

Ref: CINTRA/SOP/005.00	Date of issue: 21 Aug 2017	Next review date: 20 Aug 2020
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 the Person-in-Charge or 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.

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- 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.

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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

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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.

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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

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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 removed from service?				
		No evidence of Daisy-Chaining of extension?				
4	Fire & Safety Equipment Condition	Fire extinguishers mounted?				
		Fire extinguishers in good condition?				
		Fire escape route not blocked or cluttered				
		Regular Check on Safety Shower				
		Regular Check on 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			
PIC / 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.)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Emergency escape route displayed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Emergency phone numbers posted?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

Electrical Safety

n/a Otherwise acceptable

Approved plugs, sockets and adapters used?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Clear access to electrical panels?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Are loose or frayed cords on electrical devices replaced or repaired?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Are sockets/plugs overloaded at one outlet?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Are all electrical works carried out by licensed electrical workers (LEW)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
			All are clearly visible or indicated? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
			All are within dates of validity? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
		Fire Hose Reels	External cabinet is free of obstruction? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
			*All are free of obstructions? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
			*All are in good working order? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

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

Part (2)

Hazardous Materials Storage and Safety Check

n/a

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

Gas and Cryogen Safety n/a

Cylinders tightly secured on brackets and chains?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Capped when not in use?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Properly labelled?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	≤ 1 Liquefied flammable tank/lab?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
≤ 2 Flammable/O2 tanks/lab	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Regulators shut off (when not used)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Stored in vented enclosure (required for toxins, pyrophoric, and corrosive gasses)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Stored away from heat (required for high flammable liquids)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Tubes dispensing cryogenics properly insulated	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		

Hazardous Materials Safety Equipment Check n/a

Radiation survey meter calibrated	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Appropriate shields provided	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Gas detector calibrated	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Showers and eyewash not obstructed	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Showers and eyewash flushed	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Spill kit	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 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	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
First Aider's Name and any contactable numbers displayed on the box	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
First Aid Treatment Records/Log available	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

Personal Protective Equipment Check n/a

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

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

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

Slip Trip and Fall

Main aisles and corridors are kept free from objects or wirings which can cause tripping	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Floorings are maintained with no pools of stagnant water	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> 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	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Uneven floor surfaces such as broken tiles are cordoned off to prevent persons from access	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Protruding objects such as iron bolts from ground are made safe to prevent persons from tripping	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Floor mats or carpets are properly placed to prevent causing tripping	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Staircase or steps are properly maintained and kept free from obstruction	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Staircase or steps are properly illuminated as necessary	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Handrails provided for staircases are in sound condition (sturdy)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Floor covers or gratings are not damaged and intact	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> 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	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Persons working at slippery work area are wearing proper footwear	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Uneven floor surface or with difference in step along main passageway or outside doorway are highlighted with distinctive marking to alert persons	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
External pathways are maintained without moss growing over the floor surfaces	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

General Safety and Housekeeping

n/a Otherwise acceptable

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



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)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Is the floor space clear of objects/debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Is the work area clear of electrical leads/network cables?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Are all filing cabinets, cabinet doors, desk drawers <u>closed</u> when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Are materials or objects properly stacked?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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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)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Are electrical appliances in safe location? (e.g. away from water)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Are sockets used properly? (e.g. not overloaded with too many extensions from a single lead)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Are cables in good condition? (e.g. no signs of pinched or frayed/deterioration)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY RESPONSE					
1. Are all access, egress and fire escape free of obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Are the emergency exits signs visible and/or lighted up?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Are emergency evacuation routes clearly shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Do the occupants know their Fire Warden(s) & Fire Co-ordinator(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Are First-aider(s) made known to the occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Are there any Emergency contact displayed? (Visible to all occupants)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Are sprinklers, heat/smoke detectors free of obstruction? (At least 0.5m from ceiling height)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Are all manual Fire Call Point free from obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Are all Emergency exit doors free from physical locked? (e.g. key lock)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Are all Emergency exit doors properly shut and closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Are all Fire access panel free from obstruction? (Must be clear and unobstructed)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Are fire extinguishers easily accessible and unobstructed? (at least 1m clearance)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Are all Hosereel free from obstruction? (Must be clear and unobstructed)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
SLIP, TRIP AND FALL					
1. Main aisles and corridors are kept free from objects or wirings which can cause tripping	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Floorings are maintained with no pools of stagnant water	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
4. Uneven floor surfaces such as broken tiles are cordoned off to prevent persons from access	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				

(Page 4/6)

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	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Floor mats or carpets are properly placed to prevent causing tripping	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Staircase or steps are properly maintained and kept free from obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
8. Staircase or steps are properly illuminated as necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
9. Handrails provided for staircases are in sound condition (sturdy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
10. Floor covers or gratings are not damaged and intact	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				

(Page 5/6)

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

Other comments:

Appendix 4 – Fire Warden Monthly Inspection Checklist



FIRE WARDEN MONTHLY CHECKLIST

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

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

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

Verified by:

Name of Emergency Preparedness Coordinator	Signature	Date of Verification

Appendix 5 - Monthly Inspection of FIRST-AID BOX Checklist



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. Resuscitation mask (one-way)	1												
11. Sterile water or saline in 20 ml disposable container	5												
12. 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	21 Aug 2017	Dr. Dinh Xuan Quyen

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