Wellbeing service you feel would benefit STFC staff then please contact [laura.davies@stfc.ac.uk](mailto:laura.davies@stfc.ac.uk)

From March 2021 to Feb 2022 there were 89 management referrals.

The following tables show the reasons for referrals and the age profile for mental health related referrals.

|  |  |
| --- | --- |
|  |  |

**5. Appendices**

* Appendix 1: Serious or Potentially Serious incidents reported across STFC
* Appendix 2: Summary of PPD incidents in Q4
* Appendix 3: Overdue Actions
* Appendix 4: Training information in Totara upgrades

**Appendix 1: Summary of STFC Serious or Potentially Serious (SoPS) incidents reported in FY 2021/22 Q4**

\*Serious or Potentially Serious’ incidents (injuries, near misses, vehicle incidents, fire incidents) are defined as those that did, or had the reasonable potential to, result in *significant and permanent* *harm* to staff, contractors, tenants, users, visitors at STFC sites or for staff while travelling and working on Council business away from STFC sites.

Definition for ‘Significant and permanent harm’

* Incidents that result in major injuries, reportable work related diseases or reportable dangerous occurrences, as defined in the Reporting of Injuries, Diseases ‘Over seven day injuries’ would not automatically be classed as ‘significant and permanent harm’ unless absence arises from the defined injuries and diseases noted above.
* Other incidents and near misses which, whilst not formally reportable under RIDDOR, reasonably had the potential to cause ‘significant and permanent harm’ for example those involving radiation or environmental damage.
* While classification of ‘Serious or Potentially Serious’ is relatively clear in instances of actual injury or fire, the potential of near misses is a matter of judgment. It will be SHE Group’s responsibility to classify any incident as SoPS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Incident Date           (Ref.)** | **Incident Type                (location)** | **Incident Details**  **(including basis for SoPS classification)** | **Immediate action** | **Wider action to minimise recurrence** |
| **1. STFC Serious Injury/Illness incidents** | | | | |
| 21/01/22    I08687 | Non-lost time    RAL  R100 Office | COVID-19 transmission on site.    There appears to have been a case of onsite transmission of COVID, whereby a group of 4 staff (who have lunch together every day in the open plan 'soft play' area) transmitted COVID from one member (who tested positive on 22/01/2022 - IP) to all 3 other colleagues (IP1, IP2 and IP3 who tested positive over the next few days).    There are other COVID positive cases in the same timeframe, but we do not have reason to believe that these are due to on-site transmission.    Classified as SoPS due to likelihood on the balance of probabilities that COVID-19 transmission occurred on site. | STFC Covid guidance was followed. | No particular failings identified – attributed to easing of restrictions / living with COVID. |
| 15/03/22    I08879 |  | COVID-19 transmission on site.    Covid infection. On the evening of 15th March, IP found that his husband had tested positive for COVID-19. IP subsequently tested positive, and has not yet returned to site. One of IP's colleagues (IP1) has since also tested positive. It is likely that the infection passed from IP to IP1 during the day of 15/03, somewhere in R25, most likely 2.30. Risks Assessments are in place for IP and IP1 work on site.    Classified as SoPS due to likelihood on the balance of probabilities that COVID-19 transmission occurred on site. | STFC Covid guidance was followed. | No particular failings identified – attributed to easing of restrictions / living with COVID. |
| **2. Potentially serious Non-Injury incidents: Near Misses, Vehicle Incidents etc.** | | | | |
| 20/01/22    I08663 | Failure of a Safe System of Work    RAL  R115 plant room | PSSR Statutory First Inspection of DCA/N2 system in building R115 looks to have been missed when building was handed over to the department in 2019 after building completion and commissioning. This was identified by the British Engineering Services (BES) Engineer/Surveyor, who was overseeing checks to the systems after modifications had been made to the N2 generator, as part of the RAL statutory inspection (SI) programme. This was reported to SHE group who are investigating.    This incident was classified as a SoPS incident on the basis that (i) there had been no initial inspection according to a Written Scheme of Examination when the building was handed over, and (ii) the subsequent modification and its protective devices were incorrectly rated and the WSE which was prepared to reflect the change was incorrect according to PSSR. | The N2 generator was immediately taken off-line for so that remedial action could be taken, and an alternative nitrogen supply connected via a bottled gas array.    Estates specialist contractor came to site and in association with the BES Engineer /Surveyor a new WSE was drafted and the underrated equipment swapped out to comply with the PSSR.    Other similar systems which may have been modified or where protective devices incorrectly rated (where PSSR had been misinterpreted) were immediately reviewed to ensure that protective devices were rated below the Safe Operating Limit of the relevant system and replaced where necessary. | 1. Other new builds on the RAL site were reviewed to identify where/if similar first inspections according to WSE were missed at handover.  2. Discussions held with Head of Capital Projects to ensure all equipment subject to SI is registered with SHE Group and that inspections are undertaken before handover. This to be discussed with Project Managers.  3. Handover documentation is being reviewed to ensure clarity around registration and SI requirements.  4. Better communication between the Estates Capital, Operations and Compliance teams is required regarding assets – discussions ongoing.  5. Need to delineate between Estates owned and Department owned assets which are subject to PSSR – discussions ongoing - future project.  6. Revision to SHE Code 33 is required to clarify requirements and to take account of new building handover which is not currently reflected in the code - future project. |
