 **Principal Investigator Annual Safety Compliance Checklist**

|  |  |  |
| --- | --- | --- |
| **Principal Investigator** |  | |
| **Senior researcher designated to manage day to day safety** |  | |
| **Research group location(s)** |  | |
| **Research group members** |  |  |
|  |  |
|  |  |
| **Dates/Year checklist applies to** |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Action** | | | **Yes/No/NA** | | | **Additional action required** | **Due date** |
| 1. Chemical Agents Risk Assessments produced for all procedures involving chemicals used by the group | | |  | | |  |  |
| 2. Up to date Safety Data Sheets are available for chemicals in use by the group. | | |  | | |  |  |
| 3. Carcinogen Risk Assessments including justification for use of the carcinogen are in place. | | |  | | |  |  |
| 4. Biological Agents Risk Assessments produced for all procedures using group 2, 3 or 4 biological agents (including notification to HSA). | | |  | | |  |  |
| 5. Project Risk Assessments produced for the research projects been undertaken | | |  | | |  |  |
| 6. There are safe operating procedures for any potentially hazardous equipment used by research group member. | | |  | | |  |  |
| 7. Training needs of the research group have been identified and training arranged. | | |  | | |  |  |
| 8. Safety induction training carried out for new group members and records kept. | | |  | | |  |  |
| 9. Accidents reported to Health and Safety Office. | | |  | | |  |  |
| 10. Equipment owned/controlled by the group is inspected/serviced and records kept | | |  | | |  |  |
| 11. Pregnancy risk assessment carried out if necessary | | |  | | |  |  |
| 12. Actions identified during biannual safety inspections have been taken. | | |  | | |  |  |
| **13. Summary of accidents and near misses** | | | | | | | |
| Accidents | | | | Incidents/Near misses | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| **14. Summary of safety training attended by members of the research group** | | | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
| **15. Concerns raised by staff** | **Dealt with (Yes/No)** | | | | **Further action required** | | |
|  |  | | | |  | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date