NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE

Reg. No. 200604393R

Ref: CINTRA/SOP/005.01	Date of issue: 15 Mar 2021	Next review date: 14 Mar 2024
Title :	CINTRA Standard Operating Procedure on Safety Inspections	
Audience :	Safety Committee Members, Lab Safety Representatives, Fire Wardens and First Aiders	

1. Aim

This SOP outlines the safety inspection regime for the CNRS International-NTU-Thales Research Alliance (CINTRA)

2. Scope

The scope includes all CINTRA workplaces.

3. Definitions

3.1 CINTRA – refers to the CNRS International-NTU-Thales Research Alliance

3.2 LSR – refers to Laboratory Safety Representative

3.3 AOSR – refers to Admin Office Safety Representative

3.4 FW – refers to Fire Warden

3.5 FA – First Aid Box Checker

3.6 **Safety Inspection** - refers to a surveillance/examination of the workplace with the aim to (a) address unsafe/undesirable work practices and conditions; (b) ensure control measures stipulated in the risk management are in place; and (c) as part of follow up after an incident occurrence.

3.7 **Inspection of fire protection equipment** – refers to the checking of the condition of fire protection equipment with the aim to ensure that these equipment are in good working condition during a fire emergency.

3.8 **Inspection of First Aid supplies** – refers to the checking of the condition of first aid boxes with the aim to ensure that supplies are adequate and in good condition in an emergency.

4. Reference Document

NTU SOP on NTU Audit and Safety Inspection

NTU SOP on Provision of Occupational First Aider (OFA) and First-Aid Boxes

CINTRA SOP on Control of Records

5. Responsibilities

5.1 CINTRA Safety Committee is responsible to:

a. Drive this safety inspection regime in CINTRA
b. Set requirements to ensure safety inspection records are properly kept
c. Trigger additional safety inspections after occurrence of an incident if necessary.
d. Review and update the safety inspections checklists where necessary.

5.2 **LSR and AOSR** are responsible for the following:

a. Plan and carry out safety inspections for his/her workplace (laboratories or offices)
b. Follow up with relevant parties for findings
c. Keep records of all safety inspections as per indicated by CINTRA Safety Committee.

5.3 **FWs** are responsible for the following:

a. Plan and carry out monthly inspections of fire protection equipment in the sector allocated by CINTRA Safety Committee.
b. Follow up with relevant parties for findings
c. Keep records of all inspections of fire protection equipment as per indicated by CINTRA Safety Committee.

5.4 **FA** – The person appointed by the Director CINTRA to check on the first aid boxes in the laboratories / offices shall be responsible for the following:

a. Carry out monthly checks on the first aid box(es) in the laboratories / offices to ensure correct first aid items are stored with sufficient quantities with all items in usable condition.
b. Keep a record of all treatment rendered and report the case to the School Safety Officer.

5.5 **Faculty, Staff and Students** shall

a. Co-operate with CINTRA Safety Committee and LSR / AOSR to address, follow up and close safety inspection findings

b. Prevent similar safety findings from recurring

c. Highlight safety matters to the LSR or CINTRA Safety Committee for rectification or improvements. These may include any unsafe act or unsafe conditions noted in CINTRA.

6. Procedures

6.1 Safety inspection regime

The safety inspection regime can be carried out by various levels as shown in Table below.

Level	Responsibility	Work area	Purpose	Form to be used
1	Safety Committee with the assistance from CINTRA Safety Officer	All work areas including access corridors, auxiliary equipment, and emergency systems within the control of the school (safety shower)	Ensuring compliance and improvement in workplace safety.	Appendix 1 - CINTRA Safety Committee Inspection Checklist
2a	Laboratory Safety Representatives (LSR)	Individual research /teaching labs, facilities and work areas	Housekeeping and specific local safety issues such as storage of solvents and use/storage of PPE.	Appendix 2 - Workplace Safety Inspection Checklist