| 02/02/2022  I08710 | Near Miss or Hazardous Condition    RAL  R92 - G69A | In the G69A laboratory of R92, a glass (20x35mm, 1mm thick, CaF2) window of an optical cavity (volume: about 40 millilitres with Ar gas) was suddenly popped by the 3 bar (relative to the atmosphere) inner gas pressure. This happened at about 11:30 am 2. Feb. One user who was standing nearby was hurt by the shattered glass pieces which make a light scratch on his right hand back.    After this happened, users stopped the gas supply and reported to the operator immediately. The injured skin surface was plastered. Scattered glass pieces were vacuum cleaned.    This happened is because of the overpressure of the optical cavity, which should operate under 3 bar absolute pressure. However, the operators mistook the 3 bar absolute pressure limit as a relative pressure and increased it to 3 bar relative pressure displayed on the gauge.    The risk assessment is in place. The window part of the optical cavity was enclosed by an aluminium tube for both optical and physical protection. This tube enclosure was off for optical alignment when the incident happened. There is a pressure relief valve on the gas line, which is set to 3.5 bar limit.    Classified as SoPS due to the combination of several factors, such as, failure of a pressure system, staff competence, suitability of the risk assessment and associated protocols. | Operations were suspended to allow for a thorough investigation and wider review. | A number actions were raised to address the issues around staff competence, including ensuring suitable supervision, training and communication.  Amendments to the experimental apparatus to make improvements to safety, including a possible safer solution to the existing window and improved blast shield.  Review of risk assessments and documentation and aligning processes with CLF safety package. |
| 17/02/2022    I08795 | Near miss or hazardous condition.    RAL  R92 | On the morning of 17/2/22 a piece of facia was discovered, which had fallen off the top of the front of the building overnight.   This is a heavy piece of metal which would have seriously injured or killed anyone who it might have hit.    Classified as SoPS due to the potential for serious injury or fatality if it had struck someone | Area cordoned off to prevent pedestrian access to the area in case additional sections of facia were affected. | SoPS local investigation report to follow. |
| 24/03/22    I08890 | Near miss or hazardous condition.    RAL  R114 (NSTF) | Specialist installation engineers working on the vacuum vessel altered a scaffolding structure by removing a vertical support leg because it was in the way of the work they were doing.    There was no Risk Assessment in place for the alteration of the scaffold structure.    Five points of PPE were being worn at the time of the incident.    Classified as SoPS due to the potential collapse of scaffolding | Upon being informed of the situation the RAL Space Site Manager immediately:   1. Removed the installation engineers from site 2. Got assurance from the scaffold inspector that the structure would not collapse if left in its current state 3. Closed the TVAC Plant Room to prevent access to unauthorised personnel 4. Informed the installation engineers’ site manager, who in turn informed their parent company management team 5. Informed the NSTF management team     Within an hour of the incident the NSTF Site Manager, the ACS Site Manager and the Scaffolding Inspector had spoken to each other.   The TVAC Plant Room was confirmed as temporarily out of bounds, the two ACS engineers were re-allocated to other tasks on a different part of the project and a scaffolder was booked to attend site the following day to assess the structure and if possible make the necessary alteration(s) to permit the pipework to be installed. | SoPS local investigation report to follow. |
| 16/03/22    I08894 | Near miss or hazardous condition.    RAL  R6 | TS2 power supply was being worked on during an agreed maintenance day. MCR crew had run down supply in the morning to facilitate the work.  When turning the unit back on it immediately increased in current and blew a sub converter resulting in a loud bang and flash. This was replaced and the supply turned back on and once again the supply immediately started to climb in current output, reaching over 7000A without any input from staff locally. It is believed despite being worked on current was being set remotely so that when the unit was turned on it attempted to reach that current immediately. No injuries to any person just equipment damage.    Classified as SoPS due to the potential for electrocution. | Still under investigation | SoPS local investigation report to follow. |

**Appendix 2: Summary of PPD injury incidents for Q4**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Ref** | **Date** | **Site** | **Location** | **Incident Details** | **Type of Incident** | **Incident Severity** |
|  |  | I08877 | 16/02/2022 | Boulby | Surface building | The statement from IP regarding his accident is as follows: ‘At 13.45 of the afternoon of 2nd February 2022, I was constructing the framework for a scientific experiment directly outside the surface laboratory. As part of the construction I removed my protective gloves as I had to hand tighten a fastening. Once it was hand tight, I required a spanner to fully tighten the fastening and therefore I went to a toolbox to search for the right spanner. I inserted my hand into the toolbox trying to locate the spanner and inadvertently touched the open blade of a paint scraper which was hidden in the toolbox which resulted in lacerating the middle finger of my right hand. I then proceeded to the Medical Centre for attention.”  NOTE – This appears to be the same incident – currently verifying | 4 Non Lost Time - Treated by First Aider or no Treatment Required | Minor |

