|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Accident, IncidentInvestigation |
| Name of person completing this form(print name) |  |
| Accident, incident details |
| Date of accident,incident: |  | Time of accident,incident: |  |
| Location: |  |
| A brief description of the activity: |  |
|  |
| Injured Persons Details |
| Name of employee: |  |
| Employee reference number: |  |
| Home address: |  |
| Contact telephone number: |  |
| Nature of injury/damage: |  |
|  |
| Details of witnesses |
| 1 | Print name |  |
| 2 | Print name |  |
| 3 | Print name |  |
|  |
| RIDDOR |
| Is this reportable? | Yes |  | No |  |
| Has this been reported? | Yes |  | No |  | N/A |  |
|  |
| Details |
| Explain how the accident, incident occurred: |  |
| What were the immediate causes? |  |
| What were the underlying causes? |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Training and competence | Yes | No |
| Were risk assessments prepared for this activity?* They may need to be reviewed.
 |  |  |
| Were the risk assessments communicated?* Assess the need for retraining.
 |  |  |
| Were safe procedures being followed?* Assess the need for a review.
 |  |  |
| Has training or a briefing been previously undertaken for this task, situation? |  |  |
| Was the person fit and able to perform the task or activity being completed? |  |  |
|  |
| Comments |
|  |
|  |
| Action taken to prevent reoccurrence | Date and initials |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  |
| Additional details |
| Witness Statements attached? | Yes |  | No |  |
| Are photographs attached? | Yes |  | No |  |
| Have insurers been informed? | Yes |  | No |  |
|  |
| Details of the person completing this statement |
| Name (please print) |  |
| Signature: |  |
| Date: |  |
|  |
| Data protection |
| The person completing this form should ensure that they treat any personal data collected during the accident report, witness statements and any other associated documentation containing personal data, particularly health data, in accordance with the organisation’s data protection policy / policy on processing special categories of personal data. In addition, they should adhere to how data is used and which third parties it can be shared with, as per theemployee privacy notice. |

|  |  |
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| A picture containing text, ceramic ware, porcelain  Description automatically generated | Display Screen EquipmentChecklist |
|  | Yes | No |
| Have assessments been carried out of all workstations/ users? |  |  |
| Is the prolonged use of laptops without separate keyboard, screen,mouse etc. avoided? |  |  |
| If the assessments are carried out as ‘self-assessments’ are these eitherconducted by users following a training programme, or backed up by on the ground checks by a trained workstation assessor? |  |  |
| Have Line Managers followed up on actions arising from workstationassessments? |  |  |
| Is there a schedule to ensure that workstation assessments are reviewed regularly (e.g. annual or biannual) and also if there arechanges in the matters to which the assessment relates, e.g. office moves? |  |  |
| Are workstation assessments reviewed as part of a pregnant workerassessment process? |  |  |
| Are users provided with appropriate health and safety training regardingDSE use including advice on mobile working where applicable? |  |  |
| Have the users been trained in use of the software packages they areexpected to use? |  |  |
| Are 'users' informed of how to obtain eye and eyesight tests and arethese provided or reimbursed on request? |  |  |
| Where required, are spectacles provided by the employer to correct vision defects at the viewing distance(s) used for the display screenwork? |  |  |
| Do sickness records reveal absences due to soreness or tenderness ofthe fingers, wrists, elbows, back, legs or arms associated with DSE use? |  |  |
| Do staff know who to report to, if they suspect they have ill healthsymptoms which are work related? |  |  |
| Do staff take regular breaks away from the screen (this includes carryingout non-DSE tasks)? |  |  |
| Is the working environment comfortable for users including control over excessive noise distraction, suitable lighting, the avoidance of glare, reasonable temperature and ventilation and sufficient space forthe tasks in hand? |  |  |

|  |
| --- |
| Comments |
|  |
| Managers Name |  | Signature |  |
| Date |  | Time |  |

|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Health & Safety Acceptance |
| Employee Name: |  | Date: |  |
| Our Duty and ResponsibilityWe fully accept our health and safety duties and responsibilities. We have in place an effective safety management system to protect employees and others from harm. Any information, training, procedures or equipment needed to enable an employee to work safely is provided.Your Duty as an EmployeeAs 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 us.
* To not 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 your own acts and your omissions. Employee AcceptanceI have read the health and safety policy statement 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 |  |
| Employee Signature |  |
| Date |  |

