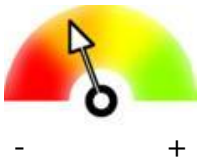
Control of Substances Hazardous to Health (COSHH)

FINAL INTERNAL AUDIT REPORT 2018/19

Abertawe Bro Morgannwg University Health Board

NHS Wales Shared Services Partnership

Audit and Assurance Services

Limited Assurance

Previous review rating **Reasonable assurance**

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Audit reference: SSU ABM 1718_11
Report status: Final
Fieldwork completion: 10th January 2019
Draft report issued: 24th January 2019
Management response received: 25th February 2019
Final report issued: 28th February 2019

Auditor/s: NWSSP: Audit & Assurance – Specialist Services Unit

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Committees	Audit Committee Health and Safety Committee

ACKNOWLEDGEMENT
NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this audit.

Please note:

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1. Introduction and Background

This audit forms a part of the 2018/19 audit plan and was commissioned in order to evaluate the processes and procedures that support the management and control of substances hazardous to health (COSHH), within the University Health Board (UHB).

COSHH legislation requires employers to control substances that are hazardous to health and to prevent/ reduce their exposure to employees, contractors or other people.

The audit considered (from an Estates perspective), the adequacy of the UHB's management arrangements and associated processes to identify, risk assess and implement control measures in compliance with regulations (i.e. how control was assured throughout the Estate). The audit did not include audit of clinical practices e.g. control of biological material, nor prescribed medicines, but audited controls relating to more general substances (e.g. disinfecting materials) as operated by officers throughout UHB, and to consider how the Board were appropriately assured.

2. Scope and Objectives

The audit was undertaken to determine the adequacy of, and operational compliance with, the systems and procedures operated by the University Health Board, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

Accordingly, the audit considered the following areas:

Governance[1]	Assurance that responsibilities under regulations/ codes of practice were effectively defined and discharged. Appropriate strategies, policies and procedures were in place to support and guide management.
Monitoring and Reporting.	To ensure that effective monitoring and reporting arrangements were in place for contractors, employees and patients/ visitors. Appropriate record retention was demonstrated, including evidence of quality assurance checks.

Risk Management	Assurance that the UHB had performed a suitable, timely and sufficient risk assessment. Risk identification included areas outside of the direct control of the UHB, but where the actions will impact contractors, employees and patients/ visitors. Appropriate arrangements were in place to raise awareness and identify emerging risk areas.
Control Measures	Assurance that appropriate control measures had been developed to effectively mitigate or eliminate identified risks. Appropriate training was provided, tailored to the individual posts based on risk exposure.
Feedback / Lessons learnt	Arrangements were in place to assess the success (or otherwise) of controls. An appropriate information feedback loop was in place to ensure that systems and processes were enhanced to reflect known issues.

[1] *The functioning of the Health and Safety Committee itself (attendance etc.) was the subject of a wider Health and Safety review undertaken in December 2017, and has therefore not been replicated here.*

The following areas were sampled as part of the audit:

- Morriston Hospital - Domestics
- Morriston Hospital - HSDU (Hospital Sterilising and Disinfecting Unit)
- Neath / Port Talbot Hospital – Urology
- Princess of Wales Hospital – Endoscopy
- Princess of Wales Hospital – Hotel Services
- Princess of Wales Hospital – Stores
- Singleton Hospital – HSDU (Hospital Sterilising and Disinfecting Unit)
- Singleton Hospital – Medical Physics

- Singleton Hospital – Microbiology (Public Health Wales)
- Singleton Hospital – Pathology (Histology, Cytology & Mortuary)

3. Associated Risks

The potential risks considered in the audit were as follows:

- Public, patient and employee safety;
- Prosecution / criminal negligence;
- Reputational risk;
- Breach of regulations / Approved Code of Practice;
- Fines and defence costs;
- Ineffective / inappropriate governance arrangements;
- Ineffective / ill-informed management;
- Ineffective risk control.

