

STATUTORY INSPECTIONS

AIMS OF SECTION

- ▶ To record the presence of any pieces of equipment (that are specifically mentioned in law such as lifting equipment or pressurised systems) that are required to be inspected.
- ▶ To provide a procedure to ensure that they are inspected in accordance with legal requirements.

INSTRUCTIONS

- ▶ Enter on to **FORM 1: LIFTS AND LIFTING EQUIPMENT** the location of all lifting equipment including lifts, hoists, lifting platforms, tackle, chains, eyebolts, harnesses etc. on the premises. Lifting beams should be included if they are in use. If not, a sign should be displayed on them to indicate that they must be inspected before use.
- ▶ Safety inspections must be carried out by a 'competent person'. This is often the insurance company. The reference number should be recorded for each item of lifting equipment. Normally, passenger lifts are inspected at least twice per annum with goods lifts being inspected at least annually.
- ▶ The details of the lift maintenance and inspection companies should be completed in the appropriate section.
- ▶ It is good practice to subject the lifts to further in-depth 5 yearly and 10 yearly inspections or equivalent national standard. These should be recorded.
- ▶ Pressured systems should be entered on to **FORM 2: PRESSURED SYSTEMS**. Pressured systems are likely to include steam boilers, portable hot water/steam cleaning units, cappuccino machines, boilers, stills, compressors and industrial pressure cookers. Written schemes of examination should be available where appropriate.
- ▶ Lightning conductors (where installed and required by the insurance company) should be listed and details of inspection regime documented on **FORM 3: LIGHTNING CONDUCTORS**.
- ▶ Inspection certificates should be readily available and filed in chronological order.
- ▶ A record should exist to indicate any work that was carried out as a result of either servicing or inspection.

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FORM 1: LIFTS AND LIFTING EQUIPMENT

MAINTENANCE COMPANY:	INSPECTION COMPANY:
ADDRESS:	ADDRESS:
TEL. NO.:	TEL. NO.:

LIFT OR LIFTING EQUIPMENT	LOCATION	STATUTORY INSPECTIONS PER ANNUM	5 YEARLY INSPECTIONS?	10 YEARLY INSPECTIONS?

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FORM 2: PRESSURISED SYSTEMS

MAINTENANCE COMPANY:	INSPECTION COMPANY:
ADDRESS:	ADDRESS:
TEL. NO.:	TEL. NO.:

PRESSURISED SYSTEMS	LOCATION	INSPECTIONS PER ANNUM

STATUTORY INSPECTIONS

FORM 3: LIGHTNING CONDUCTORS

MAINTENANCE COMPANY:	INSPECTION COMPANY:
ADDRESS:	ADDRESS:
TEL. NO.:	TEL. NO.:

LIGHTNING CONDUCTORS	LOCATION	INSURANCE REQUIREMENT	INSPECTIONS PER ANNUM