

Name of employer

Address Postcode

Telephone E-mail

Contact name Position

Number of employees / volunteers

Occupational Area(s) /

Normal working hours

Name of the competent person responsible for the management of Health and Safety

Date of previous Health and Safety pre-vetting: ____/____/____

Frequency of on-going monitoring: Months

Date of next Pre-Vetting ____/____/____

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DOCUMENTATION, POLICY AND STATUTORY NOTICES

HEALTH & SAFETY LAW POSTER		
Displayed?	YES / NO	<p>Must be displayed in business premises, by law.</p> <p>Enforcement agency generally dictated by occupational area (heavy industry – HSE, lighter industry – EH) <u>unless</u> Council controlled (in which case HSE). Sole traders need to register if taking a client.</p> <p>If 'NO', issue copy of free HSE leaflet 'What You Should Know' to client.</p>
Completed <u>in full</u> ?	YES / NO	
Registration of premises	HSE / Environmental Health / Not Required (sole traders only)	
If not displayed, has placement issued 'H&S Law, What You Should Know' leaflet to employees?	YES / NO	

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<p><u>HEALTH & SAFETY POLICY</u></p> <p>Has H&S Policy been prepared?</p> <p>Preparation date and/or last revision date</p> <p>How is awareness raised of its contents / revisions?</p> <p>Has a policy statement been written?</p> <p>Is it displayed?</p> <p>Any other specific H&S policies on file?</p> <p>Is there an Equal Opportunities Policy?</p>	<p>YES / NO</p> <p>____/____/____</p> <p>.....</p> <p>YES / NO</p> <p>YES / NO</p> <p>.....</p> <p>YES / NO</p>	<p>Must be documented where 5 or more people employed.</p> <p>(Issue free HSE leaflet '<u>Stating Your Business</u>')</p> <p>E.g. Induction / meetings / memos, etc.</p> <p>Must be prepared where 5 or more people employed</p> <p>e.g. Smoking policy</p>
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<p><u>INSURANCE</u></p> <p>Name of Insurer</p> <p>Policy Number</p> <p>Date of Expiry</p> <p>Type of insurance held (circle as appropriate)</p> <p>Is the certificate displayed?</p> <p>Does the policy cover trainees?</p>	<p>.....</p> <p>.....</p> <p>___/___/___</p> <p>Employers / Public / Combined</p> <p>YES / NO</p> <p>YES / NO</p>	<p>Employers Liability Insurance is a legal mandatory requirement.</p> <p>Insurance details may not be available for some public sector organisations and premises which are Crown controlled.</p> <p>Public Liability Insurance is a contractual requirement.</p> <p>Certificate must be displayed by law.</p> <p>Broker confirmation to be obtained. (Issue free HSE leaflet <u>'Employers Liability Insurance Guide'</u>)</p>
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Management of H&S at Work	Undertaken ? YES / NO	Documented ? YES / NO	<p>It is mandatory for employers to undertake risk assessments and make employees aware of their contents.</p> <p>Where 5 or more people are employed, risk assessments must be formally documented. It would be considered good practice to document all risk assessments irrespective of number of employees.</p> <p>(Issue free HSE leaflet '<u>5 Steps to Risk Assessment</u>') E.g. Induction / meetings / memos, etc.</p> <p>Mandatory for all employers by May 2004</p> <p>Legal requirement for employees under age of 18. (I.e. Youth provisions) accounting for inexperience etc..</p> <p>e.g. Working with lead</p>
COSHH	Undertaken ? YES / NO	Documented ? YES / NO	
Display Screen Equipment	Undertaken ? YES / NO	Documented ? YES / NO	
Manual Handling	Undertaken ? YES / NO	Documented ? YES / NO	
Noise	Undertaken ? YES / NO	Documented ? YES / NO	
Others (state below)			
.....	Undertaken ? YES / NO	Documented ? YES / NO	
.....	Undertaken ? YES / NO	Documented ? YES / NO	
.....	Undertaken ? YES / NO	Documented ? YES / NO	
If not documented, how are risk assessments communicated to the work force?	.....	
Has an asbestos survey/assessment been undertaken?	YES / NO		
Are specific risk assessments undertaken for young workers?	YES / NO		
Does the employer undertake any form of health screening?	YES / NO		