The audit was undertaken using a risk-based auditing methodology. An evaluation of priority areas established through discussion and agreement with the UHB was carried out. Following interviews with relevant personnel and review of key documents, files and computer data, an evaluation was made against UHB procedures, statutory requirements and other supporting regulatory and procedural requirements, as appropriate.

Where a control objective was not achieved, or where it was viewed that improvements to the current internal control systems could be attained, recommendations have been made that, if implemented, should ensure that the control objectives are realised/ strengthened in future.

The basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under audit. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this audit.

This review noted that for the 2017/18 period 55 RIDDOR incidents were reported. RIDDOR requires that significant injuries and incidents to staff, resulting in absent from work over 7 days are formally reported to HSE. There is also a requirement to report dangerous occurrences. For patients,

the majority of accidents and clinical incidents are not normally reportable, unless there has been a significant failure in ABM arrangements. The annual report did not indicate any COSHH related incidents during this period.

Whilst recognising this context, the audit has identified a number of control weaknesses.

- There was an absence of over-arching UHB wide procedures relating to COSHH (as recognised at the August 2018 annual Health & Safety report), similarly monitoring and reporting arrangements (and associated assurance arrangements) were not adequately defined.

  However, audit testing undertaken at a departmental level identified good practice in the allocation of responsible officers and defined procedural arrangements for the handling of substances. At the departments examined, no associated non-compliance was evidenced against the local procedures. However departmental procedures and their associated requirements varied.
- Similarly, inconsistencies were identified across the departments reviewed in the approach to the risk identification, assessment and management of Substances Hazardous to Health, and the escalation into the corporate risk management processes.
- Noting the devolved nature of controls, and variability between them, while much good practice was evidenced, there was a potential for systems to become more disparate.

While recognising the context of the low number of RIDDOR reportable incidents, the level of assurance in relation to COSHH is presently **Limited Assurance**, noting the range of issues identified relating to the control environment.

RATING	INDICATOR	DEFINITION
Limited		The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

The overall level of assurance that can be assigned to an audit is dependent on the severity of the findings as applied against the specific audit objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Governance	-	✓	-	-
2	Monitoring and reporting	-	✓	-	-
3	Risk management	-	✓	-	-
4	Control measures	-	-	✓	-
5	Feedback / Lessons learnt	-	✓	-	-

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

Design of Systems/Controls

The findings from the audit have highlighted **10** issues that are classified as weakness in the system control/design.

Operation of System/Controls

The findings from the audit have highlighted **2** issues that are classified as weakness in the operation of the designed system/control.

6. Summary of Audit Findings

The key findings are reported within the Management Action Plan at **Appendix A**.

Governance

Assurance that responsibilities under the regulations/ codes of practice were effectively defined and discharged and that appropriate strategies, policies and procedures were in place to support and guide management.

Good practice was evidenced in the establishment of a Health and Safety Committee (in accordance with The Safety at Work Act 1974 - duties under this Act including those relating to COSHH), and a Quality and Safety Committee. This therefore provides the basis of an effective structure to inform the Board.

The allocation of roles and responsibilities between the Head of Health & Safety, the Health & Safety Committee, and associated departmental managers were not clearly defined, and assurance of their effective operation remains to be evidenced[2]. (**Recommendation 1**).

The Head of Health and Safety indicated that the intended operation of COSHH controls was for:

- the centre to provide procedures; and
- departments to be responsible for their operation.

Whilst individual departmental procedural guidance was available to employees, no overarching ABM COSHH procedural guidance/protocol was available. Noting the same, there was a risk of increasing diversity of practices, duplication of effort etc. (**Recommendations 2 & 3**).

Noting these issues, we presently provide **limited assurance** in respect of the COSHH Governance arrangements.

[2] *Health and Safety Committee papers have previously noted that departmental structures were developmental, providing only "limited" assurance as to their effectiveness*.

Monitoring and Reporting

To ensure that effective monitoring and reporting arrangements were in place for contractors, employees, patients/ visitors and that appropriate record retention was demonstrated, including evidence of quality assurance checks.

