Safety Department

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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? |
|     |       |   /  /     |       |
|     |       |   /  /     |       |
|     |       |   /  /     |       |
|     |       |   /  /     |       |
|     |       |   /  /     |       |
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|     |       |   /  /     |       |
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|     |       |   /  /     |       |
|     |       |   /  /     |       |

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 |
|  |  |  |  |