**Departmental Safety Inspection Report**

**Lab Supervisor’s Response**

A Department Safety Inspection Report has recently been circulated. As Laboratory Supervisor, you are asked to complete and submit this Response Form within 1 month of the Inspection Report being issued, identifying what remedial action has been taken. This response will become part of the documentation submitted, together with the Inspection Report, in the Department’s annual Safety Report to the College Health & Safety Committee.

[Please use Word to complete the form below – please be as specific as possible. As much space will become available in the table as required. Please submit your response form to Lynn Harrison (l.harrison@abdn.ac.uk)]

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| Date of Safety Inspection Report: |  |
| Date of Lab Supervisor’s Response: |  |

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| Lab No. | Specific Issue (see Report) | Action Taken |
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