Safety Department

Imperial College London

Southside Building

South Kensington Campus



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INSPECTION REPORT

Report ID 00/00000/

Location

|  |  |  |  |
| --- | --- | --- | --- |
| Room/Area |  | Dept |  |
| Campus |  | | |

Person Responsible for Area

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Name |  | Position |  |

Date of Inspection Time of Inspection

|  |  |  |  |
| --- | --- | --- | --- |
| /  / |  |  |  |

Reason for Inspection

|  |  |  |  |
| --- | --- | --- | --- |
| Routine |  | | |
| Incident |  | Details/Ref. No. |  |
| Requested |  | By whom? |  |

Type of Inspection

|  |  |  |  |
| --- | --- | --- | --- |
| General  Biological  Radiation |  | | |
| Other |  | Specify |  |

Inspected by

|  |  |
| --- | --- |
| Name |  |
| Position |  |

Also present

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |

Insert report before completing the following sections

*(this text will not print)*

ACTION PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Description | Close-out date | Action by whom? |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |
|  |  | /  / |  |

AGREEMENT OF ACTIONS

Person Responsible for Area

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Name |  | Position |  |

Date Signature

|  |  |  |
| --- | --- | --- |
| /  / |  |  |

Endorsed by

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Name |  | Position |  |

Date Signature

|  |  |  |
| --- | --- | --- |
| /  / |  |  |

Please complete a separate form for each action

CLOSE-OUT

|  |  |  |
| --- | --- | --- |
| ACTION No\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ |  | Report ID     /     / |

I, ................................................................................., AS PERSON RESPONSIBLE, CONFIRM THAT ALL ASPECTS OF THE ABOVE ACTION HAVE BEEN COMPLETED BY .........................................................................................

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

ENDORSEMENT

THAT THE ABOVE HAS BEEN COMPLETED

For use by the inspector only

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Date action due | Date completed |
|  |  |  |  |

Please complete a separate form for each action

CLOSE-OUT

|  |  |  |
| --- | --- | --- |
| ACTION No\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ |  | Report ID     /     / |

I, ................................................................................., AS PERSON RESPONSIBLE, CONFIRM THAT ALL ASPECTS OF THE ABOVE ACTION HAVE BEEN COMPLETED BY .........................................................................................

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

ENDORSEMENT

THAT THE ABOVE HAS BEEN COMPLETED

For use by the inspector only

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Date action due | Date completed |
|  |  |  |  |