Level	Responsibility	Work area	Purpose	Form to be used
2b	Admin Office Safety Representatives (AOSR)	Individual offices	Housekeeping and specific local safety issues such as emergency response procedure are in order	Appendix 3 – Office Safety Inspection Checklist
3a	Fire Wardens (FW)	Allocated sector's fire protection equipment and adjacent Smoke Free Lobby and stairway	Check on the condition of Fire Protection Equipment	Appendix 4 – Fire Warden Monthly Inspection Checklist
3b	First Aid Box Checker (FA)	Individual laboratory's First Aid Boxes	Check that first aid items are stored with sufficient quantities with all items in usable condition	Appendix 5 – Monthly Inspection of First-Aid Box Checklist

6.2 Safety inspections shall be carried out at least once a month for all levels. CINTRA safety committee may impose additional inspections where necessary.

6.3 Safety inspection should be carried out using the inspection checklists provided (see Appendices) and photographs may be attached. Findings of safety inspection are to be followed up and closed.

6.4 Key or critical safety inspection findings may be discussed during the School's safety committee meeting for harmonization of practices or improvements.

7. Documentation

All safety inspection records shall be kept for at least 5 years by respective Laboratory / Office or by the CINTRA Safety Committee in accordance to CINTRA's SOP on Control of Records.

8. Appendices

Appendix 1 – CINTRA Safety Committee Inspection Checklist

Appendix 2 – Workplace Safety Inspection Checklist

Appendix 3 – Office Safety Inspection Checklist

Appendix 4 – Fire Warden Monthly Inspection Checklist

Appendix 5 – Monthly Inspection of First-Aid Box Checklist

Appendix 1 -

CINTRA SAFETY COMMITTEE SAFETY INSPECTION CHECKLIST

Safety Inspection No. _____ Date: _____ Time: _____

Office / Section / Lab _____ Location: _____

S/No	Items	Areas	Observations			Remarks
			Yes	No	NA	
1	**Record Keeping**	Provision of a Lab Safety File?				
		Monthly Safety Inspection Checklist?				
		Lab Users Safety Training Records?				
2	**Safety Notice Board**	Mounted at prominent location and appropriate height				
		Essential safety information displayed?				
		Emergency Evacuation Route Displayed?				
		Fire Assembly Area Displayed?				
		Laboratory Safety Rules Displayed?				
3	**Electrical Safety**	Approved plugs, sockets and adapters used?				
		Clear access to electrical panels?				
		Loose or frayed cords on electrical devices?				
		Daisy-Chaining of extension?				
4	**Fire & Safety Equipment Condition**	Fire extinguishers mounted?				
		Fire extinguishers in good condition?				
		Fire escape route not blocked or cluttered				
		Safety Shower				
		Eye Wash				

S/No	Items	Areas	Observations			Remarks
			Yes	No	NA	
5	**First Aid**	Adequacy of First Aid materials?				
		Occupational First Aider Appointed?				
		Display of Photograph & Contact Number?				
6	**Personal Protective Equipment**	Appropriate types of gloves provided?				
		Laser Goggles provided?				
		Appropriate footwear worn?				
		Proper storage of PPE including gloves, respirators, etc.?				
7	**Statutory Equipment / Licensed Equipment**	Statutory Pressure Vessel (Air Receiver, Autoclave, etc) has obtained license from MOM?				
		Non-ionization radiation equipment has obtained license from NEA?				
8	**General Safety Housekeeping**	Neat and orderly storage?				
		Clearance of passageways / walkways?				
		Not cluttered?				
		Heavy item not stored too high?				
		Sufficient access to storage items?				
9	**Gas Cylinder Safety**	Gas cylinders tightly secured?				
		Properly labelled?				
		Stored in vented enclosure?				
		Flammable liquids stored away from heat?				
10	**Working Conditions**	Noise level < 65dBA?				
		Lighting appropriate for the task/ Absence of glare?				
		Furniture layout conducive for work?				