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COSHH

<p>What hazardous substances has the placement identified that the client may be exposed to ?</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Items classed as hazardous if they have a COSHH warning label on the container.</p> <p>(Issue free HSE leaflet 'Brief Guide to COSHH')</p>
<p>Are hazardous substances stored and managed safely?</p>	<p>YES / NO</p>	<p>Should be stored in a lockable facility with controlled access. Harmful substances to be kept separate from foodstuffs.</p>
<p>Are hazard data sheets kept on file?</p>	<p>YES / NO</p>	<p>Hazard data sheets are available from suppliers / manufacturers. Forms the basis of COSHH risk assessment</p>

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PERSONAL PROTECTIVE EQUIPMENT		
Has a PPE assessment been undertaken?	YES / NO	<p>PPE should be tailored to the individual, appropriate for the task, be in suitable working condition and issued <u>FREE OF CHARGE</u></p> <p>PPE includes: overalls, boots, gloves, ear defenders, eye protection, head protection, waterproof clothing, warm clothing, high visibility clothing, face masks, breathing apparatus etc.</p> <p>(Issue free H&S leaflet '<u>Short Guide to PPE</u>')</p>
Is PPE issued free of charge?	YES / NO	
What PPE is issued?	.....
Is it enforced in the workplace?	YES / NO	
Is training provided in respect of use of PPE?	YES / NO	
Is there an adequate means of storage?	YES / NO	
Who is responsible for the provision, maintenance and replacement?	

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Is there satisfactory: Heating / Lighting / Ventilation	YES / NO YES / NO YES / NO	(Issue free HSE leaflet ' Workplace Health Safety & Welfare ') Watch for loose carpeting/tiles, pot holes, other hazards (oil, water etc.) Watch for clutter, un-disposed of rubbish, trailing cables, physical hazards, cleanliness Warning / Prohibition / Mandatory / Safe Condition Are step-up stools or stepladders provided for access? Are they in sound condition?
Are walkways and stairways clear of obstruction?	YES / NO	
Is flooring of a sound surface?	YES / NO	
Is the standard of housekeeping to a satisfactory standard?	YES / NO	
Is there adequate safety signage?	YES / NO	
Safe storage at height?	YES / NO	
What provisions are there to safeguard non-smokers? (Is new legislation being enforced?)	.....
Toilets acceptable?	YES / NO	Functional, clean, toilet paper, hot water, soap, means of drying hands, sanitary disposal Tap or bottled Clean (surfaces, fridge, cooker), means of cleaning crockery and utensils Are pregnant workers catered
Drinking water available?	YES / NO	
Eating facilities acceptable?	YES / NO	
Is a rest area available?	YES / NO	

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		for?
Has a fire risk assessment been undertaken?	YES / NO	<p>This is a <u>mandatory</u> requirement irrespective of holding a fire certificate.</p> <p>Required where 20+ people are on the premises or more than 10 people above or below ground floor (Prior October 2006).</p> <p>If a fire certificate is held for the premises, it will normally contain mandatory requirements in respect of testing of fire alarms, undertaking evacuations and testing of detection systems and emergency lighting.</p> <p>Extinguishers should be appropriate to the type of work activity and be serviced annually.</p> <p>Check for: 'what to do' procedures, direction signage, fire exit door signage</p> <p>It is sometimes possible to tell if emergency lighting works if there is a small red light on inside the case.</p> <p>Combustible material to be kept away from sources of ignition</p>
Does the employer hold a fire certificate?	YES / NO	
Are fire alarms tested, and with what frequency? Are they recorded?	YES / NO YES / NO	
Are fire drills carried out, and with what frequency? Are they recorded?	YES / NO YES / NO	
Are fire extinguishers appropriate and serviced? (State last service date?)	YES / NO ____ / ____ / ____	
Are fire exits clear of obstruction?	YES / NO	
Do fire exits open by means of a quick release mechanism?	YES / NO	
Is the area outside fire exit safe / clear of obstruction?	YES / NO	
Is adequate signage displayed?	YES / NO	
Is emergency lighting utilised / in working order?	YES / NO	
Are fire hazards minimised?	YES / NO	

