NUS Annual Safety & Health

Performance Awards 2006

Application Form for “Workplace” Category

ORGANIZED BY

OFFICE OF SAFETY, HEALTH & ENVIRONMENT (OSHE)

Ref: OSHE/06/06.02
**Introduction**

1. The objective of the NUS Annual Safety & Health Performance Award (ASHPA) is to recognize and reward Departments, Research Institutes & Corporate Offices which have made or are making significant improvements to their occupational safety and health management system.

2. Departments or Offices with poor infrastructure will not be disadvantaged during the judging, the assessment is based primarily on how well the Department manages safety through its safety management system and self-regulation.
General Instructions

1. This Annual Safety and Health Performance Award (ASHPA) scheme is open to NUS departments, research institutes & corporate offices only.

2. This application form is for departments managing laboratories, workshops or any other activity that is listed under the schedules of the various occupational health and safety regulations such as the “Workplace Safety and Health Act”.

3. Each Department, Research Institute or Corporate Office should submit a single application.

4. The submission must be done by a staff member who has been appointed by the Head of Department or Director.

5. Applications should contain relevant supporting documentation (policies, procedures, details of safety improvement programmes, documents, records, photographs, reports etc) to assist the judges in their assessment.

6. Each application should be accompanied with a cover letter detailing the major safety issues/milestones for the department in 2006.

7. For each question, you may check more than one box. Indicate N.A. for non applicable items and NIL for nil responses.

8. OSHE, on behalf of the judges, may require the Department or Office to provide additional supporting documentation.

9. Judges may wish to tour facilities and interview staff and/or students to better understand the Department’s or Office’s current operations and safety systems.

10. Departments or Offices may also be required to give presentations on their safety management systems or safety improvement projects.

11. The judge’s decision is final and no correspondence would be entertained.

12. The winning Departments or Offices will be announced during the Annual Safety & Health Week, which will be held in February 2007.

13. In the application form “Department” refers to teaching department, research institute or corporate office.

14. For general enquiries, please contact OSHE staff, Mr. Saravanan G. at oshsg@nus.edu.sg or extension 4551.
### Particulars of Department

<table>
<thead>
<tr>
<th>Name of Department or Corporate Office</th>
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<tr>
<td>Total staff strength</td>
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<tr>
<td>Total number of Principal Investigators (PIs) in the department</td>
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<tr>
<td>Total number of laboratory officers and research fellows/assistants working in laboratories</td>
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<td>Total number of students working in laboratories</td>
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<tr>
<td>☐ Undergraduate</td>
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<td>☐ Postgraduate</td>
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### Particulars of staff submitting the application form

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<tr>
<td>Designation</td>
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<td>Staff No.</td>
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<td>Name &amp; Signature of Head or Director</td>
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Ref:OSHE/06/06.02
Section 1: Occupational Safety and Health Policy and Planning

1. Occupational Safety and Health Policy

- No safety & health policy
- The written safety & health policy clearly states that top management is fully committed to the safety of the employees
- The safety policy is reviewed regularly and made known to all employees

*(Please attach a copy of the policy. Explain how all levels of staff are made aware of the safety policy)*

2. Safety Organization

- No safety organization
- Safety roles & responsibilities are defined
- Only safety coordinator / personnel is responsible for safety matters
- There is a Departmental Safety Committee
- Departmental Safety Committee is headed by the HOD/ Deputy Head / Senior Staff

*(Please provide a copy of the Department’s safety organization chart and provide detailed descriptions on safety responsibilities and accountabilities)*
### 3. Safety Committee Meetings

- Safety Committee meets occasionally

- Safety Committee meets regularly. State the number of meetings in 2006._________.

- Safety committee meetings are well conducted and suggestions for improvements efficiently communicated and implemented.

(Please attach the minutes of the last three committee meetings and provide a schedule of meeting for 2006).

### 4. Risk Assessment

- There is no risk assessment framework in place to review the hazards for teaching, research and clinical work conducted by the department.