Whilst monitoring and reporting arrangements were not defined (**recommendation 4**), the following was noted:

- The Board was informed in relation to COSHH via the Health & Safety Committee. Reports included an annual Health and Safety report, and periodic incident report analysis.
- Reporting (to the Health and Safety Committee) included reports in relation to the Health and Safety Occurrences Regulations (RIDDOR), together with more general incidents via DATIX i.e. focus on exception reporting i.e. incidents / accidents / near misses etc. (only five legal claims in a three year period)
- The Head of Health and Safety analysed and categorised incidents, and ensured corrective action was undertaken.
- Other reports also included a Medical Gasses report (January 2018).
- Reports from external bodies were also noted, including the Health and Safety Inspectorate, Health Inspectorate Wales, and NWSSP: Specialist Estates Services (the latter relating to storage and handling of particular substances and equipment).

Whilst noting the same, the August 2018 Health and Safety report outlined the need for "periodic audit" of each aspect of Health & Safety (including COSHH compliance). However, periodic audits were not evidenced or outcomes of the same reported to the Health & Safety Committee. (**Recommendations 4** & **5**).

UHB monitoring and reporting requirements should also determine appropriate areas of coverage e.g. equipment / calibration monitoring and the built environment. (**Recommendation 6**).

Noting the need to assure periodic technical, procedural and (implementation) audit reports to central management, we presently determine a **limited assurance** in this area.

Risk

Assurance that suitable, timely and sufficient risk assessments are undertaken and risks are monitored/managed appropriately.

The Health and Safety at Work Act 1974 (in relation to COSHH), places a requirement on employers to assess risks. A defined duty of the Health and Safety Committee was to *"comment specifically on the adequacy of assurance arrangements and processes for the provision of ..risk assessments".*

Inconsistencies were identified across the departments reviewed in the approach to the risk identification, assessment and management of Substances Hazardous to Health e.g. utilising a UHB risk pro-forma; reliance on or risk/handling requirements detailed at supplier data sheets.

Departmental risk registers did not specify COSHH specific substances, training, storage, movement, dispensing requirements etc.

Accordingly, departmental COSHH substance risks did not inform the Health and Safety risk register, which only contained COSHH as a generic risk. (**Recommendations 7** & **8**).

Noting the devolved nature of controls, there is a potential for systems to become more disparate, with risk of localised failure.

Noting the above issues, a **limited assurance** is determined in this area.

Control measures

Assurance that appropriate control measures had been developed to effectively mitigate or eliminate identified risks and that appropriate training was provided, tailored to the individual posts.

High risk departments were sampled (including radiology, pathology, histopathology, areas undertaking sterilisation). A range of COSHH controls were found to operate in each department sampled in accordance with local departmental procedures. However, there was a need to review the consistency of the approaches applied across all departments / risk areas noting the variability of existing departmental procedures (ref. **Recommendations 7, 8** & **11**).

Use of fume cupboards and safe storage facilities were evidenced, as was monitoring equipment, relevant protective equipment and calibration records to monitor hazardous fumes. Other control measures included local procedures to self-regulate volumes dispensed for each task.

As part of the control environment there was a need for Health and Safety training modules within ESR to provide linkage to COSHH procedures and for central assurance of compliance (**Recommendation 10**). However, in departments sampled, while key staff were found to be in receipt of appropriate training, record keeping was variable (from dated lists to filed certificates).

Noting effective and detailed controls operated in the (high risk) departments sampled, a **reasonable assurance** is presently determined for this area.

Feedback / lessons learnt

Arrangements were in place to assess the success (or otherwise) of controls and that appropriate arrangements are in place to ensure that systems and processes are enhanced to reflect known issues.

As previously noted, a variety of practices were noted across the departments examined in relation to the management of COSHH (as may be expected noting their differing operational nature and associated substances). This provides the potential for sharing of best practice across the UHB to minimise risk.

While there was some evidence of lessons learnt analysis (arising from incident reporting), there was no sharing of best practice evidenced across the UHB (noting the devolved nature of controls highlighted previously) (**Recommendation 11**).