Please ensure this form is completed and returned.

|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Health & Safety Induction |
| Employee Name: |  | Date: |  |
|  |
| Serial Number | Action | Key Points | Completed |
| Yes | No |
| 1. | Tour of Workplace | A tour of the building and proposed area of work has been conducted. |  |  |
| 2. | Significant Hazards | During the tour information was passed on regarding significant hazards particular to the workplace. |  |  |
| Hand tools, chemicals, fumes, fire, work equipment, knives, waste products, forklift, welding, machinery. |  |  |
| 3. | Fire Safety | Information was provided including:* The alarm and sounding the alarm.
 |  |  |
| * Routes and exits.
 |  |  |
| * Firefighting appliances.
 |  |  |
| * Assembly location.
 |  |  |
| * Role of the Marshals.
 |  |  |
| 4. | First Aid and Accident Reporting | Information was provided including:* Location of first aid box.
 |  |  |
| * Where and how to summon help.
 |  |  |
| * Accident/incident reporting.
 |  |  |
| 5. | Welfare Facilities | Information was provided including:* Location of toilets and hand wash facilities.
 |  |  |
| * Employee rest room and facilities, including tea/coffee

making etc. |  |  |
| * Changing facilities.
 |  |  |
| Managers Name |  | Signature |  |
| Date |  | Time |  |

|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Health & Safety Information for Contractors |

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

Health and safety regulation requires information to be given to contractors working on our premises. 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 Subcontractor Pre-Qualification Questionnaire.
* Check whether a risk assessment is required.
* Detail welfare facilities.
* Explain key site hazards – e.g. workshop equipment, noise, forklifts, welding, yard vehicle movements.

I confirm that I have 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 |  | Signature |  |
| Date |  | Time |  |
| Company Name |  |

###### This form to be retained for reference in the site records

|  |  |
| --- | --- |
| A picture containing graphical user interface  Description automatically generated | Incident Log |
| Incident Number |  | Date & Time |  |
| Employee |  | Manager |  |
| Brief description of what happened. |  |
| Why did this occur? |  |
| Immediate action taken. |  |
| Follow up action taken. |  |

|  |  |
| --- | --- |
| What further action is required to ensure this does not happen again? |  |
| Any training – toolbox talks required?- Please Detail |
|  |
| Risk assessment reviewed? |
| Yes | No | Date |  |
|  |  |
| All actions completed? |
| Yes | No | Signature: Date: |
|  |  |

Pass this form to the office.

|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Young Person’s Risk Assessment |
| Employee Name |  | Date |  |

|  |  |
| --- | --- |
| Job title: |  |
| Description of duties: |  |
| Date of assessment: |  |
| Name of assessor: |  |

|  |  |  |
| --- | --- | --- |
| 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.
 |  |  |

|  |  |  |
| --- | --- | --- |
| 4. Has information and instruction been provided to the young person on: | Yes | No |
| * 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.
 |  |  |
| * 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 beencommunicated 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 inconjunction 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 the 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.

|  |  |
| --- | --- |
| A picture containing calendar  Description automatically generated | New and Expectant Mothers Assessment |
| Employee Name |  | Date |  |
| Employee Signature |  |