S/No	Items	Areas	Observations			Remarks
			Yes	No	NA	
11	**Evacuation**	Evacuation procedure established?				
		Aware of Fire Warden appointed?				
		Aware of floor plan and evacuation route?				
14	**Slip Trip & Fall**	Main aisles and corridors are kept free from objects or wirings?				
		Floorings are maintained with no pools of stagnant water?				
		Uneven floor surfaces such as broken tiles are cordoned off?				
		Uneven floor surface highlighted with distinctive marking?				
15	**Risk Assessments**	RA migrated to WRAS?				
		RA completed before commencement of project?				
		RA reviewed every 3 years?				
18	**After Office Hours Work**	Is there a record of usage of facility?				
		Is there a record of training of workers?				
		Provision of Register of Workers				
19	**Safe Work Procedures**	SWP Established?				
		SWP documented and numbered?				
20	**Good Practice**					
21	**AOB**					

Safety Inspection Conducted By:

Safety Appointment	Name	Signature	Date
CINTRA Safety Committee Member			
CINTRA Safety Committee Member			
Safety Representative (AOSR/ LSR)			

Safety Inspection Observed By:

Safety Appointment	Name	Signature	Date
CINTRA Safety Officer			
Dy Chairman			

Appendix 2 – Workplace Safety Inspection Checklist

WORKPLACE SAFETY INSPECTION CHECKLIST
(Recommended: Monthly)

School/Department: _____ Location: _____

Building & Room: _____ Inspected By: _____

Time: _____ Date: _____

Status During Inspection: ☐ occupied ☐ unoccupied ☐ Lab ☐ Equipment Room ☐ Other

Part (1)

General Postings and Policies ☐ n/a

Essential safety information displayed (in-charge, phone numbers, policies, etc.)?	☐ yes	☐ no	☐ n/a
Emergency escape route displayed?	☐ yes	☐ no	☐ n/a
Emergency phone numbers posted?	☐ yes	☐ no	☐ n/a

Electrical Safety ☐ n/a ☐ Otherwise acceptable

Approved plugs, sockets and adapters used?	☐ yes	☐ no	☐ n/a
Clear access to electrical panels?	☐ yes	☐ no	☐ n/a
Are loose or frayed cords on electrical devices replaced or repaired?	☐ yes	☐ no	☐ n/a
Are sockets/plugs overloaded at one outlet?	☐ yes	☐ no	☐ n/a
Are all electrical works carried out by licensed electrical workers (LEW)?	☐ yes	☐ no	☐ n/a

Fire Safety ☐ n/a ☐ Otherwise acceptable

*** Observations applicable to all items within same box**

S/N	Type	Items	Observations			
1	Fire Fighting Appliances	Fire Extinguishers	All are properly mounted?	☐ yes	☐ no	☐ n/a
			All are clearly visible or indicated?	☐ yes	☐ no	☐ n/a
			All are within dates of validity?	☐ yes	☐ no	☐ n/a
		Fire Hose Reels	External cabinet is free of obstruction?	☐ yes	☐ no	☐ n/a
			***All are free of obstructions?**	☐ yes	☐ no	☐ n/a
			***All are in good working order?**	☐ yes	☐ no	☐ n/a

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S/N	Type	Items	Observations			
2	Fire Detectors	Sprinklers	No leakage at the sprinkler heads?	☐ yes	☐ no	☐ n/a
		Smoke/Heat Detectors	***Free of obstruction?**	☐ yes	☐ no	☐ n/a
3	Fire Auxiliary Equipment	Call Points/Alarms	Not obstructed?	☐ yes	☐ no	☐ n/a
			Not damaged?	☐ yes	☐ no	☐ n/a
		Fire Exit Signs	Well illuminated?	☐ yes	☐ no	☐ n/a
		Emergency Lights	Working when activated?	☐ yes	☐ no	☐ n/a
			***Clearly visible?**	☐ yes	☐ no	☐ n/a
4	Escape Path	Fire Doors/Smoke Stop Lobbies	Tight Fit?	☐ yes	☐ no	☐ n/a
			Always Closed?	☐ yes	☐ no	☐ n/a
			Self-closing and latched?	☐ yes	☐ no	☐ n/a
		Fire Emergency Staircase / Escape Route	Staircase/corridors always well? Illuminated	☐ yes	☐ no	☐ n/a
			Escape route indicated in lift lobby?	☐ yes	☐ no	☐ n/a
			***Free of obstruction?**	☐ yes	☐ no	☐ n/a

