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# Chapter 8 - Forms

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | Health & Safety Induction | | | | Name: | |  | | | Date: |  | | |  | |  | | |  |  | | | **Serial** | **Action** | | **Key Points** | | | | **Completed** | |  | **Tour of Workplace** | | A tour of the building and proposed area of work has been conducted | | | | YES / NO | |  | **Significant Hazards** | | During the tour information was passed on regarding significant hazards particular to the workplace  Machines, chemicals, fumes, fire, work equipment, knives, waste products, | | | | YES / NO | |  | **Fire Safety** | | Information was provided including:   * The alarm and sounding the alarm * Routes and exits * Fire fighting appliances * Assembly location * Role of the Marshals | | | | YES / NO | |  | **First Aid and Accident Reporting** | | Information was provided including:   * Location of first aid box * Where and how to summon help * Accident/incident reporting | | | | YES / NO | |  | **Welfare Facilities** | | Information was provided including:   * Location of toilets and hand wash facilities * Staff rest room and facilities, including tea/coffee making etc * Changing facilities | | | | YES / NO | | **Induction information provided by:** | | | | ………………………………..………………………. | | | |   The purpose of induction is to provide new employees or visitors with basic information regarding health, safety, fire and welfare facilities. Where necessary further information and training will be provided appropriate to your work ensuring we maintain a safe place of work.   |  |  | | --- | --- | | **Employee / Visitor name and signature:** | …………………………………………………..…….. | |  |  | | **Date:** | …………………………………………………………. | |  |

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| --- | --- | --- | --- | --- |
|  | | | Health & Safety Acceptance | |
| Employee Name: |  | | Date: |  |
| **Our Duty and Responsibility**  At Macclesfield Council we fully accept our health and safety duties and responsibilities. We have in place an effective safety management system to protect employees, clients and others from harm. Any information, training, procedures or equipment needed to enable you to work safely will be provided.  **Your Duty as an Employee**  As an employee you have a duty:   * to take reasonable care of your own health and safety, and of actions that may affect the safety of others, * to cooperate with us and the provisions we introduce to satisfy and comply with any statutory requirements applicable to our business, * not to interfere, misuse or willingly interfere with any equipment we introduce for reasons of health and safety, * wear personal protective equipment as instructed, look after items issued and report any defects,   You are responsible for you own acts and your omissions.  **Employee Acceptance**  I have read the health and safety policy and safety handbook as provided to me. I fully understand my responsibilities and duties at work. By signing this form I am confirming acceptance of my duties and responsibilities assigned to me. I acknowledge all rules, safe working procedures and policies and intend to comply with these during my employment. | | | | |
| **Employee name and signature:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | |
| **Date:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Please ensure this form is completed and returned to**  **The Proprietor** | | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Training Record | | | | | | | | |
| Enter details of dates when training was completed | | | | | | | | | | | | | |
| **Name** | **Induction & Handbook** | **Fire Safety** | **Display Screen Working** | **Site Safety** | | **Work Equipment Machinery** | **Working at Height** | **Ladder Safety** | **Moving & Handling** | **Noise** | **Chemical Safety incl paint spraying** | **Risk & Method Statements** | **Knives** |
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|  | | | Individual Training Record | | |
|  |  | |  |  | |
| Employee Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date Record Opened: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  | |  |
| Employee Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Department: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- | --- | --- |
| **Date** | **Training Completed** | **Provided By** | | **Supervisor’s Confirmation** |
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| **Training Courses Needed / Desired** | | | | |
| **Course** | | | **Needed** | **Desired** |
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| --- | --- | --- | --- | --- | --- |
|  | | | **Group Training Record** | | |
|  |  | |  |  | |
| Topic Covered | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  | |  |
| Issues Discussed |  | |  | |  |
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| **Name** | **Sign** | **Provided By** |
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|  | **Accident Reporting** |
| Name of Person Completing this form: |  |
| **Accident Details** | |
| Date and time of accident: |  |
| Location: |  |
| A brief description of the activity: |  |
| **Injured Persons Details** | |
| Name and Employee Reference Number: |  |
| Home Address: |  |
| Contact Telephone Number: |  |
| Nature of Injury: |  |
| RIDDOR reportable? | Yes / No |
| Has it been reported? | Yes / No / NA |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Explain How the Accident Occurred: | | | | |
| **Training and Competence** | | | | |
| Were risk assessments prepared for this activity? | | | Yes / No | |
| Were they effectively communicated? | | | Yes / No | |
| Were safe procedures being followed? | | | Yes / No | |
| Has an investigation taken place? | | | Yes / No | |
| Have procedures been reviewed to prevent reoccurrence? | | | Yes / No | |
| Comments: | | | | |
|  | | | | |
| Details of person completing this statement: | | **Name:** |  | |
| **Signature:** |  | |
| **Date:** |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supplement for Vehicle Related Accidents | | | | | | | | | |
| Other Vehicle Details | | | | | | | | | |
| Make: |  | | | | Registration: | | |  | |
| Model: |  | | | | Colour: | | |  | |
| **Other Driver Details** | | | | | | | | | |
| Name: | | |  | | | | | | |
| Address: | | |  | | | | | | |
| Contact Number: | | |  | | | | | | |
| Insurance Company Name: | | |  | | | | | | |
| Insurance Policy Number: | | |  | | | | | | |
| **Conditions** *(tick any boxes which apply)* | | | | | | | | | |
| Was the weather | | | | Was the traffic | | | Visibility | | |
| Dry | |  | | Busy | |  | Darkness | |  |
| Wet | |  | | Moderate | |  | Light | |  |
| Sunny | |  | | Light | |  | Clear | |  |
| Foggy | |  | | N/A | |  |  | |  |
| Ice/ Snow | |  | |  | |  |  | |  |
| **Witnesses and Witness Statement** | | | | | | | | | |
| Name: | | | |  | | | | | |
| Occupation: | | | |  | | | | | |
| Address: | | | |  | | | | | |
| Contact Details: | | | |  | | | | | |
| A brief account of the accident: | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Details of person completing this statement and vehicle supplement: | **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Vehicle Check | | | | | |
|  |  | |  | |  | | | |
| **Vehicle Type:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Vehicle Registration:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Instructions** | | | | | **Legend:** | | | |
| * Read and complete all applicable sections using the legend * Inform manager/supervisor of faults * Sign and date the form when completed and pass on to the Proprietor | | | | | S  X  X | Serviceable / Acceptable  Fault Exists  Fault Found and Rectified | | |
|  | |  | |  |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Condition** | **Item** | **Condition** |
| **Fluids** |  | **Controls** |  |
| All fluid at correct levels; |  | Wipers |  |
| Coolant |  | Horn |  |
| Oil |  | Heaters / demisters |  |
| Brake Fluid |  | Window controls |  |
| Clutch |  | Door locks |  |
| Screen Wash |  |  |  |
| Any visible leaks? |  | **Miscellaneous** |  |
|  |  | Seat belts |  |
| **Lights** |  | Screen and window panels |  |
| Lights clean and functioning; |  | Number plates present and clean |  |
| Side and Tail |  | Tax valid |  |
| Main beam |  | High visibility vest in vehicle |  |
| Brake |  | Tyre changing tools and equipment |  |
| Fog (incl driving lamps) |  |
| Indicators |  |  |  |
|  |  | **Tyres** |  |
| **Function Test** |  | Sufficient wear remaining |  |
| Brakes |  | Overall condition |  |
| Steering |  | Pressures checked |  |
|  |  | Spare tyre |  |
| **Bodywork** |  |  |  |
| LH Side / RH Side |  | **Vehicle Lift (where applicable)** |  |
| Front / Rear |  | Is the vehicle lift safe for use? |  |
|  |  | Has the mandatory 6 monthly inspection been completed? |  |
|  |  |  |

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| --- | --- | --- |
| **Fault / Work Required** | **Date**  **Rectified** | **Name of Person**  **Clearing Fault** |
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| Comments:  *Include next scheduled date for lifting equipment examination (where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |

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| --- | --- | --- |
| Details of person (driver) completing this statement: | **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

Note:

If you are in any doubt regarding the condition of any item checked or believe there is a problem with the vehicle then please seek advice.

