

Inspections by External Agencies

1. SEPA Inspection, Life Sciences Teaching Laboratories, March 2005

No major problems. Only two items noted on report, one of them very minor. Key requirement: a written explanation of how radioactive waste figures are derived must be compiled and made available for inspection. Note: this applies to research activities as well as undergraduate practical classes.

2. HSE Laser Safety Inspection, Main Campus, December 2005

Several shortcomings identified. Dr Hewick has assured us he has everything under control. Overall, the observed standard of laser safety was rated as fair. Key issues raised in report are summarised below. Many of these could apply to more than just laser safety.

Section 1: Safety Services to be more proactive in effectively challenging performance within departments. Reviewing all risk assessments and auditing installations periodically would ensure there is no room for complacency or inconsistencies in approach across departments.

Section 2: Suitable and sufficient risk assessments did not exist for all the experimental work seen. Some of those viewed (particularly in DMJL lab) were general in nature and related only to optical risk. This is unsatisfactory. As a priority, the training needs of those currently tasked with risk assessment for laser use should be reviewed and addressed before work on assessments gets underway. Timescale of 6 months to address this issue.

Section 3: Competency of Laser Supervisors, in terms of laser safety knowledge, was questioned. Development of a formal training program was recommended. Departments to be made aware of their responsibility to ensure the necessary information, instruction and training is provided to all visitors. It is not sufficient for laser users to read and sign a copy of the local rules. They should be talked through the local rules before first use. Also, arrangements for supervision of new users need to be formalised.

Section 4: Specific to DMJL lab. Use of permanent enclosures or temporary shrouds to be considered. Suitable and sufficient risk assessments must be prepared to cover work activities.

3. SEPA Inspection, WTB & CIR, 21/6/06, July/August 2005

A marked improvement in the quality of the record keeping was noted and attributed to the adoption of common systems across the Complex, including the Radioisotope Management System (RiMS). An improvement in the standard of housekeeping in Supervised Areas was acknowledged. The Radper and Sealed Source databases were commended. Most specific problems identified in the report were minor, but two issues that require attention came to light.

- i. The standard of contamination monitoring records is variable. This has to be addressed to ensure a consistent approach across the Complex. LG to action. WTB2 and CIRM were recognised as having the most comprehensive contamination monitoring records.
- ii. Various versions of the "drain disposal sheet" were in use. These sheets are used to keep a running total of the radioactive waste disposed of via the designated sinks. Limits for each radioisotope are allocated by Safety Services and must not be exceeded. The Inspector did not think these sheets were being completed properly and questioned the accuracy of the figures. WTB M was referred to specifically but this is a Complex wide problem. LG to address.

There was one final important point: new legislation has come into force that demands we reapply for a licence in order to legally keep the gamma irradiator. Safety Services and LG are dealing with this. SEPA will conduct a joint inspection with the local police Counter Terrorist Security Adviser once the licence application has been submitted.