Part (2)

Hazardous Materials Storage and Safety Check ☐ n/a

Chemicals segregated by chemical compatibility?	☐ yes	☐ no	☐ n/a
Containers sealed and labelled with names and GHS pictogram(s)?	☐ yes	☐ no	☐ n/a
Chemical inventory acceptable?	☐ yes	☐ no	☐ n/a
Date received/opened noted?	☐ yes	☐ no	☐ n/a
Liquids stored below eye level?	☐ yes	☐ no	☐ n/a
Liquids in secondary containment/cabinets with containment sumps?	☐ yes	☐ no	☐ n/a
Peroxide forming chemicals dated/tested, e.g. ethers, ketones?	☐ yes	☐ no	☐ n/a
Flammable Liquids stored/used away from ignition sources?	☐ yes	☐ no	☐ n/a
Flammable Liquids stored in approved FM/UL cabinet (not > 250 litres in total volume or the stated maximum volume)?	☐ yes	☐ no	☐ n/a
Flammable Liquids inventory checked?	☐ yes	☐ no	☐ n/a
Radioactive materials properly stored?	☐ yes	☐ no	☐ n/a
Nuclear Material inventory checked (Uranium, Thorium, Plutonium)?	☐ yes	☐ no	☐ n/a
Biological agents properly stored?	☐ yes	☐ no	☐ n/a
Poisons and Explosives locked and maintain accurate inventory (e.g. log book)?	☐ yes	☐ no	☐ n/a

Gas and Cryogen Safety ☐ n/a

Cylinders tightly secured on brackets and chains?	☐ yes ☐ no ☐ n/a	Capped when not in use?	☐ yes ☐ no ☐ n/a
Properly labelled?	☐ yes ☐ no ☐ n/a	≤ 1 Liquefied flammable tank/lab?	☐ yes ☐ no ☐ n/a
≤ 2 Flammable/02 tanks/lab	☐ yes ☐ no ☐ n/a	Regulators shut off (when not used)?	☐ yes ☐ no ☐ n/a

Stored in vented enclosure (required for toxins, pyrophoric, and corrosive gasses)	☐ yes	☐ no	☐ n/a
Stored away from heat (required for high flammable liquids)	☐ yes	☐ no	☐ n/a
Tubes dispensing cryogenics properly insulated	☐ yes	☐ no	☐ n/a

Hazardous Materials Safety Equipment Check ☐ n/a

Fume hood average face velocity stable	☐ yes	☐ no	☐ n/a
Sash able to close properly	☐ yes	☐ no	☐ n/a
Fume hood bench uncluttered (obstructing airflow)	☐ yes	☐ no	☐ n/a
Fume hood is clean and tidy	☐ yes	☐ no	☐ n/a
Fume hood certified for use	☐ yes	☐ no	☐ n/a
Biological safety cabinet certified for use	☐ yes	☐ no	☐ n/a
Biological safety cabinet clean and tidy	☐ yes	☐ no	☐ n/a
Radiation survey meter calibrated	☐ yes	☐ no	☐ n/a
Appropriate shields provided	☐ yes	☐ no	☐ n/a
TLD badge checked	☐ yes	☐ no	☐ n/a
Gas detector calibrated	☐ yes	☐ no	☐ n/a
Showers and eyewash not obstructed	☐ yes	☐ no	☐ n/a
Showers and eyewash flushed	☐ yes	☐ no	☐ n/a
Spill kit	☐ yes	☐ no	☐ n/a