- There is a risk assessment framework in place and results of risk assessments are documented

- A risk assessment is done before new teaching, research and clinical projects and / or experiments are performed.

- A risk assessment is done for frequently used procedures in the lab.

- A risk assessment is done for each major piece of equipment in the lab.

- A risk assessment is done when there are changes in the systems or procedures, e.g. new research staff or student, equipment, procedures or agents

- The risk assessment is performed by and / or approved by management i.e. Principal Investigator, Laboratory Supervisors or Heads of Departments/Directors.

(Provide details of not less than 5 examples of departmental risk assessments completed in 2006)
### 5. Legal Compliance & Other Requirements

- The department has procedures to ensure it is aware of all occupational health and safety regulations.
- The department has its own occupational safety and health legal register.

*(Please provide a listing of all occupational safety and health regulations applicable to the department)*

### 6. Objectives & Targets

- Safety and Health improvement objectives and targets for 2006 have been set for the department.
- Objectives & targets are consistent with areas identified in the risk assessment.
- Safety improvement projects help the department meet its safety objectives and targets.

*(Provide details of objectives and targets, also list key indicators of safety and health performance)*

### 7. Safety Innovation Team Programme (SITP) and Other OSH Improvement Programmes

- There is no Safety Innovation Team in the Department
- There has been no safety improvement projects in the past one year

  State reason: ________________________

- SITP and other safety improvement projects are in line with Department's goals & objectives
- _____ (state number) of Safety Innovation Teams is/are taking part in this year’s SITP organized by OSHE.

*(Provide details of SITP in the Department and a description of on going and current projects completed in 2006)*
8. Safety Expenditure

What percentage of Department’s operating expenditure has been spent on safety?

_________________________
## Section 2: Implementation and Operation

### 9. Safety Training

- [ ] There is no departmental safety training coordinator
- [ ] There is a departmental safety training coordinator
- [ ] There is no safety induction training for new staff and students (undergraduate and postgraduate)
- [ ] Safety induction training is required for all staff and students (undergraduate and postgraduate)
- [ ] Staff who fail departmental induction training are required to re-sit the training
- [ ] PI encourages staff to implement safety programs based on skills & knowledge acquired through training

**Principal Investigators/Managers**

- [ ] No PIs has attended any safety course or received safety training in 2006
- [ ] PIs are required to attend certain safety courses

*(Provide details on your safety induction programme organized in 2006)*

### 10. Safety Promotional Activities

- [ ] No safety promotional activities was organized by the Department in 2006
- [ ] The Department has conducted in-house safety promotional activities in 2006

*(Provide details on types and objectives of the safety promotional activities organized in 2006)*
### 11. Standard Operating Procedures (SOP)

- [ ] There is no written standard operating procedures
- [ ] There are documented Departmental-specific SOPs dealing with hazardous substances, process and machinery as identified in the risk assessment as posing a significant risk.
- [ ] There are documented PI/laboratory specific SOPs dealing with hazardous substances, process and machinery as identified in the risk assessment as posing a significant risk.
- [ ] SOPS are inline with University and Faculty Level SOPs
- [ ] SOPs are reviewed periodically

*(1. Provide list of departmental specific SOPs. 2. Provide sample copies of SOPs for dealing with identified hazardous substances, process and machinery)*

### 12. Maintenance of Equipment

- [ ] Critical equipment which require periodic maintenance have been identified.
- [ ] There is no procedure or program for maintenance of heavy machinery and safety equipment such as the BSC, fume hoods, hoists.
- [ ] Tests are regularly conducted to assess performance of such equipment *(State standards to which the performance of equipment are compared)*
- [ ] Records are kept for such maintenance

*(Provide list of safety equipment maintained by Department. Provide maintenance schedule and maintenance records)*
13. **Contractor Evaluation, Selection and Control**

☐ There is a system for selection of only competent contractors to carry out renovation works and/or maintenance works in the departments

☐ Contractors are briefly prior to the commencement of their activities on the nature of the hazards in the department

☐ Handing over of safety responsibility between the department and the contractor is documented

*(Provide details of the system of contractor evaluation, selection and control)*

14. **Waste Management**

☐ The Department has procedures or programmes to promote waste management and minimization.