[](http://www.cheshireeast.gov.uk/Home.aspx)

# Likelihood Consequences Rating

# **1 – Very Unlikely 1 – Insignificant 1 – 4 Acceptable**

# **2 – Unlikely 2 – Minor 5 - 9 Adequate**

# **3 – Fairly Likely 3 – Moderate 10 – 16 Tolerable**

# **4 – Likely 4 – Major 17 – 25 Unacceptable**

# **5 – Very Likely 5 - Catastrophic**

# 

Risk Assessment Form

|  |  |  |
| --- | --- | --- |
| Assessor’s Name: | Activity/Item/Area: | Date: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard or Hazardous Activity | Who might be harmed & how | Risk rating  **L x C = R** | | | Current Risk Controls | Additional Risk Controls | New Risk Rating  **L x C = R** | | |
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| --- | --- | --- | --- |
| Signature: | Date: | Monitor Date: | Review Date: |



# Likelihood Consequences Rating

# 1 – Very Unlikely 1 – Insignificant 1 – 4 Acceptable

# 2 – Unlikely 2 – Minor 5 - 9 Adequate

# 3 – Fairly Likely 3 – Moderate 10 – 16 Tolerable

# 4 – Likely 4 – Major 17 – 25 Unacceptable

# 5 – Very Likely 5 - Catastrophic

# 

Risk Assessment Form

|  |  |  |
| --- | --- | --- |
| Assessor’s Name: Accountable person’s name – can include a second person eg the operator | Activity/Item/Area: Describe the task and give it a number eg RA001 | Date: Date it |

Remember the RA offered are **generic** – this means they must be tailored to suit your work, your team, your client’s site, the weather, the location etc etc. Take things out – add things in – but follow the same method.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard or Hazardous Activity | Who might be harmed & how | Residual Risk  **L x C = R** | | | Current Risk Controls | Additional Risk Controls | New Rating  **L x C = R** | | |
| A Hazard is something that might harm people, eg electricity, working at height, asbestos – try and focus on tasks – eg using a ladder/working at height  Don’t forget to split complicated hazards into their component parts and use more rows.  Any hazards missed here will not be discussed or controlled so be sure to consider a range of hazards – visual hazards are more easy to include – you need to also consider less visible ones – eg noise, fumes, dusts, lack of supervision/ experience/training | This is more than your employees – think about your client and members of the public – who are not all the same risk – think adult/child, elderly, vulnerable  Indicate **how** you believe someone might get harmed – to avoid misunderstandings  Eg electrical cable=trip? – consequence 2?  shock, fire or burns – consequence 5?  Numbers of people and numbers of occasions must be reflected in likelihood column |  |  |  | List all your **existing** control measures here  Think about the order too – strongest measures first – PPE last  Training, supervision, experience count – include them  Get the tense right – avoid ‘shall’ and ‘will’  Avoid phrases like ‘full PPE’ - Make sure you say what PPE – include BS CN standards/numbers  This number is your assessment of the likelihood with your controls in place – take into account history, knowledge of your staff, attitudes etc – don’t fudge it – say it as it is.  Consequence is the realistic likely outcome if the task goes wrong. Think what would happen if the event went wrong 10 times – record what would happen 7 out of 10 times.  Some tasks are hazardous – W@H, with electricity should always score 5, fire emergencies, working with ACMs will be 4 or 5. Don’t fudge it – except these numbers will be high – you need to concentrate on the *likelihood* of things going wrong and reduce this.  Always multiply the numbers to get the residual risk rating – ie what are you left with. | Add things here that you need to do or plan to do eg  new training – more site audits, refresher training  put dates in.  This should never be blank – there’s always more to do – more supervisions, training etc  Display the numbers here to show the changes if you implement the actions – it’s a small business case for change.  Tick and initial the margin when done to show the new rating applies.  When you review the assessment these controls will move to the adjacent coloumn. |  |  |  |
|  |  |  |  |  | Consequence is hard to reduce in most cases but you should try. It can be done though – eg electricity – using 110 not 240v or power tools would reduce from 5 to 4 or 2? But remember you still need to charge the tools.  Wear a harness/ train the operator – falls go from 5 to 4? | The final rating is the level of risk are operating with – it should be as low as ‘reasonably practicable’ – have you done enough? |  |  |  |

This is the logical flow of the document – start on the left and move across.

**Logical flow; each column leads to the next.**

If a box has red writing in, you must complete this box before the form can be considered to be acceptably filled in.

The assessment must be signed and dated A monitor date is recommended – especially for the first time – as new issues will be raised and more actions are likely to be required. A short monitor date will enable you to update the form.

**Logical flow; each column leads to the next.**

If a box has red writing in, you must complete this box before the form can be considered to be acceptably filled in.

**Logical flow; each column leads to the next.**

If a box has red writing in, you must complete this box before the form can be considered to be acceptably filled in.

The fixed review date will be a year – but review sooner after an incident, accident, new starter, or change.

**Logical flow; each column leads to the next.**

If a box has red writing in, you must complete this box before the form can be considered to be acceptably filled in.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: | Date: | Monitor Date: | Review Date: |

**Logical flow; each column leads to the next.**

If a box has red writing in, you must complete this box before the form can be considered to be acceptably filled in.

|  |  |
| --- | --- |
| Method statements | Reference: M/S No. |

**Workplace: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK/OPERATION:** |  | | |
| **Operating Procedure Developed by:** |  | Approved By: | Date: |
| **Review Completed by:** |  | Approved By: | Date: |

| **Sequence of Job Steps**  (What to do in the right order) | **Potential Hazards/Risks**  **Of each Step** | **Standard Operating Procedure**  (How to do it) | **Personal Protective Equipment needed** |
| --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.**  Eye Protection | **2.**  Breathing Protection | **3.**  Head  Protection | **4.**  Hearing Protection | **5.**  Hand Protection | **6.**  Foot Protection | **7.**  Protective Clothing | **8.**  Face Protection |
| sop_eyes | sop_breath | sop_hat | sop_hear | F:\Images\sop_hands.gif | F:\Images\sop_foot.gif | F:\Images\sop_cloth.gif | sop_face |

 YOUNG PERSON ASSESSMENT FORM

|  |  |
| --- | --- |
| **Young person’s name:** |  |
| **Job title:** |  |
| **Description of duties:** |  |
| **Date of assessment:** |  |
| **Name of assessor:** |  |