First Aid Check ☐ n/a

First Aid Kit (According to First Aid Regulations) and NTU SOP on Provision of Occupational First Aider and First-Aid Box	☐ yes	☐ no	☐ n/a
First Aider's Name and any contactable numbers displayed on the box	☐ yes	☐ no	☐ n/a
First Aid Treatment Records/Log available	☐ yes	☐ no	☐ n/a

Personal Protective Equipment Check ☐ n/a

Appropriate types of gloves provided (hot, cryogenic, acid, flammable, etc.)	☐ yes	☐ no	☐ n/a
Lab coat frequently changed or washed	☐ yes	☐ no	☐ n/a
Appropriate type of goggles provided (Laser, chemical, etc.)	☐ yes	☐ no	☐ n/a
Appropriate footwear worn	☐ yes	☐ no	☐ n/a
Helmet provided during construction visit	☐ yes	☐ no	☐ n/a
Respirator checked	☐ yes	☐ no	☐ n/a
Ear muff/plug provided (for ultrasonic, any noisy equipment)	☐ yes	☐ no	☐ n/a

Hazardous Waste Collection and Storage ☐ n/a

Hazardous waste label (GHS) affixed, completed, legible	☐ yes	☐ no	☐ n/a
Waste segregated in Secondary containment	☐ yes	☐ no	☐ n/a
Full waste containers promptly disposed	☐ yes	☐ no	☐ n/a
☐ Containers sealed ☐ clean ☐ non-leaking ☐ compatible			

Heavy/Pressurized/Non-ionization Radiation Machinery Check ☐ n/a

Machine has safety guard to prevent any bodily injury	☐ yes	☐ no	☐ n/a
Machine installed safety devices like anti-locking system	☐ yes	☐ no	☐ n/a
Emergency button installed (within 2 meters from machine)	☐ yes	☐ no	☐ n/a
Emergency button clearly visible and not obstructed	☐ yes	☐ no	☐ n/a
Machines, equipment or processes containing potential energy sources practice logout - tagout system as per NTU SOP on Workplace Energy Lockout and Tagout	☐ yes	☐ no	☐ n/a
Pressurized equipment has obtained license from MOM for operation	☐ yes	☐ no	☐ n/a
Non-ionization radiation equipment has obtained license from NEA	☐ yes	☐ no	☐ n/a
Lifting equipment/machinery has obtained license from MOM	☐ yes	☐ no	☐ n/a
Lifting equipment/machinery operated by qualified persons	☐ yes	☐ no	☐ n/a
Approved plugs used for the above machineries	☐ yes	☐ no	☐ n/a
Connecting cables for above machineries in sound condition	☐ yes	☐ no	☐ n/a

Slip Trip and Fall

Main aisles and corridors are kept free from objects or wirings which can cause tripping	☐ yes	☐ no	☐ n/a
Floorings are maintained with no pools of stagnant water	☐ yes	☐ no	☐ n/a
Efforts (by activity owner) are taken to control and prevent causing wet or slippery surfaces. E.g. floor washing/ mopping, equipment/ apparatus washing, servicing machinery/ equipment involving water or oil, etc	☐ yes	☐ no	☐ n/a
Uneven floor surfaces such as broken tiles are cordoned off to prevent persons from access	☐ yes	☐ no	☐ n/a
Protruding objects such as iron bolts from ground are made safe to prevent persons from tripping	☐ yes	☐ no	☐ n/a
Floor mats or carpets are properly placed to prevent causing tripping	☐ yes	☐ no	☐ n/a
Staircase or steps are properly maintained and kept free from obstruction	☐ yes	☐ no	☐ n/a
Staircase or steps are properly illuminated as necessary	☐ yes	☐ no	☐ n/a
Handrails provided for staircases are in sound condition (sturdy)	☐ yes	☐ no	☐ n/a
Floor covers or gratings are not damaged and intact	☐ yes	☐ no	☐ n/a
Broken stools or chairs are promptly indicated with warning sign or message to prevent users from using or removed from site for safe keeping	☐ yes	☐ no	☐ n/a
Persons working at slippery work area are wearing proper footwear	☐ yes	☐ no	☐ n/a
Uneven floor surface or with difference in step along main passageway or outside doorway are highlighted with distinctive marking to alert persons	☐ yes	☐ no	☐ n/a
External pathways are maintained without moss growing over the floor surfaces	☐ yes	☐ no	☐ n/a