☐ There are comprehensive chemical procurement system to minimize purchase /consumption of chemicals.

*(Provide details)*

15. **Emergency Preparedness & Response**

☐ There is no procedure to deal with emergencies

☐ The department has its own emergency response plan

☐ Emergency drills have been conducted to test the effectiveness of the emergency procedures

   No. of fire drills conducted in 2006 ________.
   No. of desk top exercises conducted in 2006 ________.

☐ Emergency response equipment are subjected to periodic inspections and proper inspection records are kept

*(Provide details of emergency response plans)*
16. **Security Systems**

- There is no security system in place to control entry to critical laboratories and other sensitive areas.
- Visitors and sub-contractors are required to register with security personnel.
- Entry to critical laboratories and other sensitive areas are limited by door card access systems.
- There is an inventory system for the control of toxic and hazardous substances.

*(Provide details of security system and toxic and hazardous substance inventory system)*
Section 3: Checking and Corrective Actions

17. Safety Inspections

☐ The Department does not carry out safety inspections

☐ Safety inspections are conducted regularly. *(State frequency of safety inspection:______________)*

☐ Inspections are headed by HOD or Deputy Head

☐ Results of inspections are documented

☐ There is a system of follow up on unsatisfactory items

☐ Results of inspections are analyzed to identify trends so that root cause(s) of unsatisfactory performance can be addressed

*(Provide inspection procedures, objectives, frequency, follow-up actions and personnel involved)*

18. Incident/Accident Investigation

(a) Incident / Accident Investigation Procedures

☐ There is no procedure for the notification of incidents/accidents

☐ Procedures are available for notification of incidents / accidents

☐ Procedures are available for complete and effective investigations of all incidents / accidents so that the causes can be determined

☐ Procedures are available for implementation of follow-up, corrective and preventive measures

☐ Investigation reports are viewed by safety committee or HOD

☐ Lessons learnt from such incidents are communicated to all
(b) Analysis of incident / accident statistics and trends

☐ Incident / accident statistics are not compiled and analyzed.

☐ Incident / accident statistics are compiled and analyzed.

☐ Incident / accident statistics are used effectively to identify trends, safety programmes and for evaluating safety performance. Statistics are reviewed by safety committee and HOD.

(Attach supporting documents)

19. Occupational Health Programmes

☐ There is no medical surveillance programme in place for workers working with infectious agents, carcinogenic chemicals, etc
   State reason: ____________________________________________

☐ There are medical surveillance programmes in place for workers working with infectious agents, carcinogenic chemicals, etc

☐ Records of medical surveillance are regularly reviewed by the PI.

(Please provide information on departmental medical surveillance plan)

20. Industrial Hygiene Monitoring

☐ There is no workplace industrial hygiene monitoring program.
   State reason: ____________________________________________

☐ Regular workplace monitoring is carried out.

☐ Monitoring are conducted by competent persons

☐ Records of industrial hygiene surveys are regularly reviewed by the PI.

(Please information on departmental Industrial Hygiene Monitoring plan)
21. Audit of Safety Management System

☐ The Department does not carry out safety & health audits of its safety management system (SMS)

☐ The Department conducts systematic audit of its SMS

☐ Non conformance or system gaps issues were identified and corrective mechanisms were put in place

*(Provide copies of audit procedures, reports, non compliance records, follow up actions conducted in 2006)*
Section 4: Management Review

22. Management Review

☐ HOD and the safety committee/management team conducts reviews of the safety management system. (State frequency of such reviews) _____________

☐ Results of safety inspections and audits are reviewed by the HOD and the management.

☐ Results of incident and accident investigations are reviewed by the HOD and the management.

☐ Areas of improvements are identified and addressed.

(Provide details of management reviews and areas of improvement)