Site Assessment Checklist

This Checklist must be kept at the hospital site in a readily accessible location e.g. 'Site File' for reference along with relevant NHSBT H&S Documents. It only needs to be updated should anything change such as completion of the action plan, changes to work location etc.

In addition to the site checklist, each individual must complete their own workplace self assessment for their regular workstations. Certain requirements of the Site Assessment may form part of the individual's action plan. Training information from the self assessment may provide information to meet NHSBT mandatory training needs.

Visitors should make themselves familiar with the content of this site assessment, as it contains important emergency information.

Copies of both assessments must be kept by the manager.

Site (Work Location):						
Team:			Manager:			
FIRE PROCEDURE & TRAINING						
Is there a local fire procedure which must be followed ?						
Yes		No		If yes, please state		
Local Fire Marshal:						
Fire Assembly Point:						
Summarise procedure						
Intermittent Alarm:						
Continuous Alarm:						
Is there a requirement to attend local Hospital fire training ?						
Yes		No		If yes, please state		
Frequency:						
Note: Individual training records should be available and provided to NHSBT as part of Mandatory training requirements.						

Date: 11th May 2009 updated Sept 2010

Version: Final

Site Assessment Checklist

FIRST AID						
Are there local first aid arrangements that can be used by on-site NHSBT staff?						
,	Yes		No		If yes, please state	
First Aiders:						
First Aid Kit:						
Note: All needlesticks / contact with blood injuries must use NHSBT Occupational Health. 24 hour sharpsline: 0845 371 0572						
ACCIDENT REPORTING						
All accidents / near misses MUST be reported in line with NHSBT Accident / Near Miss reporting procedures.						
In addition, they must be reported to the Hospital as appropriate (e.g. in relation to areas of their responsibility such as environment – slips and trips).						
Are there local hospital accident reporting arrangements?						
Yes		No		If yes, p	elease state	
Summarise procedure (including Hospital H&S contact):						
ADMIN / WORKSTATION LOCATION						
Do you have lockable storage facilities for files and personal belongings?						
Yes		No		If yes, p	olease state	
Storage:						
Locking mechanis	m:					
Location:						

Date: 11th May 2009 updated Sept 2010 Version: Final

Site Assessment Checklist

Note: Keys / access to these facilities must consider 'out of hours' requirements.					
Do you have a dedicated workstation ?					
Yes					
Where exactly is the NHSBT workstation located ?					
Location: If no, please state					
Which areas are available. They must be compliant with regard to seating, desk and lighting?					
Location:					
Who provides the facilities within the workstation?					
NHSBT					
What are these ?					
NHSBT:					
Hospital:					
Who owns the electrical equipment used at the workstation?					
NHSBT					
List NHSBT equipment:					
List Hospital equipment:					
Is electrical equipment routinely checked for safety (portable appliance testing – PAT) ?					
Yes No					
If Yes, state who does this:					
Last checked: Next test date: (note this should be displayed on the equipment)					
MANUAL HANDLING AIDS / SYSTEMS OF WORK					
Are there local manual handling procedures (related to donors) which must be followed?					
Yes					

Date: 11th May 2009 updated Sept 2010 Version: Final

Site Assessment Checklist

Summarise p	rocedures					
Is there a requirement to attend local Hospital manual handling training ?						
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	Yes		No		If yes, please	e state
Frequency:						
Note: Individual training records should be available and provided to NHSBT as part of Mandatory training requirements.						
WELFARE ARRANGEMENTS						
Are there toilet / wash facilities nearby to which NHSBT staff have access whilst on site?						
Yes		No				
If yes, please	state location:					
Are there rest	room facilities	to which	n NHSBT s	taff have ac	cess whilst on site	?
Yes		No				
If yes, please state location:						
Are there canteen facilities to which NHSBT staff have access whilst on site?						
Yes		No				
If yes, please state location:						
Are there local security arrangements to which NHSBT staff have access whilst on site? e.g. security guards escorting staff to cars out of hours						
Yes		No				
If yes, please state what these are and how to access:						

Date: 11th May 2009 updated Sept 2010 Version: Final

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Assessment completed by: Position:	Date:			
Action Plan (including target completion dates and those responsible):				
Review date:				
Manager's Signature:				