Noting this, a **limited assurance** is determined for this area.

7. Summary of Recommendations

The audit findings, recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below:

Priority	H	M	L	Total
Number of recommendations	**5**	**6**	**1**	**12**

Finding 1: Governance - Accountabilities	Risk
Good practice was evidenced in the establishment of a Health and Safety Committee (in accordance with The Safety at Work Act 1974 - duties under this Act including those relating to COSHH.), and a Quality and Safety Committee. The Control of Substances Hazardous to Health Regulations (COSHH) 2002 place duties of care upon the employer. Some other Health Boards delegate these responsibilities via a local COSHH Policy e.g. "*Responsibility for implementing this policy rests with the Senior Managers/Clinicians in each Health Board area who in turn charge each of their managers with making adequate arrangements*". Responsibilities of the Head of Health and Safety were requested but not provided during the audit. The precise delineation of responsibilities between the Head of Health & Safety, the Health & Safety Committee, and departmental managers was therefore not determined. However, we were advised that whilst the Head of Health & Safety was responsible for establishing procedural requirements, respective departmental managers were responsible for their implementation and application. The 2017/18 Health and Safety Report (published August 2018) stated: *"During the review period Service Delivery Units were required, as part of the requirement to demonstrate leadership and accountability for health and safety to further modernise their arrangements. Many of the*	Officers are not appropriately advised.

units were still developing their management arrangements, and in particular embedding their governance teams, identifying their areas of responsibility, updating their risk registers.. (in respect of).. backlog."	
Recommendation 1	**Priority level**
Management should ensure that job descriptions, committee remits, and procedures appropriately define COSHH responsibilities and accountabilities. (**D**)	**Medium**
Management Response 1	**Responsible Officer/ Deadline**
Agreed	Head of Health & Safety May 2019

Findings 2 & 3: Governance - Policies and procedures	Risk
The Health and Safety at Work Act 1974 requires employers to have safe systems of work and appropriate instructions relating to the Control of Substances Hazardous to Health (COSHH). The UHB's annual Health and Safety Report (reported to the August 2018 Health & Safety Committee) stated that "***no progress***" had been made in respect of the development of COSHH policies. Additionally, the risk register reported to this committee also noted that there was "*no current procedure / support from the H&S department*". In general, each department had developed their own procedures e.g. the Radiation Protection Committee had approved an "Ionising Radiations Safety Policy."	Officers may not be appropriately advised.
Recommendations 2 & 3	**Priority level**
2. A UHB wide COSHH Policy/Procedure will be developed. (**D**)	**High**
3. All department/directorate COSHH procedures will be aligned with the UHB wide COSHH Policy/Procedure. (**D**)	**Medium**
Management Responses 2 & 3	**Responsible Officer/ Deadline**

Agreed	Head of Health & Safety May 2019

Findings 4 & 5: Monitoring and Reporting - Audit	Risk
The Health and Safety at Work Act 1974 (in relation to COSHH), places a requirement on employers to: • assess risks; • provide safe handling, transportation and storage systems; • provide safe plant and systems of work; and • provide appropriate training, supervision and instruction. Monitoring and reporting arrangements in relation to COSHH were not defined. However, good practice was noted at the annual Health and Safety report which outlined a process of "periodic audits" of each aspect of Health & Safety (as below)[3].	Management are not appropriately informed.