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Suitable First Aid containers in place?	YES / NO	
Sufficient First Aid signage in situ?	YES / NO	
Names of Qualified First Aider(s)	.....
Name of Appointed person	<p>Should contain wrapped sterile dressings and safety pins only, non-alcoholic and non-antiseptic wipes <u>are</u> allowed. No medicines, tablets, creams, scissors etc.</p> <p>Number of First Aiders should be commensurate with number of employees and level of risk identified.</p> <p>There should always be an appointed person.</p> <p>(Issue free HSE leaflet '<u>First Aid – Your Questions</u>')</p>

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Is there an accident book?	YES / NO	<p>Accident books should also comply with the Data Protection Act from December 2003 onwards.</p> <p>Any fatality / major injury / member of public requiring hospital treatment / over 3 day injury / notifiable disease / dangerous occurrence</p> <p><u>ALL</u> accidents to be reported to the RM Training Quality Assurance Manager</p> <p>(Issue free HSE leaflet '<u>RIDDOR Explained</u>')</p>
Who is the designated competent person to investigate accidents?	.....
Is there a system in place for accident investigation, reporting and further prevention?	YES / NO	
Does the placement understand its RIDDOR obligations?	YES / NO	
Is the prospective placement aware of accident reporting requirements to RM Training Ltd ? (irrespective of RIDDOR)	YES / NO	

MACHINERY & EQUIPMENT

What machinery, tools and equipment will the client use?	(Issue free leaflet ' <u>Using Work Equipment Safely</u> ')
What machinery, tools and equipment will the client be PROHIBITED from using?	

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<p>What AREAS will the client be PROHIBITED from entering?</p> <p>Does machinery and equipment appear to be adequately guarded and maintained?</p> <p>Is there an effective method of stopping and isolating the power?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>YES / NO</p> <p>YES / NO</p>	<p>NB. Working at height is permissible providing all risk assessments are completed, and all relevant control measures are in place – including training and supervision. Prior to commencement of placement.</p> <p>Is guarding missing or in poor condition / is equipment in poor condition</p> <p>I.e. Use of emergency stop buttons/devices, fail to safe systems, solenoid keys, mains power switches.</p>
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ELECTRICAL SAFETY		
Does the placement undertake PAT testing?	YES / NO	Not mandatory, but employer should be able to demonstrate pre-user checks are being undertaken (i.e. wall socket casing, switches, plug, cable, appliance casing and switches). Cabling should not be coiled to avoid overheating
Is there danger of overload through use of adaptors?	YES / NO	Adaptor maximum load is normally 13amps. Load dictated by size of fuse in each plug.
Are RCD's (residual current devices) used with handheld power tools?	YES / NO	RCD provides faster cut out times to protect the user from electrical faults within the appliance. (Issue free HSE leaflet ' Electrical Safety & You ')
SUPERVISION & TRAINING		
Name of supervisor(s) responsible for RM Training clients	..... ..... ..... .....	Clients to be made aware of all hazards in the workplace, all prohibitions, not to be left unsupervised, to be trained in all aspects of their work activity, enforce the use of PPE where required.
What does employer induction cover?	..... ..... ..... .....
Has supervisor been made aware of their H&S responsibilities with regard to RM Training clients?	YES / NO	

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Has the "Health & Safety Advice for Supervisors" guidance sheet been issued?	YES / NO			
How will the employer provide the necessary training to cover the H&S aspects of work activity?	.....		
Are records kept detailing induction and training?	.....		
	YES / NO			
DRIVING DUTIES				
Will any driving duties be involved?	YES / NO			
Are the vehicles suitably insured / taxed / tested?	YES / NO			
Does the client hold the appropriate type of licence?	YES / NO			
ANY OTHER OBSERVATIONS				
Agreed action		Person responsible	Target date	Sign/date when completed

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Declaration

“To the best of my knowledge, the aforementioned information was accurate at the time of inspection”

<p>Signed for and on behalf of Welcome Skills Ltd</p> <p>Signature.....</p> <p>Name (Print)</p> <p>Position</p> <p>Date ____/____/____</p>	<p>Signed for and on behalf of Employer</p> <p>Signature</p> <p>Name (Print)</p> <p>Position</p> <p>Date ____/____/____</p>
<p>Read and Approved</p> <p>Signature</p> <p>Name (Print)</p> <p>Position</p> <p>Date ____/____/____</p>	<p>Not approved (see Action Plan above)</p> <p>Signature</p> <p>Name (Print)</p> <p>Position</p> <p>Date ____/____/____</p>

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