**ASSESSMENT:**

|  |  |  |
| --- | --- | --- |
| **1. Will any aspect of the work** | **YES** | **NO** |
| * Be beyond the person’s physical capability? |  |  |
| * Be beyond the person’s psychological capability? |  |  |
| * Involve harmful exposure to radiation? |  |  |
| * Involves risks to health from noise, vibration or extreme heat or cold? |  |  |
| * Involve harmful exposure to any agent that can chronically affect health, including those with toxic or carcinogenic effects or those that could cause genetic damage? |  |  |

|  |  |  |
| --- | --- | --- |
| **2. Supervision** | **YES** | **NO** |
| Are arrangements in place to ensure that the young person works under proper supervision by a competent person? |  |  |

|  |  |  |
| --- | --- | --- |
| **3. Are any additional precautions required to take account of** | **YES** | **NO** |
| * The person’s lack of experience, immaturity and lack of awareness of potential risks? |  |  |
| * Any personal factors that may increase the risk of injury? |  |  |
| * The nature and layout of the work area? |  |  |
| * The types of equipment used and work activities to be undertaken? |  |  |
| * Exposure to harmful substances? |  |  |

|  |  |  |
| --- | --- | --- |
| **4. Has information and instruction been provided to the young person on:** | **YES** | **NO** |
| * Personal responsibilities. |  |  |
| * The importance of good housekeeping. |  |  |
| * Areas that are out of bounds and the reasons why they are out of bounds. |  |  |
| * The location of welfare facilities. |  |  |
| * The arrangements for first aid facilities, the locations of the facilities and how to contact a first aider. |  |  |
| * The fire evacuation procedure. |  |  |
| * The dangers of horseplay. |  |  |
| * Location of health and safety information and key health and safety personnel. |  |  |
| * Accident reporting procedure. |  |  |
| * Particular hazards associated with the work area. |  |  |
| * Safe working practices to be followed at all times. |  |  |
| * The correct equipment to use for moving and handling loads and the correct equipment to use for moving and handling loads. |  |  |
| * Those items of machinery and equipment that must not be operated and explanation as to why. |  |  |
| * Those items of equipment that may only be used after specific training or under close supervision. |  |  |
| * The importance of reporting equipment faults and the procedure for doing so. |  |  |
| * The substances that are in use within the workplace, their storage arrangements and the safety precautions to be followed when handling them. |  |  |
| * The PPE that is provided, how it is to be worn and the arrangements for changing, cleaning, maintenance and storage. |  |  |
| * The safety equipment provided, what it is for and how it is used. |  |  |

|  |  |  |
| --- | --- | --- |
| **5. Information for parents** | **YES** | **NO** |
| Where a child is employed, have the findings of the risk assessment and details of the protective measures to be taken been communicated to their parents or guardians? |  |  |

|  |  |  |
| --- | --- | --- |
| **6. Work experience placements** | **YES** | **NO** |
| For children and young persons on work experience and other relevant schemes, has this risk assessment been completed in conjunction with a work placement assessment carried out by the school or college. |  |  |

**For all hazards and issues that are identified as requiring action above (i.e. ‘yes’ answer given to sections 1 or 3, or ‘no’ to any other section) then following table must be completed. Once the remedial action has been put in place, the ‘Completed by and date’ column should be filled in.**

**ACTIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue / hazard** | **Action required** | **Responsible person** | **Completed by (date)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **Arrangements for supervision:** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of assessor** |  | **Date:** |  |
| **Signature of employee** |  | **Date:** |  |

***Note: A “young person” is someone who is not yet 18 years old and a “child” is someone who is not over school leaving age (approximately 16 years).***

***Children under 13 years old are generally prohibited from any form of employment.***

***Children between 13 and the minimum school leaving age (approximately 16 years) require a permit to work, which is issued by the Education and Welfare Officer of the local authority.***

 Contractor Appraisal Questionnaire

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **General Information** | | | | | | |
| **Organisation Name and Address:** | | | | | | |
| **Nature of Work Undertaken:** | | | | | | |
| **Contact 1:** | |  | **Contact 2:** |  | | |
| **Job Title:** | |  | **Job Title:** |  | | |
| **Tel:** | |  | **Tel:** |  | | |
| **Fax:** | |  | **Fax:** |  | | |
| **Mobile:** | |  | **Mobile:** |  | | |
| **Email:** | |  | **Email:** |  | | |
| 1. **Documentation - Please provide the following information** | | | | | | |
| 2.1 | A copy of your Health and Safety Policy Statement. | | | | | |
| 2.2 | Information on your organisation for Health and Safety.  Include first aid, fire and emergency details. | | | | | |
| 2.3 | A copy of your Insurance Certificates (EL & PL) and any industry accreditations. | | | | | |
| **3.** | **Health and Safety Information** | | | | | |
| 3.1 | Are you able to enclose *specific* Risk Assessments for the work that you undertake? | | | | **Yes** | **No** |
| 3.2 | Are you able to enclose Method Statements that detail your safe systems of work? | | | | **Yes** | **No** |
| 3.3 | Do you usually work with a Permit to Work Systems? | | | | **Yes** | **No** |
| 3.4 | Do you have a documented system for reporting accidents / incidents? | | | | **Yes** | **No** |
| 3.5 | Have there been any reportable accidents or incidents within the past 3 years?  **(if Yes please provide information)** | | | | **Yes** | **No** |
|  |  |
| 3.6 | Have you been subject to any notices or prosecution under Health and Safety Legislation within the last 5 years?  **(If Yes please provide information)** | | | | **Yes** | **No** |
|  |  |
| 3.7 | Is Health and Safety training provided for your employees who will work on the site?  Please outline this for employees working on our site. | | | | **Yes** | **No** |
| 3.8 | What supervision or monitoring will you provide for the work to be carried out on the site? | | | | **Yes** | **No** |
| 3.9 | Is there any other information you require or any special precautions our staff need to take when you work on our site? | | | | **Yes** | **No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Health and Safety - Contractor Information - Record Sheet | | | | | |
| **Contractor's Name & Service** | **Date Information Sent Out** | **Details of Information Returned** | **Date Accepted** | **Reviewed** | **Reviewed** |
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**Health & Safety Information for Contractors**

**Working for Macclesfield Council**

(New contractors or different employees visiting our site are required to read, agree and sign the attached)

Health and safety regulation requires information to be given to contractors working on our site. Ensure that the *relevant* information has been communicated to them – either written or verbally and that they sign indicating that this exchange has taken place and has been understood. You may wish to refer to our procedures or risk assessments. Retain this information for our records.

* Explain parking arrangements
* Explain our emergency and evacuation procedures
* Enforce no smoking
* Check that they have complied with our Contract Appraisal Questionnaire
* Check whether a risk assessment is required
* Detail welfare facilities
* Explain key site hazards – eg Workshop equipment, noise,

**Health & Safety Confirmation for Contractors**

**Working for Signs Express Oxford**

I confirm that I have Macclesfield Council received and understood the safety information given to me as part of the contractor information procedure.

I am aware of my own responsibility to work safely and responsibly when undertaking my work and not to expose myself or others to unacceptable risks. I will leave the site in a safe condition.

If I am unsure about undertaking any part of the work on site, I will seek information from the site contact.

**Name…………………………………… Signed for ………………………….**

**Company……………………………….**

**Date………………*This form to be retained for reference in the site records***

Work Equipment Register Date………………

Significant Non-electrical – e.g. ladders, podiums, towers, sack trucks, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Location** | **ID Number** | **Initial** |
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**Guidance on ladder checks**

* General condition sound (clean, dry, free from wet paint, oil, mud etc).
* No cracks. Not painted.
* No rungs missing or loose.
* Bracing in good condition (stepladders).
* No stiles damaged or bent.
* No warping or splitting (wood).
* Footpads present and securely fixed.
* No rungs bent (metal).
* Caps/rubber fittings in good condition.
* No corrosion (metal).
* No sharp edges or dents (metal).
* Slip-resistant rubber or plastic feet present.

Defective ladders and stepladders should be taken out of use and labeled “Do Not Use” until they have been repaired. If they cannot be repaired, they should be disposed of and replaced by class 1 industrial type to BS 2037: 1994 (metal) or BS 1129: 1990 (wooden).

