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|  | **Health & Safety Monitoring** |
| Completed by: |  |
| Report Title: | **Annual Business Review and Health Check** | Date: |  |
|  |  |  |  |
| Health & Safety Policy | Yes / No |
| 1. | Has the health & safety policy been signed?* has it been reviewed within the past 12 months and brought up to date?
* is it effectively communicated?
* are employees following our rules and procedures?
 |  |
| Insurance |  |
| 2. | Do we have employer’s liability insurance?* is a valid copy of the certificate available for employees to read?
 |  |
| Risk Assessment - Medical Centre |  |
| 3. | Have risk assessments been completed for any activity where potential for harm is foreseen? including* vehicle, equipment and height assessments
* lifting equipment
* general office assessment
* display screen assessments
* COSHH assessments
* manual handling assessments
* have all identified actions been addressed?
* has all risk of harm been eliminated or minimised to a safe and acceptable level?
* have risk assessments been effectively communicated to anyone likely to be effected ?
* have all risk assessments been reviewed within the past 12 months and brought up to date?
* Are we taking a proactive approach to managing stress in the workplace?
 |  |
| Fire Safety  | Yes / No |
| 4. | Has a fire risk assessment been completed?* have all actions been addressed?
* has the assessment been reviewed in the past 12 months?
 |  |
| Has the detection and alarm system been inspected tested and maintained within the last 12 months by a competent engineer?  |  |
| Have all portable fire fighting equipment been inspected and maintained by a competent person, at least annually?  |  |
| Is the fire log book being used and is it up to date reflecting all inspections, maintenance and tests that have occurred? |  |
|  | Do we have suitable numbers of trained wardens |  |
| Accidents & Incidents | Yes / No |
| 5. | Have any accidents occurred within the past 12 months?If yes, have these been reported, recorded and dealt with appropriately?  |  |
| Enforcing Authority Reports |  Yes / No |
| 6. | Have we been visited by any external authority?If yes, have we addressed, to a satisfactory standard any recommendations or comments made? |  |
| Training |  Yes / No |
| 7. | Do we have suitably trained staff?* For fire safety – sufficient wardens
* First aiders – sufficient cover
* Access equipment
 |  |
| Maintenance Checks |  Yes / No |
| 8. | Have all the required service checks been completed?* Electrical testing of the fixed wire
* Portable appliances
* Emergency lighting
* Extinguishers and alarm tests
* Access equipment

Have all the documents relating to services been filed? |  |
| Signage |  Yes / No |
| 9. | Is suitable signage displayed?* By entrances and exits and must point
* By call points and extinguishers
* Racking, lifting equipment
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|  Comments and Action Plan |
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| Inspection Completed by: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Name) | (Signature) |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Quarterly Safety Checklist

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| Complete a tour of the whole building and take time to check the issues properly that you have been asked to verify. Take immediate action to rectify issues if you are able to and it is safe to do so. Record these actions and any others that cannot be addressed today. |
| **Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec** |
| Date & Time |  | Person conducting tour |  |
|  |
| No. | Questions | Y/N |
|  | **Fire Issues** |  |
| 1 | Are the fire extinguishers accessible, in the correct places and within the service date? |  |
| 2 | Are combustible materials, waste materials and flammable substances being controlled – kept separate, chemicals stored safely, lids on etc? Rags, oils, packaging etc. |  |
| 3 | Are fire doors unlocked, not wedged? Will they close automatically in a fire? |  |
| 4 | Are the fire routes clear and unobstructed? |  |
| 5 | Do we have two fire marshals and at least one working today? |  |
| 6 | Is the no smoking policy being followed? |  |
|  | **Equipment Safety** |  |
| 7 | Are machines in good condition – guards in place, serviced and maintained?  |  |
| 8 | Are hand tools in good condition?  |  |
| 9 | Are defective items put out of use and being reported? |  |
| 10 | Are electrical cables undamaged, free from taped repairs? |  |
| 11 | Is PAT testing up to date – all items tested? |  |
| 12 | Are extension cables uncoiled when used? |  |
| 13 | Are knives and blades being used, stored and disposed of safely? |  |
| 14 | Is access equipment being stored safely, logged and inspected regularly? Any defects noted? |  |
|  | **House-keeping** |  |
| 15 | Are the main work ways clear and tidy? Move items stored in the way, tidy cables. |  |
| 16 | Are there any spills now – are these being cleared up regularly? |  |
| 17 | Are bins emptied regularly and deliveries stored away? |  |
|  | **Chemicals** |  |
| 18 | Are we using any new chemicals? If so have they been assessed and added to the log? |  |
| 19 | Are chemicals – tubs, drums, bottles etc stored sensibly, put away when not in use, sealed? |  |
|  | **Personal Protective Equipment** |  |
| 20 | Is everyone wearing the correct PPE? Goggles, gloves, shoes, hearing protection, mask when spraying?  |  |
| 21 | Is the PPE log being used? Note the date of the last entry. DD/MM/YY |  |
|  | **Health and Welfare** |  |
| 22 | Have we had any accidents in the last month? If so are they recorded and been investigated? |  |
| 23 | Do any employees have any ailments relating to work – or that might affect their safety? |  |
| 24 | Does anyone have any serious cuts or skin problems on their hands? Ask. |  |
| 25 | Is the rest area and the fridge clean and tidy? |  |
| 26 | Are hot and cold drinks available? |  |
| 27 | Are the toilets clean? |  |
| 28 | Is there hot and cold running water, soap, cleaning and barrier creams available? |  |
| 29 | Do we have suitable hand drying facilities? |  |
| 30 | Is the first aid box located in the correct place – contents full and in date? |  |
| 31 | Is the general temperature in the unit acceptable? |  |
|  |  |  |
| 32 | Are there any recurring issues from last month? |  |

