

HS729 Laboratory/Workshop Review Form	
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Related Procedure: [HS312 Inspection, Testing and Monitoring Procedure](#)

Faculty/Division	School/ Divisional Unit		
Laboratory/Workshop:	Supervisor/Reviewer:	Date:	

Safe Work Procedure Review

Use this section to review a sample of safe work procedures in your area, with the objective of monitoring adherence to the procedure thorough observation of staff/students *e.g. loading a centrifuge or titration of sodium hydroxide*.

SWP no:	SWP Name:	Person has been trained in the SWP?	Person Observed:	Has the person followed the procedure correctly? Y/N	If No, corrective action required:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Risk Management Process Review

Use this section to review a sample of risk management forms in your area, with the objective of monitoring that the risk controls implemented are effective.

RA or RM number:	RA/RM Name: <i>brief</i>	All controls listed have been implemented?	Monitor the effectiveness of risk controls by one or more of the following:		
			<ul style="list-style-type: none"> - Direct observation of controls working while activity is undertaken - <i>e.g. Person using the fume cupboard with the sash down</i> - <i>e.g. Person using machinery with the guard in place</i> - <i>e.g. Person using a foot stool to access goods at higher level</i> 	<ul style="list-style-type: none"> - Feedback from staff/students involved in the activity 	Lack of incidents since control introduced
e.g. RA_001	Retrieving samples	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			