General Safety and Housekeeping ☐ n/a ☐ Otherwise acceptable

General housekeeping acceptable (trip/fall hazards)	☐ yes	☐ no	☐ n/a
Clean routes of egress (1.2 metre aisle space)	☐ yes	☐ no	☐ n/a
Shielding on vacuum/pressurized glassware	☐ yes	☐ no	☐ n/a
Food, drink, and cosmetics restricted from laboratories	☐ yes	☐ no	☐ n/a
Lighting suitable	☐ yes	☐ no	☐ n/a
Vacuum systems protected with inline filters	☐ yes	☐ no	☐ n/a
Sharp objects managed properly, including disposal (razor blades, needles, broken glass, scalpels)	☐ yes	☐ no	☐ n/a
Storage of PPE including gloves, respirators, etc.	☐ yes	☐ no	☐ n/a
No broken glassware to be used	☐ yes	☐ no	☐ n/a

General comments: (Make note of particular safety issues. Unique hazards may require special precautions.)

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Appendix 3 – Office Safety Inspection Checklist

NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE

Area Assessed: _____

Date of Inspection: _____

Name AOSR: _____

OFFICE SAFETY INSPECTION CHECKLIST
(Recommended: Quarterly)

This checklist serves as a guide for the evaluation of office environment. This inspection assists with the identification and assessment of hazards in the workplace, and the corrective actions to be taken. It is not intended to be comprehensive and not all elements need be assessed at one time with the purpose of identifying office hazards. It may not be comprehensive and not all the hazards that may be present. Any other potential hazards that are identified in specific areas may be added to this checklist as required.

When working through the checklist you should provide a recommendation corrective action where appropriate and indicate that the relevant steps have been taken to ensure that this is carried out.

Item	Response	Non-conformance *(Provide details)*	Recommended Corrective Action (CA)	Individual responsible for ensuring CA is underway	Date completed
HOUSEKEEPING					
1. Are cabinets/shelves tops free of hazardous/combustible items? (e.g. scissors, boxes, files, glassware, water boiler and dispenser)	☐ Yes ☐ No				
2. Is the floor space clear of objects/debris?	☐ Yes ☐ No				
3. Is the work area clear of electrical leads/network cables?	☐ Yes ☐ No				
4. Are all filing cabinets, cabinet doors, desk drawers closed when not in use?	☐ Yes ☐ No				
5. Are materials or objects properly stacked?	☐ Yes ☐ No				

Item	Response	Non-conformance (Provide details)	Recommended Corrective Action (CA)	Individual responsible for ensuring CA is underway	Date completed
EQUIPMENT					
1. Are all electrical plugs/adaptors /extensions authorised? ("Safety Mark" or equivalent)	☐ Yes ☐ No				
2. Are electrical appliances in safe location? (e.g. away from water)	☐ Yes ☐ No				
3. Are sockets used properly? (e.g. not overloaded with too many extensions from a single lead)	☐ Yes ☐ No				
4. Are cables in good condition? (e.g. no signs of pinched or frayed/deterioration)	☐ Yes ☐ No				
EMERGENCY RESPONSE					
1. Are all access, egress and fire escape free of obstruction?	☐ Yes ☐ No				
2. Are the emergency exits signs visible and/or lighted up?	☐ Yes ☐ No				
3. Are emergency evacuation routes clearly shown?	☐ Yes ☐ No				
4. Do the occupants know their Fire Warden(s) & Fire Co-ordinator(s)?	☐ Yes ☐ No				
5. Are First-aider(s) made known to the occupants?	☐ Yes ☐ No				