**Appendix 3: PPD’s Overdue Safety Tour Actions in Evotix Assure (SHE Assure)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action Title** | **Action Detail** | **Action For** | **Date Raised** | **Due Date** | **Current Status** |
| All labs - Chemical Storage Cupboards | Cupboards to be checked, updated and an inventory uploaded to ChemInvent via John Matheson, PPD | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - Waste Removal |  | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - Telephone landline | Landline needs to be working in case of emergency | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - Access to Fire Alarm and Extinguishers | Ensure clear access to fire alarm and fire extinguishers with no waste or equipment impeding access | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - First Aid equipment | Ensure access to First Aid equipment is free, and that all equipment is up to date, including eye washes | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - Gas bottles | Gas bottles not in use in the lab need to be removed to external storage | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - Sharps | Sharps should be stored appropriately and safely, not left on work benches; and disposed of in sharps bins provided | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| All labs - Soldering Stations | Review required, particularly in relation to LEVs. | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - gas bottle in 3D print area | Remove Xe gas bottle from 3D print area | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - Vacuum pump | Risk assessment of vacuum pump required - does it need to be channeled externally? | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - storage area under sink | Chemicals stored under sink should be in the chemical cupboard | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - Chemical cupboard storage | Printer materials stored in chemical cupboard should be removed and stored elsewhere | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - blocked exit | Access to fire exit, fire alarm and fire extinguishers clocked with equipment and cardboard waste - remove blockage | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - Storage of materials | Materials stored on top of cupboards and not being used to be removed and stored appropriately | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - ladder and access to shelving | Ladder used for reaching stored items on shelving to be inspected and labelled appropriately. Access to top shelves to be documented. | Sergey Balashov | 23/11/2021 | 30/04/2022 | In Progress |
| Lab 7 - gas bottle regulators | Argon and Helium gas bottles in lab have out of date regulators. Replace. | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - Dark Room | Light switches to be visible in the dark. General housekeeping required - room is untidy. Appropriate door stop to be used. | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 7 - PAT testing equipment | PAT testing equipment out of date. To be renewed. | Sergey Balashov | 23/11/2021 | 30/04/2022 | Not Started |
| Lab 8 - Storage | Heavy items stored on top of high shelving - assess access to these. | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 8 - Gas cylinder | Gas cylinder needs risk assessment for use/ oxygen depletion monitor and cylinder needs to be stored externally if not in use. | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 8 - PPE Storage | Correct storage for PPE required, at present safety goggles left on benches. | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Computer Room, Lab 6 - signage | Sign needed on door to computer room warning of high noise volume and ear protection available at the entrance to the room. | Kristian Harder | 24/11/2021 | 30/04/2022 | Not Started |
| Computer Room, Lab 6 - storage of spare equipment | Remove equipment impeding route around computer room | Kristian Harder | 24/11/2021 | 30/04/2022 | Not Started |
| PPD Storeroom - cupboard door | Cupboard door should be kept locked or a guard placed inside the door - sheer drop inside | Maurits Van der Grinten | 24/11/2021 | 30/04/2022 | In Progress |
| Lab 5 - PC testing | Open PC running on work bench with no guard preventing access to fan blades - put protection in place - see photo in attached report. | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 5 - Unguarded voltage supply | Signage and protection needed to guard against injury - see photo in attached report. | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 5 - Lab floor used as storage | Untidy mess on lab floor needs removing to storage or disposal - see photo in attached report. | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 5 - fire equipment storage | Fire extinguisher not secured - fix to wall or place in appropriate storage container - see photo in attached report | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 5 - Access to pressurised room and access generally | Move waste bins from access to pressurised room and chemical cupboard - better housekeeping in general needed - see photo in attached report | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 5 - PAT testing | PAT testing needs updating. Equipment on shelving is out of date | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |
| Lab 5- laser dark cupboard | Any risk assessment of this lab needs to take into account the laser dark cupboard | Gary Zhang | 24/11/2021 | 30/04/2022 | Not Started |

**Appendix 6: Training**

Totara (STFC Learning Management System) has recently been updated to include the following functionality:-

* Automatic enrolment of all STFC staff at DL, RAL and ROE into mandatory SHE training

SHE Induction; Fire; Manual Handling; DSE Training; Asbestos; Electrical Essentials; H&S Policy – (DSE Assessment is not currently included but work is on-going to resolve this)

* Automated training reminders for the mandatory SHE courses listed
* Report for users to view course completion status and renewal dates
* Report for managers to view direct and indirect reports completion status and renewal dates

