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| **SEW ASSURANCE ACTIVITY (SAA) SCHEDULE [INSERT YEAR]** |

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| **School/College** |  |

**Check the SAA Schedule includes all SEW activities that the School/College is required to manage and control this year.**

for additional guidance, or contact the SEW Team

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| **SECTION 1** | Events listed are mandatory for all Schools/Colleges and Locations. |
| **SECTION 2** | Events are to be included if relevant to the Schools/Colleges and/or considered of benefit.  Delete from the template if not required. |

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| **LEGEND** | **X** | **= Event due date yet to be scheduled** | **Unshaded and date** | **= Event programmed & proposed date** |
|  | **[date]** | **= Event completed & date held** | **Unshaded and red text** | **= Event missed** |
|  | **~~[date]~~** | **= Event has been rescheduled** |  |  |

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| **Section 1: Mandatory for all Schools/Colleges and Locations** |

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| **CONTINGENCY ARRANGEMENTS** |
| **(e.g. Test of an emergency system or procedure where the process/equipment/SOP needs to be tested for effectiveness.**  Note, this is in addition to the 2 x Building Emergency Evacuation Exercises co-ordinated by SEW Team | |

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|  | | | | **20XX** | | | | | | | | | | | |
| **CRITERIA TO BE SCHEDULED** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| [Insert name of SOP, procedure, contingency to be tested] | At least one exercise annually | School/College Rep in consultation with SEW Emergency Consultant | Exercise debrief Reports, Traffic light report |  |  |  |  |  |  |  |  |  |  |  |  |

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| **FIRST AID** |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| First Aid Assessment completed | Annually | Designated First Aider in consultation with SEW Team | First Aid Assessment template |  |  |  |  |  |  |  |  |  |  |  |  |

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| **RISK ASSESSMENT AND SOP REVIEW** |

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| **K ASSESSMENT AND SOP REVIEW** | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| Check the Hazard / Risk Register.  Review control measures and  re-assess the activity to reduce the level of risk where possible. | Annually | Health and Safety Committee and Head of School/College | Hazard / Risk Register |  |  |  |  |  |  |  |  |  |  |  |  |
| Check that existing Risk Assessments and SOPs are current (i.e. dated within 5 years).  Schedule reviews as required with relevant staff. Frequency will depend on the number of documents to be reviewed | * ¼ly * ½ yrly * yrly | in consultation with staff responsible for the activity. | Risk Assessments  SOPs |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Section 1: Mandatory for all Schools/Colleges** |

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| **WORKPLACE INSPECTIONS** |  |
| **Note – If Workplace inspections are monitored using another database/system and any gaps in compliance can be identified, then do not duplicate this information in the SAA Schedule.** | |

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| **K ASSESSMENT AND SOP REVIEW** | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| Location(s) | 6 monthly or yearly | in consultation with relevant Managers/  Supervisors | Workplace Inspection Trim File |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 2: Optional based on School/College activities. Delete if not required.** |

Note if any of the following activities are:

* monitored using another database/system; and
* any gaps in compliance can be identified

then do not duplicate this information in the SAA Schedule

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| **TRAINING NEEDS ANALYSIS REVIEW** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **NAME OF TRAINING SESSION** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| TNA Names are up to date and appropriate training courses/ sessions are being provided to meet the needs of the School/College | Annually | Managers | Training attendance record |  |  |  |  |  |  |  |  |  |  |  |  |
| Appropriate training is identified against each employee based on their role and responsibility | Annually | Managers | Training attendance record |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SCHOOL/COLLEGE SEW TRAINING** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **NAME OF TRAINING SESSION** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
|  | Annually |  | Training attendance record |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | Training attendance record |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Section 2: Optional based on School/College activities. Delete if not required.** |

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| **NOISE – AUDIOMETRIC TESTING** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| **Review workers requiring audiometric testing and schedule.** | Annually |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **MAINTENANCE AND INSPECTION OF PLANT/EQUIPMENT** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ITEM OF PLANT (High Risk)/**  **EQUIPMENT** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
|  | Annually |  | Inspection Record |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |

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| **ELECTRICAL SAFETY – TESTING AND TAGGING** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| **If required, arrange testing and tagging of equipment** | Annually |  | Testing records |  |  |  |  |  |  |  |  |  |  |  |  |

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| **HAZARDOUS CHEMICALS INSPECTIONS** |  |

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| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| Where printed, check Safety Data Sheets are current  (i.e. dated within 5 years) | Annually |  | Safety Data Sheets |  |  |  |  |  |  |  |  |  |  |  |  |
| Check that the Chemical Register is up to date. | Annually | In consultation with Lab managers | Chemical Register |  |  |  |  |  |  |  |  |  |  |  |  |

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| **REGISTRATIONS** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
|  | Annually | HSO | Registration |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |

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| **LICENCES** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
|  | Annually |  | Licence |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 2: Optional based on School/College activities. Delete if not required.** |

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| **FIRE AND EMERGENCY – EVACUATION EXERCISES** |  |

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| **Note – A summary of exercises conducted is provided in the CDU UHSC Reports** - quarterly |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Annually |  | As above |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SCHOOL/COLLEGE HEALTH AND SAFETY COMMITTEE** |  |

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|  | | | | **20XX** | | | | | | | | | | | |
| **ACTIVITY** | **WHEN** | **WHO** | **RECORDS** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| **College/School WHS Meeting** | Quarterly | Secretary  Sch/Coll Committee | Meeting Schedule  Minutes |  |  |  |  |  |  |  |  |  |  |  |  |

**Further Information**

If you are unsure about any aspect of the SAA SCHEDULE process, please do not hesitate to contact any member of the SEW TEAM.