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| **THIS FORM MUST BE COMPLETE BEFORE A ST MARY’S UNIVERSITY PASS IS ISSUED** |
| **This form is to be used for all visitors on site for greater than 5 days** |
| 1 | **Inform** the visitor of the building evacuation procedures and alarm system |[ ]
| 2 | **Inform** them of the emergency telephone number (x4060) and the main Reception number (020 8240 4000) |[ ]
| 3 | **Explain** that if they need to call (9)999 they must inform reception |[ ]
| 4 | **Inform** them of the:* Frequency of fire drills/testing alarms
* Fire Alarm Call Point
* Emergency Exits
* Evacuation Routes
* Assembly Points
 |[ ]
| 5 | **Show** them the safety notice board |[ ]
| 6 | **Give** them the details of the: * Departmental H&S Coordinator
 |[ ]
| 7 | **Inform** them of the:* Local First Aid arrangements,
* Closest First Aider (name and location)
 |[ ]
| 8 | **Inform** them of the procedure for: * Notifying accidents and/or incidents
* Near misses
* Occupational ill health
 |[ ]
| 9 | **Inform** them of the functions of:* The Health & Safety Office
* Security
 |[ ]
| 10 | **Show** them the Staff Intranet indicating the pages for:* The Safety Office
* HR
* Estates
* Departmental pages
 |[ ]
| 11 | **Inform** themof the Department’s normal working hours and building access hours.  |[ ]
| 12 | **Explain** the lone working/outside normal working hours procedures (e.g. signing-in book, informing Security) |[ ]

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| 13 | **Inform** them of any known significant hazards or health risk in work environment, e.g., laboratories, workshop, plant room etc. |[ ]
| 14 | **Inform** them of any Personal Protective Clothing/Equipment (PPE) required |[ ]

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| **EXAMPLES OF SAFETY SIGNAGE** |
| BIOHAZ**YELLOW TRIANGLE** Hazard warninge.g., Bio Hazard | SPEX$**BLUE CIRCLE** Mandatorye.g., you must wear safety glasses | EXIT-R$**GREEN AND WHITE** Safe conditione.g., fire exit | **RED EDGED DIAMOND**Containers of dangerous substances |
| STOPSIG$**RED CIRCLE** Forbidden/prohibitione.g., No Entry | EXTING**RED SQUARE**Fire equipment | hazard tape**BLACK AND YELLOW** Hazardous locatione.g., low headroom |

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| **ST MARY’S UNIVERSITY PASS WILL NOT BE ISSUED WITHOUT THE CORRECT SIGNATURES BELOW:** |
| **Name of Visitor** | **Signature** | **Start Date** |
| **School/Service**  | **Head of School/Service** | **End Date**  |
| **St Mary’s Contact**  | **Signature** | **Date** |
| **Visitor**[ ]  | **Other** [ ]  |