**Guidance sack trucks, trollies etc**

* Check the wheels – not loose, pins in place
* Tyres – not damaged, properly inflated
* Handles – grips in place, not damaged
* No sharp edges
* No damaged to supports

**Undertake a quarterly visual safety inspection on all the items listed on the non-electrical work equipment register.**

**Note any defects or missing items – bring these to the attention of the Proprietor.**

**Refer to the PAT register for electrical equipment.**

 Quarterly Inspection Record

Non-Electrical Work Equipment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID No.** | **Description** | **d/m/y** |  |  |  |  |  |  |
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| Initial for thoroughinspection | |  |  |  |  |  |  |  |

 Medical Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | | |
| **Forenames:** |  | | |
| **Vacancy reference number:** |  | | |
| Address: | | | |
| **Appointment applied for:** |  | **National insurance number:** |  |
| **Name and address of own doctor:** |  | **National Health Service number:** |  |

Please answer all the following questions by circling the appropriate word: if the answer is yes, circle yes; if it is no, circle no.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Questions** |  |  |
| 1 | Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010? | Yes | No |
| 2 | Have you ever received compensation or a disability pension? | Yes | No |
| 3 | Have you ever had to give up any previous job for medical reasons? | Yes | No |
| 4 | Have you been off work continuously for more than a month during the last five years? | Yes | No |
| 5 | Have you ever had any operations requiring hospital admission for five or more days? | Yes | No |
| 6 | Is your eyesight normal (with glasses if worn)? | Yes | No |
| 7 | Is your hearing normal? | Yes | No |
| 8 | (a) Do you regularly take tablets or medicine?  (b) If so, what do you take? | Yes | No |
| 9 | Have you ever had any of the following? | | |
|  | Diabetes | Yes | No |
|  | Tuberculosis | Yes | No |
|  | Angina | Yes | No |
|  | Any other heart trouble | Yes | No |
|  | Raised blood pressure | Yes | No |
|  | Respiratory problems | Yes | No |
|  | Peptic, gastric or duodenal ulcer | Yes | No |
|  | Indigestion for more than one week | Yes | No |
|  | Back trouble, lumbago, sciatica, 'slipped disc' | Yes | No |
|  | Epilepsy, recurring blackout or fits | Yes | No |
|  | Hand-Arm Vibration Syndrome | Yes | No |
|  | Vibration White Finger | Yes | No |
|  | Whole Body Vibration | Yes | No |
| 10 | Have you ever had any of the following during the past five years? | | |
|  | Bronchitis, asthma, pneumonia | Yes | No |
|  | Dermatitis, eczema or any other skin trouble | Yes | No |
| 11 | Do you suffer from any of the following? | | |
|  | Migraine or severe recurring headaches | Yes | No |
|  | Anxiety, depression or any other nervous complaint | Yes | No |
|  | Fainting attacks or giddiness | Yes | No |
|  | Ear trouble, discharging or infected ear | Yes | No |
|  | Kidney trouble or urinary infection |  |  |
| 12 | If you have circled any answers as Yes for questions 1 to 11, please give **very brief** details below: | | |
|  |  | | |
| 13 | Have you ever had any other serious illness? If yes, please give **very brief** details below. | Yes | No |
|  |  | | |
| 14 | Have you consulted a doctor about your health during the past 12 months? If yes, please give **very brief** details below. | Yes | No |
|  |  | | |

I am willing to undergo a medical examination if required and I declare that the information I have given on this form is correct to the best of my knowledge. I agree that a doctor chosen by us may consult my own doctor about any of the information given on this form. I declare that the information given in this form is to the best of my knowledge complete and correct.

I understand that any false, incomplete or misleading statements will lead to the implementation of the disciplinary procedure which may result in my dismissal.

**Signature:**

For the purposes of compliance with the Data Protection Act 1998, I hereby give my consent to Macclesfield Council processing the data supplied in this questionnaire for the purpose of recruitment and selection.

**Signature**

 Method statement register

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Activity/Location** | **ID Number** | **Date issued** | **Reviewed** |
| **Paint spraying** |  |  |  |  |
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|  | | | | **Substance Register** | | | | |
| Chemicals, liquids, gases, fumes, dust, viruses and bacteria are all substances that may cause harm. This register will be reviewed at least annually to ensure we are aware of the substances on site and to enable us to identify which may be hazardous and require further assessments and controls to be in place (as per COSHH Regulations). | | | | | | | | |
|  | |  | |  | |  | | |
| **No.** | **Substance** | | **Used for** | | **Approx. Amount Held on Site** | | **Hazardous** | |
| Yes | No |
| 1 |  | |  | |  | |  |  |
| 2 |  | |  | |  | |  |  |
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Created By

Date M/YY Reviewed 1M M/YY Reviewed 2 MM/YY

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COSHH$ | **COSHH RISK ASSESSMENT** | | | | | |  | |
| Process: | | | | | Assessment No. | | | |
| Describe the activity or work process.  *(Include how long and how often this is carried out and the quantity of substance used)* | |  | | | | | | |
| Location of process being carried out? | |  | | | | | | |
| Identify the persons at risk: | | | Employees | | | Contractors | | Public |
| Name the substance involved in the process and its manufacturer.  *(A copy of a current safety data sheet for this substance should be attached to this assessment)* | | |  | | | | | |
| Classification *(state the category of danger)* | | | | | | | | |
| Extremely Flammable    Toxic  **X**         X Irritant  Very Toxic        Highly Flammable  Sensitising      Flammable  Bio final  Biological  Corrosive    Environmental    Oxidising  Harmful  GHS Irritant GHS TOXIC GHS Corrosive flamme  explos GHS compressed gas GHS_Carcinogen GHS Environment | | | | | | | | |
| Hazard Type | | | | | | | | |
| Gas Vapour Mist Fume Dust Liquid Solid Other (State) | | | | | | | | |
| Route of Exposure | | | | | | | | |
| Inhalation Skin Eyes Ingestion | | | | | | | | |
| Workplace Exposure Limits (WELs) *please indicate n/a where not applicable* | | | | | | | | |
| Long-term exposure level (8hrTWA): | | | | Short-term exposure level (15 mins): | | | | |
| State the Risks to Health from Identified Hazards | | | | | | | | |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Control Measures: *(for example extraction, ventilation, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers.* *Take account of those substances that are produced from activities undertaken by another employer’s employees.* | | | | |
|  | | | | |
| Is health surveillance or monitoring required?  YesNo | | | | |
| Personal Protective Equipment*(state type and standard)* | | | | |
| Dust mask |  | | Visor |  |
| Respirator |  | | Goggles |  |
| Gloves |  | | Overalls |  |
| Footwear |  | | Other |  |
| First Aid Measures | | | | |
|  | | | | |
| Storage | | | | |
|  | | | | |
| Disposal of Substances & Contaminated Containers | | | | |
| Hazardous Waste Skip Return to Depot Return to Supplier Other  (If Other Please State) | | | | |
|  | | | | |
| Is exposure adequately controlled? | | YesNo | | |
| **Risk Rating Following Control Measures** | | | | |
| **High Medium Low** | | | | |

Assessed by: Date: Review Date:

NEW AND EXPECTANT MOTHERS (NEM) RISK ASSESSMENT CHECKLIST

**Important Notes**:

* This assessment should be completed by both the pregnant woman and a supervisor. It should be signed by both to indicate that the answer to each question and the suggested control measures are agreed.
* The assessment may need to be reviewed more than once as the pregnancy or return to work develops. It should always be reviewed at the request of the New and Expectant Mother.
* The assessment should clearly state what control measures are already in place and indicate the new control measures required – confirmation regarding the implementation of new control measures should be given in the comments section.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment for (name of NEM) |  | | | | |
| Assessment prepared by | Name of Supervisor | | | | Signature |
| Date of Assessment |  | | | | |
| Is this the first NEM assessment for this pregnancy? | | | | | **Y / N** |
| Has the NEM named above taken part in this assessment | | **Y / N** | | | Signature of NEM |
| **1 - Movement and posture** | | **Yes** | **No** | **n/a** | **Control Measures** |
| Does your job involve awkward twisting or stretching | |  |  |  |  |
| Does the woman have to stand for periods of, for example more than two-three hours without a break? | |  |  |  |  |
| Does she have to sit for periods of more than two-three hours? | |  |  |  |  |
| Are there space restrictions (for example, working behind a desk)?  If yes, will these cause more restricted movement as the pregnancy develops? | |    |    |    |  |
| **2 - Manual Handling** | | **Yes** | **No** | **n/a** | **Control Measures** |
| Does the job involve twisting, stooping or stretching to lift objects? | |  |  |  |  |
| Does the job involve the lifting, pushing or pulling of heavy loads? | |  |  |  |  |
| Does the job involve rapid repetitive lifting (even of lighter objects)? | |  |  |  |  |
| Does the job involve lifting objects that are difficult to grasp or awkward to hold? | |  |  |  |  |
| **3 - Protective equipment and uniforms** | | **Yes** | **No** | **n/a** | **Control Measures** |
| If the woman needs to wear protective aprons/overalls etc., are they provided in suitable sizes? | |  |  |  |  |
| If uniforms are obligatory are they provided in maternity sizes? | |  |  |  |  |
| Are the materials used comfortable for all pregnant women to wear? | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4 - Hazardous substances – infection risks & chemicals** | **Yes** | **No** | **n/a** | **Control Measures** |
| Are there any infection risks in the work? For example: Clearing up spilled body fluids/disposing of used syringes. |  |  |  |  |
| Work with raw meats |  |  |  |  |
| If yes to either of the above, are hygiene precautions adequate? |  |  |  |  |
| Are any chemicals used at work known to be of risk to women of child bearing age?  If yes to above, are pregnant workers kept away from work that could increase exposure? |    |    |    |  |
| **5 - Working Time** | **Yes** | **No** | **n/a** | **Control Measures** |
| Is the woman expected to work long hours or overtime? |  |  |  |  |
| Does she have some flexibility or choice over her working hours? |  |  |  |  |
| Does the work involve very early starts or late finishes? |  |  |  |  |
| Does the work involve night work between the hours of, for example, 11pm to 7am? |  |  |  |  |
| **6 - Work-related stress** | **Yes** | **No** | **n/a** | **Control Measures** |
| Are there tasks which are known to be particularly stressful, for example dealing with irate customers? |  |  |  |  |
| Are colleagues and supervisors supportive toward the pregnant worker? |  |  |  |  |
| Is the woman aware of what to do if she feels she is being bullied or victimised? |  |  |  |  |
| Has the individual risk assessment taken into account any concerns the woman has about her own pregnancy? |  |  |  |  |
| **7 - Extremes of cold or heat** | **Yes** | **No** | **n/a** | **Control Measures** |
| Does the work involve exposure to temperatures that are uncomfortably cold (below 16ºC) or hot (above 27ºC)? |  |  |  |  |
| If protective clothing is provided against the cold is it suitable for the pregnant worker? |  |  |  |  |
| Is the worker exposed to cold draughts even when the average temperature is acceptable? |  |  |  |  |
| Are there arrangements for sufficient breaks and access to hot/cold drinks? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8 - Work at heights** | **Yes** | **No** | **n/a** | **Control Measures** |
| Does the work involve a lot of climbing up and down steps or ladders? |  |  |  |  |
| Does the work involve carrying items up or down stairs / ladders? |  |  |  |  |
| If a mobile platform is used to access higher levels, is there enough room for a pregnant worker to use it safely? |  |  |  |  |
| **9 - Work-related violence** | **Yes** | **No** | **n/a** | **Control Measures** |
| Is the job one which is perceived to have a high risk of violence (for example security work, single staffing in a petrol station)? |  |  |  |  |
| Is there always support at hand to help any staff who may be threatened or abused by customers? |  |  |  |  |
| Are managers and supervisors aware of the extra risks posed by violence to pregnant women? |  |  |  |  |
| **10 - Welfare issues** | **Yes** | **No** | **n/a** | **Control Measures** |
| Is there somewhere quiet for pregnant workers to rest or lie down? |  |  |  |  |
| Are new or expectant mothers provided easy access to toilets and allowed sufficient breaks, where needed? |  |  |  |  |
| Is there a clean, private area to express breast milk? |  |  |  |  |
| Is there somewhere safe for them to store expressed milk? |  |  |  |  |
| **Comments** (please include confirmation regarding new control measures implemented): | | | | |

Signed – employee…………………Date………..

Signed – manager…………………..Date………..

Review Date ……………(3 months max.)

 **Incident Log**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Supervisor |  | Employee |  |
| Brief description of what happened |  | | |
| Why did this occur? |  | | |
| Immediate action Taken |  | | |
| Follow up action taken |  | | |

Pass this form to the office

Logged as incident number - …….

|  |  |
| --- | --- |
| What further action is required to ensure this does not happen again? |  |
| Any training – toolbox talks required?- Detail | Y/N |
| Risk assessment reviewed? | Y/N Date; |
| All actions completed? | Sign;  Dir. Date; |

 PERSONAL PROTECTIVE EQUIPMENT LOG

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issued to;** | **Item** | **Date Issued** | **Issued**  **By** | **Employee Sign** |
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**I agree to wear/use the above items in those areas designated and wherever instructed by my Manager/Supervisor. I also accept responsibility for any loss or damage to the equipment and to report any defects to my manager/supervisor.**

The above items remain the property of the Organisation and must not be removed from the premises without permission.

 Working at Heights

**HIC??**

Hazard Identification Checklist

This checklist is provided to help you identify any hazards and risks within this risk area. **IT IS NOT A RISK ASSESSMENT** and it is by no means an exhaustive list of all the potential hazards and risks.

**Please answer all of the following questions.**

**All identified significant hazards should be transferred to the appropriate risk assessment form**

|  |  |
| --- | --- |
| Workplace / WAH Location: |  |
| Date Of Assessment: |  |
| Name Of Assessor: |  |
| Job Title: |  |

|  | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| 1. Is working at heights avoidable? (consider alternatives, e.g. supply only) |  |  |  |  |
| 1. If staff have to work at heights, is appropriate access equipment is available? |  |  |  |  |
| 1. Have you considered if staff should be working on a scaffold or platform rather than ladders or steps? |  |  |  |  |
| 1. Will there be any risk of asbestos dust, disturbance or settlement? |  |  |  |  |
| 1. Do any services (e.g. gas, electricity) need to be isolated before work commences? |  |  |  |  |
| 1. Is there any risk from overhead cables? |  |  |  |  |
| 1. Will there be any reason to vacate the building or area as a result of the work activity? |  |  |  |  |
| 1. Is there a risk to any other premises users as a result of the task? |  |  |  |  |
| 1. Is there a risk from / to passing people or traffic movements? |  |  |  |  |
| 1. Do other premises users need to be informed of the work? |  |  |  |  |
| 1. Is there a need for an emergency/contingency /rescue plan? |  |  |  |  |
| 1. Is there a need to vacate adjacent rooms? |  |  |  |  |
| 1. Is there a risk of fall from ground level? e.g. into a cellar |  |  |  |  |
| 1. Are steps and ladders of commercial standard rather than of domestic quality? |  |  |  |  |
| 1. Have all staff who work at height read *‘indg 402 Safe use of Ladders and Stepladders’* document before commencing? |  |  |  |  |
| 1. Have staff who are required to work at height been appropriately trained? |  |  |  |  |
| 1. Have staff been informed of the requirement to visually inspect access equipment before use? |  |  |  |  |
| 1. Do staff have the appropriate physical capabilities to work at height safely? |  |  |  |  |
| 1. Is access equipment inspected, maintained and monitored on a periodic basis? |  |  |  |  |
| 1. Do staff understand their own responsibilities to report defects, comply with instructions and follow agreed procedures? |  |  |  |  |
| 1. Have warning signs / cones /barriers around access equipment been considered? |  |  |  |  |
| 1. Are there risks from weather conditions? |  |  |  |  |
| 1. Are there risks from materials when working at heights? e.g. heavy awkward materials |  |  |  |  |
| 1. Is there a risk from the use of tools/electricity (trailing cables, falling tools etc.)? |  |  |  |  |
| 1. Are there any additional risks from PPE? Do operatives require harnesses – are they trained in their use and certificated at least annually? |  |  |  |  |
| 1. Is there a risk from passing vehicles? |  |  |  |  |
| 1. Is traffic control required? |  |  |  |  |
| 1. If staff work in areas that exposes them to falls from heights are appropriate precautions required? e.g. harnesses/restraint systems |  |  |  |  |
| 1. Will the work cause a potential risk from a fragile roof surface? e.g. working near rooflights |  |  |  |  |
| 1. Are warning signs displayed on buildings with fragile roof surfaces? |  |  |  |  |
| 1. If you have fragile roof surfaces, are any further precautions required to prevent unauthorised access by the public? |  |  |  |  |
| 1. Does the fire alarm test need to be considered for when working at heights? |  |  |  |  |
| 1. Should the work at height be undertaken out of normal hour? |  |  |  |  |
| 1. Are there risks from lone working? |  |  |  |  |
| 1. Is the amount of supervision adequate? |  |  |  |  |
| 1. Have you considered if the work should be undertaken by specialists? |  |  |  |  |