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 prepared by: |  |
| Signature: |  |
| Is this the first NEM assessment for this pregnancy? | Yes | No |
|  |  |
| Has the NEM named above taken part in this assessment? | Yes | No |
|  |  |
| 1 - Movement and Posture | Yes | No | N/A | Control Measures |
| Does the job involve awkward twisting or stretching |  |  |  |  |
| Does the woman have to stand forperiods 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 tohold? |  |  |  |  |
| 3 - Protective equipment and uniforms | Yes | No | N/A | Control Measures |
| If the woman needs to wear protectiveaprons/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 childbearing age?If yes to above, are pregnant workers kept away from work that couldincrease 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 workbetween 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 exampledealing 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 womanhas about her own pregnancy? |  |  |  |  |
| 7 - Extreme Cold or Hat | 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 againstthe cold is it suitable for the pregnant worker? |  |  |  |  |
| Is the worker exposed to cold draughts even when the average temperature isacceptable? |  |  |  |  |
| Are there arrangements for sufficient breaks and access to hot/cold drinks? |  |  |  |  |
| 8 - Work at Height | 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 fora 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 examplesecurity work, single employees in a petrol station)? |  |  |  |  |
| Is there always support at hand to helpany employee who may be threatened or abused by customers? |  |  |  |  |
| Are managers and supervisors aware ofthe 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 providedeasy 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): |

Data Protection

The organisation treats personal data collected during risk assessments in accordance with its data protection policy / policy on processing special categories of personal data. Information about how data is used and the basis for processing the data is provided in the organisation’s employee privacy notice.

|  |  |
| --- | --- |
| A picture containing graphical user interface  Description automatically generated | Individual Training Record |
| Employee Name |  | Date Record Started |  |
| Employee Number |  | Department |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Training Completed | Provided By | Supervisor’sConfirmation |
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| --- |
| Training Courses Needed / Desired |
| Course | Needed | Desired |
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Data Protection

The organisation treats personal data collected during risk assessments in accordance with its data protection policy / policy on processing special categories of personal data. Information about how data is used and the basis for processing the data is provided in the organisation’s employee privacy notice.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature |  | Date |  |
| Managers Signature |  | Date |  |
| Review Date (3 months max) |  |

|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Work Equipment Register |
| Date |  | Significant Non-electrical – e.g. ladders, podiums, towers, sack trucks, etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Location | ID Number | Initials |
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| A picture containing text, ceramic ware, porcelain  Description automatically generated | Training Matrix |
| name of Employee | HEALTH AND SAFETY INDUCTION | HEALTH AND SAFETY AWARENESS | RISK ASSESSMENT AND METHOD STATEMENT AWARENESS | IOSH MANAGING SAFELY | ACCIDENT INVESTIGATION | FIRE WARDEN | PORTABLE FIREFIGHTING EQUIPMENT | MANUAL HANDLING | LADDERS AND STEPLADDERS | COSHH | WORK EQUIPMENT | ASBESTOS AWARENESS | DISPLAY SCREEN EQUIPMENT | EMERGENCY FIRST AID | FIRST AID |  |  |  |  |  |
| DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| A picture containing text, ceramic ware, porcelain  Description automatically generated | Year Planner |

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|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| January |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| February |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| March |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| April |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| May |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| June |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| July |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| August |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| September |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| October |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| November |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| December |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| A | Fire Extinguishers Monthly Check | M | Review of Training Needs and Records | Y |  |
| B | Fire Extinguishers Annual Service | N |  | Z |  |
| C | Fire Drill (At least every 6-months) | O |  | AA |  |
| D | Fire Alarm Tests | P |  | BB |  |
| E | Emergency Lighting Annual Service | Q |  | CC |  |
| F | Emergency Lighting Monthly Test | R |  | DD |  |
| G | Portable Appliance Testing | S |  | EE |  |
| H | Annual Gas Boiler Safety Check | T |  | FF |  |
| I | Employer's Liability Insurance | U |  | GG |  |
| J | Monitoring Inspections (as per H and S General Policy) | V |  | HH |  |
| K | Annual Review of Safety Policy | W |  | II |  |
| L | Review Risk Assessments, COSHH and Fire | X |  | JJ |  |

|  |  |
| --- | --- |
| A picture containing text, ceramic ware, porcelain  Description automatically generated | Hazardous Substance Inventory Sheet |
| 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). |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Substance Name | Supplier | Used For | Location Stored | Approx. Amount Held on Site | Date of Safety Data Sheet | Risk Numbers and Phrases | Hazard Classification | Assessment Required Yes/No | Risk Assessment Number |
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