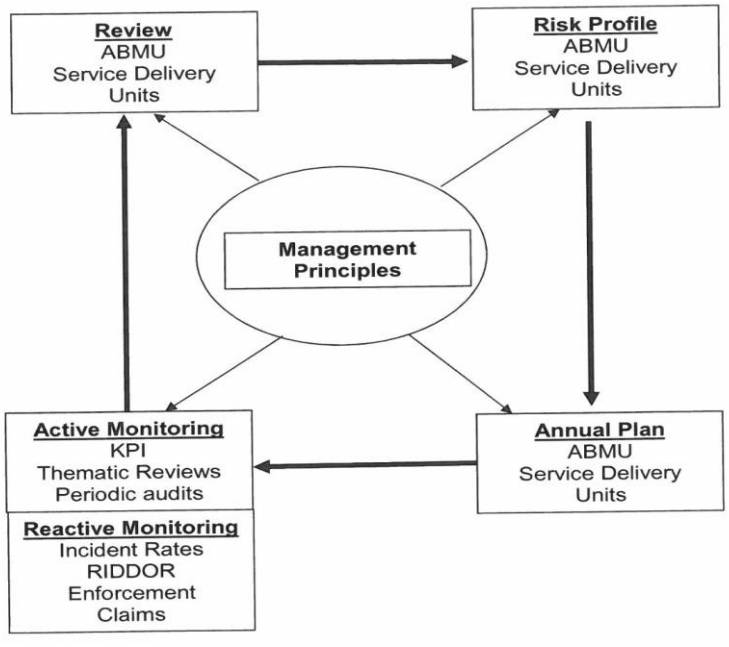


Fig 1

Source: Annual Health & Safety Report – August 2018

External audits were undertaken of departmental practices by parties such as the Health & Safety executive, and Health Inspectorate Wales.

Additional to these, reports were also noted by the "A*uthorised Engineer*" (role provided by NWSSP: Specialist Estates Services) relating to specific areas e.g. medical gases.

However, such a formalised approach to the "periodic audits" as outlined at the Health and Safety report was not evidenced. [3] *The above process diagram was stated to form part of the underpinning of the 2017/18 Health and Safety Improvement Plan which included principles developed to support Healthcare standards in Wales.*	
Recommendations 4 & 5	**Priority level**
4. Operation of COSHH systems will be audited and reported in accordance with the requirements outlined within the annual Health and Safety report. (**O**) 5. COSHH monitoring and reporting arrangements will be defined within UHB procedural requirements. (**D**)	**High**
Management Responses 4 & 5	**Responsible Officer/ Deadline**
Agreed	Head of Health & Safety May 2019

Finding 6: Monitoring and Reporting – Coverage	Risk
As part of the above duties, there was also particular need to locally test the built environment e.g. • ventilation functioning - number of air changes etc.; • storage - adequacy for hazardous substances; and • lay-out – length of carry, obstacles, trip hazards between storage and use. Management advised that these more technical reviews were undertaken only on request. Excepting an "All Wales Sterile Service Survey" undertaken by NWSSP: Specialist Estates Services, we did not identify reporting in relation to the built environment. <u>Equipment</u> Local calibration records were found in relation to monitoring equipment. However, a mechanism was not identified by which the Health and Safety managers / Committee could be assured that all relevant equipment had been checked.	Management are not appropriately informed.
Recommendation 6	**Priority level**
Periodic reports will demonstrate appropriate coverage including testing of the built environment and monitoring equipment. (**D**)	**Medium**
Management Response 6	**Responsible Officer/ Deadline**

Agreed	Head of Health & Safety May 2019

Findings 7 & 8: Risk Management - Risk Assessment	Risk
A defined duty of the Health and Safety Committee is to: *"comment specifically on the adequacy of assurance arrangements and processes for the provision of ..risk assessments".* Inconsistencies were identified across the departments reviewed in the approach to the risk identification, assessment and management of Substances Hazardous to Health e.g. • some departments utilising a UHB risk pro-forma others relying on risk/handling requirements detailed at supplier data sheets; • Departmental risk registers did not specify COSHH specific substances, training, storage, movement, dispensing requirements etc.; Accordingly, departmental COSHH substance risks did not inform the Health and Safety risk register, which only contained COSHH as a generic risk. Noting the devolved nature of controls, there was a potential for systems to become more disparate, with risk of localised failure.	Risks are not appropriately assessed and mitigated. Increasing divergence increases risk.
Recommendations 7 & 8	**Priority level**
7. The UHB COSHH policies/procedures will specify risk management and reporting requirements (**D**).	**Medium**

8. Key Departmental COSHH risk issues will inform the UHB Health and Safety risk register. (**D**)	**High**
Management Responses 7 & 8	**Responsible Officer/ Deadline**
Agreed	Head of Health & Safety May 2019