**Additional Comments**

 **DSE WORKSTATION ASSESSMENT PART 1**

This section of the DSE assessment must be completed by each DSE user to identify whether they are a ‘Defined DSE User’. All Defined DSE Users must complete the full DSE assessment. Where workstations are used infrequently by employees/ Corps members who are not Defined DSE Users, the standards required of the workstation will be less than one that is Review the assessment annually or sooner if there are significant changes to the workplace, workstation or in working arrangements and following a relevant workstation-related incident or ill health related to the use of DSE.

**7.** **DISPLAY SCREEN EQUIPMENT (DSE) USER QUESTIONNAIRE**

|  |  |
| --- | --- |
| Name: | Date: |
| Site/Unit: | Location: |

Please indicate your answer to each question below. Please note that by ‘User’ of DSE equipment refers to input, retrieval and viewing data.

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Answer | Answer Score | Your Score |
| 1. If necessary, could you adequately complete your daily tasks, without using DSE? | Yes | 0 |  |
| No | 3 |  |
| 1. On an average day, what do you consider the maximum length of time you would CONTINUOUSLY use DSE, without having a break or doing something else? | 0 - 1 hour | 0 |  |
| 1 – 2 hours | 3 |  |
| 2 – 3 hours | 4 |  |
| 3 + hours | 5 |  |
| 1. On average, how many days a week would you use DSE continually for a period of one hour or more? | 1 day | 1 |  |
| 2 days | 2 |  |
| 3 days | 3 |  |
| 4 days | 4 |  |
| 5 + days | 5 |  |
| Your Total Score | | |  |

Note: If your total score is less than 7, you are not a defined DSE User

If your total score is 7 or higher, you are a defined DSE User and you must complete and sign section 8 on the next page of the DSE Workstation Assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Matters To Consider** | **Y/N or NA** | **Possible Management Action if “No”** | **Actions/**  **Comments** |
| **8. The User** |  | Ensure users take frequent short breaks from the screen and keyboard by carrying out other work tasks. This is more beneficial than taking longer less frequent breaks.  Advise the user of current arrangements for eye and eyesight tests. Human Resources Dept. can advise you.  Replace telephone headsets with those fitted with suitable volume controls  Replace telephone headsets with those fitted with suitable acoustic shock limiters  List below any other problems raised by the user and agree on suitable actions to resolve the problems: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the user take regular breaks working away from DSE?  Has the user been advised of their entitlement to eye and eyesight tests?  Where telephone headsets are worn can volume levels be reduced by the user?  Is the telephone headset fitted with an acoustic shock limiter, which protects against uncontrolled peaks of noise?  (e.g. electronic interference or deliberate loud noises through the telephone call)  Has the checklist covered all the problems that the user may have with their DSE including any symptoms of discomfort? |  |  |  |

|  |  |
| --- | --- |
| DSE User’s Name: | Manager’s Name: |
| Signature: | Signature: |
| Date: | Date: |

 **DSE WORKSTATION ASSESSMENT PART 2**

|  |
| --- |
| **Site Name:** |
| **Assessed by:** | **Date of Assessment:** |

Sections 1 to 6 of this DSE Workstation Assessment should be completed for all workstations, whether or not they are used by defined DSE Users. Section 7 must be completed by each DSE user to identify whether they are a ‘Defined DSE User’. All Defined DSE Users must complete Section 8.

Where workstations are used infrequently by employees who are not Defined DSE Users, the standards required of the workstation will be less than one that is.

Consider each of the risk factors and answer each question either Yes, No or Not applicable. Where a No answer is given, consider the possible management actions suggested and record what action is taken in the Action/Comments column.

Review the assessment annually or sooner if there are significant changes to the workplace, workstation or in working arrangements and following a relevant workstation-related incident or ill health related to the use of DSE.