Item	Response	Non-conformance *(Provide details)*	Recommended Corrective Action (CA)	Individual responsible for ensuring CA is underway	Date completed
EMERGENCY RESPONSE					
6. Are first-aid kits available and stocked up?	☐ Yes ☐ No				
7. Are there any Emergency contact displayed? (Visible to all occupants)	☐ Yes ☐ No				
FIRE SAFETY					
1. Are areas free of excessive storage of combustible material? (e.g. papers, carton boxes on floors or stacked to ceiling height)	☐ Yes ☐ No				
2. Are sprinklers, heat/smoke detectors free of obstruction? (At least 0.5m from ceiling height)	☐ Yes ☐ No				
3. Are all manual Fire Call Point free from obstruction?	☐ Yes ☐ No				
4. Are all Emergency exit doors free from physical locked? (e.g. key lock)	☐ Yes ☐ No				
5. Are all Emergency exit doors properly shut and closed?	☐ Yes ☐ No				
6. Are all Fire access panel free from obstruction? (Must be clear and unobstructed)	☐ Yes ☐ No				
7. Are fire extinguishers easily accessible and unobstructed? (at least 1m clearance)	☐ Yes ☐ No				

Item	Response	Non-conformance *(Provide details)*	Recommended Corrective Action (CA)	Individual responsible for ensuring CA is underway	Date completed
FIRE SAFETY					
8. Are fire extinguishers properly mounted and damage free?	☐ Yes ☐ No				
9. Are all Hosereel free from obstruction? (Must be clear and unobstructed)	☐ Yes ☐ No				
SLIP, TRIP AND FALL					
1. Main aisles and corridors are kept free from objects or wirings which can cause tripping	☐ Yes ☐ No				
2. Floorings are maintained with no pools of stagnant water	☐ Yes ☐ No				
3. Efforts (by activity owner) are taken to control and prevent causing wet or slippery surfaces. E.g. floor washing/ mopping, equipment/ apparatus washing, servicing machinery/ equipment involving water or oil, etc	☐ Yes ☐ No ☐ NA				
4. Uneven floor surfaces such as broken tiles are cordoned off to prevent persons from access	☐ Yes ☐ No ☐ NA				

Item	Response	Non-conformance *(Provide details)*	Recommended Corrective Action (CA)	Individual responsible for ensuring CA is underway	Date completed
5. Protruding objects such as iron bolts from ground are made safe to prevent persons from tripping	☐ Yes ☐ No				
6. Floor mats or carpets are properly placed to prevent causing tripping	☐ Yes ☐ No				
7. Staircase or steps are properly maintained and kept free from obstruction	☐ Yes ☐ No ☐ NA				
8. Staircase or steps are properly illuminated as necessary	☐ Yes ☐ No ☐ NA				
9. Handrails provided for staircases are in sound condition (sturdy)	☐ Yes ☐ No ☐ NA				
10. Floor covers or gratings are not damaged and intact	☐ Yes ☐ No ☐ NA				
11. Broken stools or chairs are promptly indicated with warning sign or message to prevent users from using or removed from site for safe keeping	☐ Yes ☐ No ☐ NA				

Item	Response	Non-conformance *(Provide details)*	Recommended Corrective Action (CA)	Individual responsible for ensuring CA is underway	Date completed
12. Persons working at slippery work area are wearing proper footwear	☐ Yes ☐ No ☐ NA				
13. Uneven floor surface or with difference in step along main passageway or outside doorway are highlighted with distinctive marking to alert persons	☐ Yes ☐ No ☐ NA				
14. External pathways are maintained without moss growing over the floor surfaces	☐ Yes ☐ No ☐ NA				

Other comments:

Appendix 4 – Fire Warden Monthly Inspection Checklist

NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE

FIRE WARDEN MONTHLY CHECKLIST

Location:			For the Month of :			
Date of Inspection:						
Checked by:						
S/N	**Items**	**Observations**	**Remarks** If 'no", please indicate exact location	**Follow-up Action**	**Done by**	**Date Action taken**
1	Fire Extinguishers	All are free of obstructions. ☐ yes ☐ no				
		All are in good working condition, no visible damage or defect. ☐ yes ☐ no				
		All are clearly visible, if shield from sight, a fire extinguisher sign is mounted at 1.8m or higher. ☐ yes ☐ no				
		All are within date of validity. ☐ yes ☐ no				
		All are properly mounted, handle is mounted between 1.1 to 1.5m from finished floor level ☐ yes ☐ no				

S/N	Items	Observations	Remarks	Follow-up Action	Done by	Date Action taken
2	Fire Hose Reels and Dry Risers	Access to hose reel is not obstructed. ☐ yes ☐ no				
		No misuse of reels. ☐ yes ☐ no				
		Hose reel has no visible defect ☐ yes ☐ no				
		Clearly visible, Hose reel sign is illuminated ☐ yes ☐ no				
3	Fire Exit Signs	Clearly visible. ☐ yes ☐ no				
		Illuminated at all the times. ☐ yes ☐ no				
		Red LED illuminated at all the times. ☐ yes ☐ no				
4	Emergency Lights	Light up when 'red' test button is pressed. ☐ yes ☐ no				
5	Fire Doors / Smoke Stop Lobbies	Not wedged in open position. ☐ yes ☐ no				
		Self closing. ☐ yes ☐ no				
		With "Keep Door Closed" Label. ☐ yes ☐ no				
6	Staircase / Escape Routes	Not obstructed, no storage in stairs / routes. ☐ yes ☐ no				
		Free of tripping hazards. ☐ yes ☐ no				
		Escape routes indicated in lift lobby or prominent areas. ☐ yes ☐ no				

S/N	Items	Observations	Remarks	Follow-up Action	Done by	Date Action taken
	Staircase / Escape Routes	Staircases / corridors well illuminated at all time. ☐ yes ☐ no				
7	Fire Alarm Panel	Not obstructed. ☐ yes ☐ no				
8	Sprinkles and Detectors	Not obstructed. ☐ yes ☐ no				
9	'Break Glass' Call Points	Clearly visible. ☐ yes ☐ no				
		Not obstructed. ☐ yes ☐ no				
		Not damaged. ☐ yes ☐ no				
10	Lifts	"Do Not Use in Event of fire" visible. ☐ yes ☐ no				

Verified by:

Name of Emergency Preparedness Coordinator	Signature	Date of Verification

Appendix 5 - Monthly Inspection of FIRST-AID BOX Checklist

NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE

Monthly Inspection of FIRST-AID BOX

Location: _____ **Name of FA:** _____ **Year:** _____

Contents	Box A (QTY)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Individually wrapped sterile adhesive dressing	20												
2. Crepe bandage 5.0 cm	1												
3. Crepe bandage 10 cm	1												
4. Absorbent gauze (packet of 10)	5												
5. Hypoallergenic tape	1												
6. Triangular bandages	4												
7. Scissors	1												
8. Safety pins	4												
9. Disposable gloves (pairs)	2												
10. Eye Shield	2												
11. Eye pad	2												
12. Resuscitation mask (one-way)	1												
13. Sterile water or saline in 20 ml disposable container	**5**												
14. Torch light	1												
Signature of First Aid Box Checker (FA)													

Version History

This Table below reflects the summary of changes made to the document. The full change information is indicated with yellow highlight in the document content.

Revision	Section	Details of Change	Author	Effective Date	Approved By
00	-	Initial Release	Dr. M. D. Birowosuto	01 Aug 2017	Dr. Dinh Xuan Quyen
01	-	Checking safety inspection forms. No change is made.	Dr. Mohamed Boutchich	15 Mar 2021	Dr. Dinh Xuan Quyen