Finding 9: Control Measures - Contractors	Risk
The Health and Safety Executive in their advice summarising regulatory requirements (INDG368), state that works information should include health and safety information, accompanied by client-provided risk assessments, where five or more contactors are utilised. These should include potential exposure to hazardous substances in the area in which they will be working. Though a generic contractor induction was typically issued, we did not find area specific assessments to have been provided[4]. [4] Note – this risk does not apply to larger contracts, as the contractor takes possession of the working area, with formal acceptance of risks within it etc., which in turn was covered by contractor insurance. As noted, the requirements for formal documentation are lesser for smaller works (with less than five contractors). This recommendation has been rated accordingly.	Breach of Health & Safety regulations. Exposure of contractors to hazardous substances.
Recommendation 9	**Priority level**
Risk assessment and work specifications for contractors will include area specific notification of potential exposure to hazardous substances in accordance with Health and Safety regulations. (**O**)	**Low**
Management Response 9	**Responsible Officer/ Deadline**

Agreed	Head of Health & Safety March 2019

Finding 10: Training	Risk
Reference to COSHH within the ESR Health and Safety module is acknowledged. In the departments sampled, while key staff were found to be in receipt of appropriate training, record keeping was variable (from dated lists to filed certificates). Noting the same, while individual departments had created training material, there was no central assurance that appropriate training had been undertaken by individuals across departments in relation to COSHH.	Officers may not be appropriately trained.
Recommendation 10	**Priority level**
Management will implement systems by which they are assured that appropriate COSHH training is provided. (**D**)	**Medium**
Management Response 10	**Responsible Officer/ Deadline**
Agreed	Head of Health & Safety April 2019

Findings 11 & 12: Feedback/Lessons Learnt – Sharing local best practice	Risk
While there was a need for ABMU guidance and procedures to accord with the Health and Safety at Work Act 1974, there is also a need for local training and procedures e.g. those for domestic cleaning will be quite different from pathology and nuclear medicine. Good practice was evidenced within many individual departments e.g. • spillage guidance; • spillage training; • PPE (personal protective equipment) fitting procedures and recording (**Appendix C**); • in-house training; • training procured within supply package; • hazardous materials risk assessments; • whole workplace risk assessments; • full training records / ad hoc filing of certificates; • matrix of hazardous materials and controls etc. Whilst noting the same, the sharing of best practice (e.g. procedures, training or control measures) to provide consistency of approach was not evidenced.	Duplication of effort. Best practice not disseminated.
Recommendations 11 & 12	**Priority level**

11. The UHB should review the consistency of the approaches applied across all departments / risk areas (noting the variability of existing departmental procedures). (**D**)	**High**
12. Best practice will be shared between departments as part of the on-going audit and oversight by central management (***Fig 1***). (**D**)	**Medium**
Management Responses 11 & 12	**Responsible Officer/ Deadline**
Agreed	Head of Health & Safety May 2019

2018/19 Audit Assurance Ratings

 **Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under audit, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under audit, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited assurance -** The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under audit, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

