**ANNUAL SAFETY AND SECURITY COMMITTEE REPORT**

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| Institution**Najran University**  |
| College/ Department |
| **Year and semester to which this report applies** |
| **Location (if not on main campus) (M/F)** |

1. **Summary of statistical data for all staff**

|  |  |  |
| --- | --- | --- |
| **The number of faculty members in the department**  | **……..** | **…..%** |
| **Number of fire incidents in the department** | **……..** | **…..%** |
| **Number of electricity incidents in the department** | **……..** | **…..%** |
| **The number of work-injuries during dealing with equipment**  | **……..** | **…..%** |
| **The number of injuries resulting from the water gliding**  | **……..** | **…..%** |
| **The number of deaths resulting from various incidents**  | **……..** | **…..%** |
| **The number of cases in which alarm system did not work during fire accidents** | **……..** | **…..%** |
| **List of safety and security systems not available in the department**  | **………………………………………………………………………………...****………………………………………………………………………………...** |
| **The average difference between the results of the current year and the number of accidents in the previous evaluation** | **……..** | **…..%** |
| **The highest rate of accidents in comparison with previous years** | **……..** | **…..%** |
| **Lower accident rate compared with previous years** | **……..** | **…..%** |
| **The most important awareness programs in safety and security held by the Commission for department**  | **………………………………………………………………………………...****………………………………………………………………………………...****………………………………………………………………………………...** |
| **Most important students observations on the assessment of safety and security system (attach the results of complaints from students)** | **………………………………………………………………………………...****………………………………………………………………………………...****………………………………………………………………………………...** |
| **The number of complaints about the security and safety system per year**  | **……..** | **…..%** |
| **A summary of what has been updated in the college website** | **………………………………………………………………………………...****………………………………………………………………………………...****………………………………………………………………………………...** |

1. **Range of labs commitment with the rules of safety and security**

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| --- | --- | --- |
| **B.1. Statement of labs**  | **Lab title**  | **The level of labs commitment (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **B.2. Improvement plan for safety and security plan in labs** | **Statement of labs with low or none level of commitment** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

1. **Policies and Procedures**

|  |  |
| --- | --- |
| **C.1. Number of available policies** | ………………………. |
| **C.2. Statement of adopted policies only**  | **Policy title**  | **The level of policy activation (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **C.3. Improvement plan for policies**  | **Statement of policies with low or none level of activation** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

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| **Report complete by**: | **Signature** | **Date Report Completed** |
|  |  |  |
| **Approval of Measurement and Evaluation Committee by (if required):** | **Signature** | **Date**  |
|  |  |  |
| **Department Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

Note: all above signature are not required if report send by electronic administrative transactions