|  |  |  |
| --- | --- | --- |
| **CONTENTS** | | |
| Section  **Number** | **DSE Workstation Risk Assessment Section** | Page  **Number** |
| 1 | Display screens | 2 |
| 2 | Keyboards | 3 |
| 3 | Mouse, Trackball etc | 4 |
| 4 | Software | 4 |
| 5 | Furniture | 5 & 6 |
| 6 | Environment | 6 |
| 7 | DSE User Questionnaire | 7 |
| 8 | The User | 8 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factors** | **Y/N** | **Possible Management Action if “No”** | **Actions/**  **Comments** |
| **1. Display Screens** |  | Make sure the screen is clean & that cleaning materials are available  Check that text and background colours work well together.  Software settings may need adjusting to alter text size  Adjust text & background colours. If problems persist, arrange for repair  Intensive graphic work or fine attention to detail may require a larger screen size  Separate adjustment controls are not essential if the user can read the screen at all times  Swivel & tilt mechanisms may not be fitted but can be added. The screen may need replacing if the mechanism is absent/unsatisfactory, work is intensive or the user has problems getting a comfortable position  The screen or desk may need to be moved and/or the screen may need shielding. Screens that use dark characters on a light background are less prone to glare & reflections  Check that blinds work. Vertical blinds can be better than horizontal ones  If this does not work, consider anti-glare screen filters as a last resort |  |
| Are the characters clear and readable?    Is the text size comfortable to read?  Is the image stable i.e. clear of flicker?  Is the screen’s specification suitable for its intended use?  Are the brightness and/or contrast adjustable?  Does the screen swivel & tilt?    Is the screen free from glare and reflections?    Are adjustable window coverings provided and in good condition? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factors** | **Y/N or NA** | **Possible Management Action if “No”** | **Actions/**  **Comments** |
| **2. Keyboards** |  | This is a requirement, unless the task makes it impracticable (e.g. when there is a need to use a laptop computer)  Provide a keyboard that tilts  Ensure the users arms are bent at the elbow & forearms and wrists horizontal.  Try pushing the keyboard further back to create more room for the keyboard, hands and wrists. Users of thick keyboards may need a wrist rest.  Provide training to prevent users:   * hands being bent at the wrist * hitting the keys too hard * overstretching the fingers.   Keyboards should be kept clean. If characters still cannot be read, the keyboard may need modifying or replacing.  Use a keyboard with a matt finish to reduce glare and/or reflection. |  |
| Is the keyboard separate from the screen?  Does the keyboard tilt?  Is it possible to find a comfortable keying position    Does the user have good keyboard technique?  Are the characters on the keys easily readable? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Matters To Consider** | **Y/N or NA** | **Possible Management Action if “No”** | **Actions/**  **Comments** |
| **3. Mouse, Trackball etc.** |  | If the user is having problems, try a different device – they are available in a variety of shapes and sizes. Touch screens may be better for some tasks but can be worse for others.  Most devices are placed as close as possible i.e. right beside the keyboard. Training may help prevent:   * arm overreaching * the user leaving their hand on the device when it is not being used * a relaxed arm and straight wrist   Support may be gained from the desk or chair arm. If not, a separate supporting device may help the user find a comfortable working position.  See if cleaning is required e.g. the mouse ball or rollers. Check the work surface is suitable. A mouse mat may be needed.  Train users to be able to adjust software settings. |  |
| Is the device suitable for the tasks it is used for?  Is the device positioned close to the user?    Is there support for the device user’s wrist and forearm?  Does the device work smoothly at a speed that suits the user?  Can the speed and accuracy of the pointer be adjusted by software settings? |
| **4. Software** |  | Ensure that the software enables the user to carry out the task required, minimises stress and is user-friendly. It should respond quickly & clearly to user input, with adequate help facilities such as clear help messages.  Train users how to use the software efficiently. |  |
| Is the software suitable for the task? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Matters To Consider** | **Y/N or NA** | **Possible Management Action if “No”** | **Actions/Comments** |
| **5. Furniture** |  | Create more room by moving printers, reference material etc. elsewhere.  If necessary, consider providing new power and telecom sockets so equipment can be moved.  There should be some scope for flexible arrangement.  Rearrange equipment, papers etc. to bring frequently used things within easy reach.  A document holder may be needed, positioned to minimise uncomfortable head & eye movements.  Consider mats or blotters to reduce reflections.  The chair may need repairing or replacing if the user is uncomfortable or cannot use the adjustment mechanisms.  Ensure that the user can carry out their work sitting comfortably.  Train the user in how to adopt suitable postures whilst working.  Ensure that the arms of chairs do not stop the user getting close enough to use the equipment comfortably.  Move any obstructions from under the desk. |  |
| Is the work surface large enough for all the necessary equipment, papers etc?    Can the user comfortably reach all the equipment & papers they need to use?  Are surfaces free from glare & reflection?  Is the chair suitable and stable?  Does the chair have a working:   * seat back height and tilt adjustment * seat height adjustment * swivel mechanism * castors or glides?   Is the chair adjusted correctly? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Matters To Consider** | | **Y/N or NA** | **Possible Management Action if “No”** | | **Actions/**  **Comments** |
| **5. Furniture (continued)** | |  | Adjust the backrest so that the user can sit with a straight back, supported by the chair, with relaxed shoulders.  Adjust the chair height to get the user’s arms in the right position, and then adjust the screen height, if necessary.  Provide a footrest if required. | |  |
| Is the small of the back supported by the chair’s backrest?  Are forearms horizontal and eyes at roughly the same height as the display screen?  Are feet flat on the floor without too much pressure from the seat on the backs of the legs? | |
| **6. Environment** | |  | Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be organised so that they are not a trip or snagging hazard.  Adjust light sources e.g. by adjusting window blinds or light switches.  Consider shading or repositioning light sources or providing local lighting e.g. desk lamps, but ensure that they do not cause glare.  Display screens may dry the air. Circulate fresh air if possible. Consider a humidifier if discomfort is severe.  Adjust the room temperature. More ventilation or air-conditioning may be required if there is a lot of electrical equipment in the room. Move users away from heat sources.  Consider moving sources of noise e.g. printers, photocopiers away from the user. If not, consider the use of dividers or screen around workstations to reduce noise. | |  |
| Is there enough room to change position and vary movement?  Is the lighting suitable i.e. not too bright or too dim to work comfortably?    Does the air feel comfortable?  Is the room temperature comfortable?  Are noise levels comfortable? | |
| DSE User’s Name: | | | Manager’s Name: | | |
| Signature: | | | Signature: | | |
| Date: | | | Date: | | |

|  |  |
| --- | --- |
| Noise Activities Register |  |

Person Conducting Survey………………………… Date…………….. Meter ID…………………. Calibration Date……………..

| Ref | Location - 1m from machine | Number of Employees Affected | Comments | Estimated Running time Hrs/day | A Freq | C Freq |
| --- | --- | --- | --- | --- | --- | --- |
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EVENT PLAN

Organisation:

**Event:**

**Date:**

**Contents**

1 Introduction

1.1 Purpose of event

1.2 Audience

2 Licences

3 Event contacts

4 Roles and responsibilities

4.1 Event Management matrix

4.2 Roles & Responsibilities

5 Communications

6 Site Preparation

6.1 Site Plan

6.2 Traffic Management

6.2.1 Road Closures

6.3 Power

6.4 Toilet

6.5 Cleansing

6.6 Noise control

7 Medical

8 Lost Children

9 Emergency Plan

9.1 General

9.2 Phase 1

9.3 Phase 2 - Evacuation

1. Contingency Plan
   1. Inclement Weather
   2. Road closure incidents
   3. Road surface Incident
   4. Lack of Marshalls to manage route
   5. Emergency on or during Parade

**Appendices**

Appendix A Event Risk Assessment

Appendix B Communications plan

Appendix C Event Schedule

Appendix D Duty Rota

Appendix E Security / Marshal Job description

**EVENT DESCRIPTION & TIMINGS**

**1.1 The Purpose of the Event**

## *1.2 Audience*

**2. LICENCES**

**(Licence applications in process)**

(Depending on the type of event it may be necessary to obtain further licenses and organisers are advised to contact the Council’s licensing team)

**3 EVENTS CONTACTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Description | Name | **Company / Department** | **Mobile** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
| Health & Safety Manager |  |  |  |  |
| Signage |  |  |  |  |
| Medical Provision  (Static spinney) |  |  |  |  |
| Medical Provisions  (Carnival Parade) |  |  |  |  |
| Radios |  |  |  |  |
| Head of Road closures |  |  |  |  |
| Lead Registration Volunteer |  |  |  |  |
| Lead Catering Volunteer |  |  |  |  |
| Bucket Collection Manager |  |  |  |  |
| Van driver |  |  |  |  |
| Van driver |  |  |  |  |
| Van driver |  |  |  |  |

4 ROLES & RESPONSIBILITIES

**4.1 Event Management Matrix**

Health & Safety Manager

Event Manager

Event Manager

Health & Safety Manager

Deputy Manager

Event Control Manager

First aid

Cleansing

Roving Marshalls

Static Marshalls

Lead Registration Volunteer

4.2 Roles & Responsibilities-Please note that all staff whilst on duty must:

Public

* not leave their place of work without permission;
* not consume or be under the influence of alcohol or other drugs;
* remain calm and be courteous towards all members of the public;
* be fit to carry out their allocated duties, aged 18 years and over, and while on duty they should concentrate only on their duties;
* Wear the approved dress code uniform in order to be identifiable.

|  |  |  |
| --- | --- | --- |
| **ROLE** | **NAME** | **RESPONSIBILITIES** |
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**5 COMMUNICATIONS**

**1. General**

|  |  |  |
| --- | --- | --- |
|  | * Emergency contact |  |
|  | * Emergency contact |  |
|  | * Emergency Contact |  |
|  | * Emergency Contact |  |
|  | * Emergency Contact |  |
|  | * Emergency Contact |  |
|  |  |  |

**2. Radio Communications**

**SITE PREPARATION**

## *Site Preparation*

* 1. **Route/Site Plan**

**See attached map**

**6.2 Traffic Management**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key** | **Location** | **Sign** | **Fixing** |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