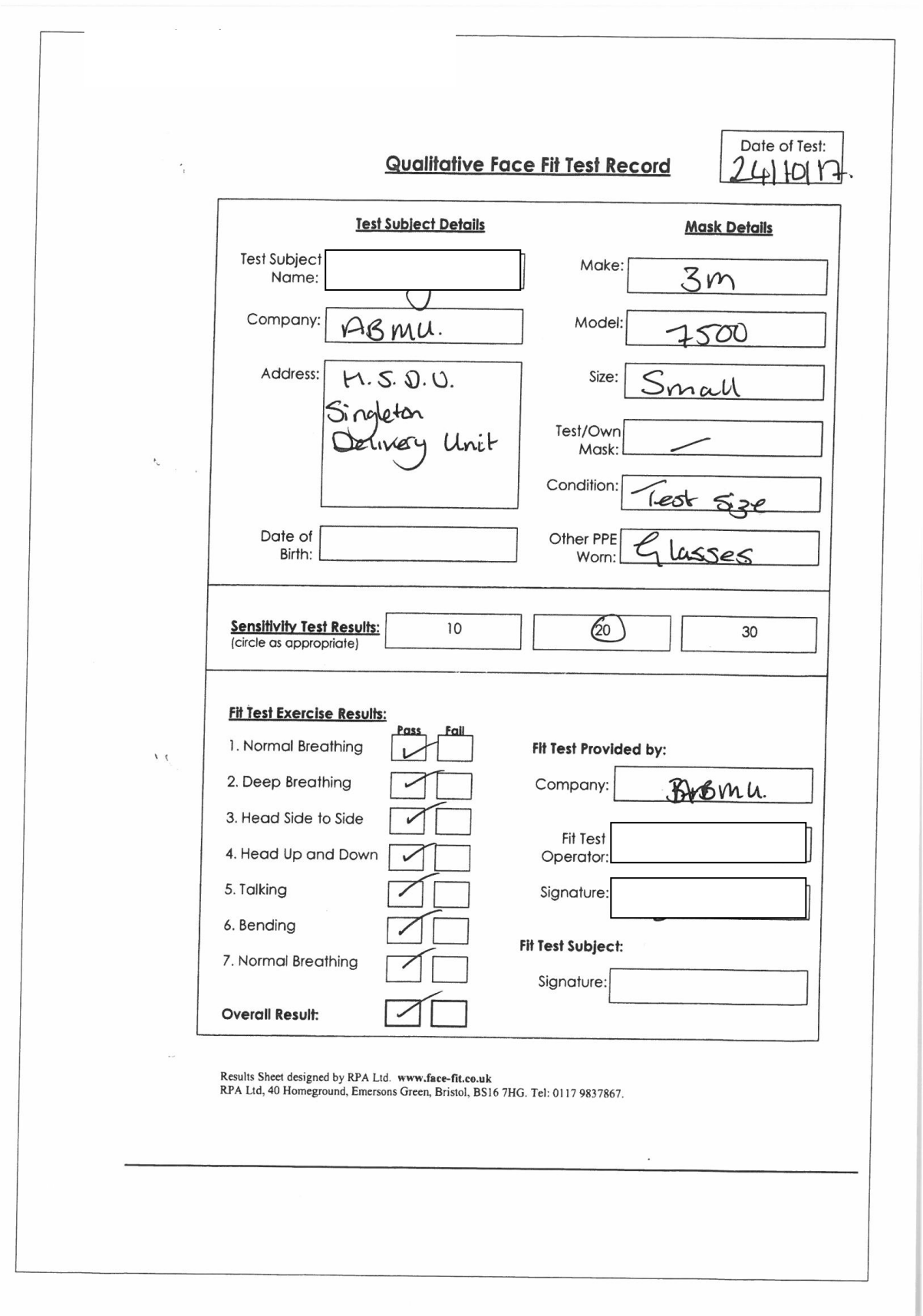
 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under audit, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



Qualitative Face Fit Test Record

Date of Test: 24/10/17.

Test Subject Details		Mask Details	
Test Subject Name:		Make:	3m
Company:	ABMU.	Model:	7500
Address:	H.S.D.U. Singleton Delivery Unit	Size:	Small
		Test/Own Mask:	—
		Condition:	Test Size
Date of Birth:		Other PPE Worn:	Glasses

Sensitivity Test Results: (circle as appropriate) 10 (20) 30

Fit Test Exercise Results:

	Pass	Fail
1. Normal Breathing	✓	
2. Deep Breathing	✓	
3. Head Side to Side	✓	
4. Head Up and Down	✓	
5. Talking	✓	
6. Bending	✓	
7. Normal Breathing	✓	
Overall Result:	✓	

Fit Test Provided by:

Company: ABMU.

Fit Test Operator:

Signature:

Fit Test Subject:

Signature:

Results Sheet designed by RPA Ltd. **www.face-fit.co.uk**
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