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|  Comments and Action Plan |
| No. | Comment and Action Required | Priority(high/med/low) | Person Responsible | Date Task Complete |
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|  | (Name) | (Signature) |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

  Site Safety Inspection

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| Complete a site inspection – consider an unannounced visit. Record any actions and any others that cannot be addressed today. |
| Date & Time |  | Person conducting tour |  |
| Client Site Details |  | Employees present | Details of Work |
|  |  |
| Weather Conditions |  | Equipment Being Used |  |
|  |
| No. | Questions | Y/N |
|  | **Documentation** |  |
| 1 | Does the team have the RAMS for this job? |  |
| 2 | Have they completed a site safety checklist? |  |
| 3 | Has a vehicle safety check been completed and recorded this month? |  |
| 4 | Does any hired access equipment being used have current certification?  |  |
| 5 | Is all of our own access equipment being used on the main equipment log and subject to at least quarterly inspection? |  |
|  | **Training** |  |
| 6 | Are employees properly trained for the tasks being completed? Note last refresher/course or toolbox talk dates.  eg for W@H/Pasma/RAMS/Asbestos/Harness12.3. |  |
| 7 | Is a site safety induction required from the client – if so has it been completed? |  |
|  | **Work Tasks** |  |
| 8 | Is the site set up properly? Work area protected, signage, physical barriers etc. |  |
| 9 | Is the work being completed safely and as per the RAMS? |  |
| 10 | Has the work method been significantly modified and is this documented? |  |
|  | **Welfare** |  |
| 11 | Is at least one of the employee’s first aid trained? When does this expire? |  |
| 12 | Is there a suitable first aid kit in the van? Accessible and in date. |  |
| 13 | Is there eye wash in the van? |  |
| 14 | Is there a hand wash/wipe facility available? |  |
| 15 | Do they have access to toilet facilities? – if not have arrangements been discussed? |  |
|  | **Equipment** |  |
| 16 | Is all the equipment in the van and being used in good condition? |  |
| 17 | Are electrical items PAT tested? Note the date |  |
| 18 | Is appropriate PPE being worn – or carried on the van? |  |
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|  Comments and Action Plan |
| No. | Comment and Action Required | Priority(high/med/low) | Person Responsible | Date Task Complete |
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|  | (Name) | (Signature) |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

  Site Safety Checklist

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| Complete a site safety checklist before starting every installation.  |
| Date & Time |  | Supervisor |  |
| Client Site Details |  | Employees present | Details of Work |
|  |  |
| Weather Conditions |  | Equipment Being Used |  |
| No. | Questions | Y/N |
|  | **Documentation** |  |
| 1 | Have you got the RAMS for this job? |  |
| 2 | Are they suitable and can you follow them? |  |
| 3 | If there is any working at height – are you using the best and safest access equipment for this job? Do you require a harness? |  |
| 4 | If they need to be amended make a note below and consider contacting the office if there is an impact on safety – **do not take risks**. |  |
|  | **Client Liaison** |  |
| 5 | Have you discussed the work with the client? |  |
| 6 | Do you need a site induction? – have you asked about fire and emergencies? |  |
|  | **Training** |  |
| 7 | Is everyone (are you) properly trained for the tasks being completed?  |  |
| 8 | Is everyone (are you) confident to use the equipment? If not is the supervision OK? |  |
|  | **Work Tasks** |  |
| 9 | Do you have the proper equipment to protect the work area? |  |
| 10 | Are there any additional hazards – overhead wires, traffic, obstructions etc? Can you complete the work safely? |  |
| 11 | Are the public protected? |  |
|  | **Equipment** |  |
| 12 | Is all the equipment to be used in good condition, tested and defect free? |  |
|  | **Asbestos** |  |
| 13 | Is there any asbestos material – wall coverings, soffits, cladding either identified or suspected? If so – there **must** be additional controls in place – call the office before you start work. |  |
|  |  |  |
| 14 | Is there any other reason to prevent the job going ahead safely? |  |
|  |  |  |
|  | Comments or amendments to the RAMS |  |
| a |  |
| b |