6.2.1 Road Closure

**6.3. Power**

## *6.4 Toilet Provision*

**6.5 Cleansing**

**6.6 Noise Controls**

## *7 Medical Provision*

1. **Lost Children**

**9 Emergency Plan**

**9.1 General Responsibilities**

**9.2 Phase 1 Small Scale Incident**

**9.3 Phase 2 Evacuation**

## *10. Contingency Plan*

## *10.1 Inclement Weather Provision*

**10.2 Road closure Incident**

**10.3 Road surface incident**

**10.4 Lack of event marshals**

**10.5 Medical emergency during the parade**

**10.6 Emergency whilst procession is in session**

**APPENDIX A - EVENT RISK ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK ASSESSMENT**  **Assessed by:** **Date of Assessment :** | | | | |
| **IDENTIFY HAZARD** | **THOSE WHO COULD BE HARMED** | IDENTIFY EXISTING PRECAUTIONS | EVALUATE THE RISK | ACTION REQUIRED |
| Access to Electrical Equipment |  |  |  |  |
| Catering Areas |  |  |  |  |
| Capacity |  |  |  |  |
| Crowd management and public order issues |  |  |  |  |
| Exits / Means of Escape |  |  |  |  |
| Fire / Ambulance |  |  |  |  |
| Inclement  Weather |  |  |  |  |
| Legislation |  |  |  |  |
| Lighting /Power Failure |  |  |  |  |
| Missing Persons |  |  |  |  |
| Noise Consideration |  |  |  |  |
| Portable Electrical Appliances |  |  |  |  |
| Sanitary Provision |  |  |  |  |
| Site Design |  |  |  |  |
| Slopes / Stairs |  |  |  |  |
| Terrorism |  |  |  |  |
| Unauthorised access |  |  |  |  |
| Vehicular Incidents |  |  |  |  |
| Stall Holders |  |  |  |  |
| Venue Access |  |  |  |  |
| Waste Management |  |  |  |  |
| Welfare |  |  |  |  |

**WALK RISK ASSESSMENT**

| **IDENTIFY HAZARD** | **IDENTIFY THOSE WHO COULD BE HARMED** | IDENTIFY EXISTING PRECAUTIONS | EVALUATE THE RISK | ACTION REQUIRED |
| --- | --- | --- | --- | --- |
| Participant numbers exceeding estimates |  |  |  |  |
| Procession participant control |  |  |  |  |
| Route pinch points for participants |  |  |  |  |
| Traffic control |  |  |  |  |
| Serving points/  Public Houses |  |  |  |  |
| Weather – Excessive Heat / Cold / Rain |  |  |  |  |

# Fire Risk Assessment

**Assessment Area:**

**Date of Assessment:**

**Assessment undertaken by:**

Fire risks will be reduced by

* Use of trained volunteers
* LPG to be used in accordance with current guidance
* Power supply and distribution to be installed by qualified electrician only
* All working personnel used on site to be briefed on fire evacuation policy to enable them to take a proactive approach
* No pyrotechnic or special effects are to be used
* A detailed waste management & removal policy in place

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification of hazard | Who is at risk of harm? | Control measures already in place | Further control measures needed | Risk rating |
| **Sources of Ignition:**  - |  |  |  |  |
| - smokers materials e.g. cigarette butts, matches and lighters |  | - |  |  |
| - faulty or misused electrical equipment  - light fittings and lighting equipment |  | - |  |  |
| - deliberate ignition |  | - |  |  |
| * + natural phenomena e.g. lightning |  | - |  |  |
| - vehicles |  | - |  |  |
| **Sources of Fuel:**  - flammable liquids and solvents e.g. Cleaning products, disposable cigarette lighters, fuel for generators, paints, varnishes, adhesives etc. |  |  |  |  |
| - Displays and stands |  | - |  |  |
| - packaging materials , waste products litter etc. |  |  |  |  |
| - vegetation |  | - |  |  |
| - vehicles |  |  |  |  |
| **Sources of Oxygen:**  - High winds |  |  |  |  |
| **Other Issues**  Communication |  | - | - |  |
| Positioning of catering units |  |  |  |  |
| Access for Emergency Vehicles |  |  |  |  |
| Emergency Signage and lighting |  |  |  |  |
| Evacuation |  |  |  |  |

**Appendix C** - **EVENT SCHEDULE**

**Date: Prior to the Event**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Item** | **Responsible** | **To be completed by time/date** |
|  |  |  |  |
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|  |  |  |  |
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**Date: Sat 25th July 2015 - Event Day**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Item** | **Responsible** | **Comment** |
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**Date: After the Event**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Item** | **Responsible** | **To be completed by time/date** |
|  |  |  |  |
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APPENDIX D - DUTY ROTA

Example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OFFICER | Role |  |  | Saturday 25th |
|  |  |  |  |  |
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**APPENDIX E – SECURITY / MARSHAL JOB DESCRIPTION**

E1. Introduction

* The Event Control Manager will be responsible for the security of the sites throughout the event
* Staff will restrict access to controlled areas to authorised personnel only
* Roving marshals will immediately report any incidents within their group to the Event Control Manager who will decide whether further action is necessary

**E2. Register of Security Personnel**

* All marshals will be clearly visible through use of high-visibility jackets
* There will be a chain of command for crowd control and site supervision as follows:
* an Event Manager;
* an Event Control Manager
* a number of marshals, responsible for specific tasks, who report directly to the Event Control Manager
* Marshals will receive a copy of the Operating Brief from the Event Control Manager
* All other volunteers will receive a copy of the Operating Brief from their Lead Volunteer
* Marshals will be briefed before the event, particularly about communicating with others in the event of an emergency situation

**E3. Conduct of Marshals**

* All marshals need to be fit to carry out their allocated duties, aged 18 years and over, and while on duty they should concentrate only on their duties and not on other matters.
* Marshals understand that they should:
* not leave their place without permission
* not consume or be under the influence of alcohol or other drugs
* remain calm and be courteous towards all members of the public
* All marshals will wear a high-visibility jacket in order to be identifiable

**E4. Competency of Marshals**

* Duties and competencies of Security Staff include:
* understanding their general responsibilities towards the health and safety of all categories of the public (including children and those with special needs), other marshals and volunteers and themselves
* carrying out event safety checks
* being familiar with the layout of the site and able to assist the public by giving information about the available facilities including first aid, toilets, water, welfare and facilities for people with special needs, etc
* manning strategic points e.g. the road junctions or their specific group of walkers
* controlling or directing the public who are entering or leaving the event
* recognising crowd conditions to ensure the safe dispersal of the public and the prevention of overcrowding
* assisting in the safe operation of the event by keeping exits and emergency routes clear at all times
* investigating any disturbances or incidents
* ensuring that combustible refuse does not accumulate
* responding to emergencies (such as the early stages of a fire), raising the alarm and taking the necessary immediate action
* being familiar with the arrangements for evacuating the public, including coded messages and undertaking specific duties in an emergency
* Communicating with the Event Control Manager in the event of an emergency

## *E5. Terrorist / Bomb Threat*

Whilst no specific threat has been identified, an increased level of awareness is now necessary, with the current threat level set at substantial. Any specific threats will be confirmed with the police. In general the following measures will be put in place.

* All Staff but especially security should be aware of what is going on around them:
* Should the item be there?
* Can it be accounted for?
* Is it out of place?

**In the event of suspicious items being discovered the 5 Cs and 5 Ws will be applied.**

**5Cs**

**Confirm**  How long has item been there/Has anyone been seen with it/Has it been moved?

**Clear** Clear the area immediately.

**Cordon** Cordon off the area.

**Control**  Control the cordon effectively.

**Check**  For secondary hazards or devices.

**5Ws**

**What is it** Describe the item/size etc

**Where is it** Exact location of item and any access route.

**When** When was it found/has it been moved?

**Why**  Why is the item suspicious?

**Who** Who found it/Who are the targets/Who are the witnesses?

**Minimum Cordons**

Letter size/small parcel Minimum 100 metres

Suitcase/Holdall Minimum 200metres

Vehicle Minimum 400 metres