

# **TEAM Safety Services Ltd**

## **Health & Safety Health Check**

If you have any questions regarding the health and safety health check please contact:

**Ellis Arnett**

**Office: 01582 794968**

**Email [ellisarnett@teamsafetyservices.com](mailto:ellisarnett@teamsafetyservices.com)**



**Chartered Safety and  
Health Practitioner**

**OSHC**  
Registered Consultant

**Please return to:**

**Health Check Questionnaires.  
TEAM Safety Services Ltd,  
9 Crouch Hall Gardens,  
Redbourn,  
Herts. AL3 7EL.**

## Guidance on Completing the Health Check.

The health check enables you to provide details on your health, safety, welfare and fire management systems for TEAM Safety Services Ltd to assess.

TEAM Safety Services Ltd are committed to help improve company's health and safety performance. This assessment enables us to look into your health and safety systems and provide positive feedback to help ensure your organisation is complying with your legal obligations.

The self assessment must be a true reflection of the working environment. This will enable us to provide realistic and proportional advice/guidance.

The self assessment follows a series of 22 sets of questions which will help us to identify what type of health and safety risks are found in your premise and how well they are being managed. We will provide you with feedback and possible solutions to ensure a healthier and safer working environment.

If any of the questions do not comply with your business practices please place a N/A in that section.

The table below outlines either general information relating to the subject or provides details of the relevant legislation.

Section	Advice/Legislation
1	Management of Health & Safety at Work Regulations 1999
2	Health & Safety (Information for Employees) Regulations 1989
3	Employers' Liability (Compulsory Insurance) Act 1969
4	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
5	Health & Safety (First Aid Regulations) 1981
6	Workplace (Health, Safety & Welfare) Regulations 1992
7	Management of Health & Safety at Work Regulations 1999
8	Regulatory Reform (Fire Safety) Order 2005
9	Electricity at Work Regulations 1989
10	Display Screen Equipment Regulations 1992
11	Control of Substances Hazardous to Health Regulations 2002 (as amended)
12	Manual Handling Operations Regulations 1992
13	Lifting Operators and Lifting Equipment Regulations 1998
14	Control of Asbestos Regulations 2006
15	Workplace (Health, Safety & Welfare) Regulations 1992
16	Health and Safety at Work etc Act 1974
17	Work at Height Regulations 2005 Provision and Use of Work Equipment Regulations 1998
18	Management of Health & Safety at Work Regulations 1999
19	Workplace (Health, Safety & Welfare) Regulations 1992
20	Health and Safety at Work etc Act 1974
21	Health and Safety at Work etc Act 1974
22	Health and Safety at Work etc Act 1974

## Premise Details and Contact Information

Name of premises						
Address including postcode						
Telephone number						
Fax number						
E-mail						
Mobile						
Full name of person / persons completing the health check.						
Describe the type of Business and main processes.						
Number of staff - Average	<b>Full time</b>	<b>Part time</b>	<b>Self-employed</b>	<b>Under 18</b>	<b>Contractors</b>	<b>Total nos.</b>
Male						
Female						
Do you employ anyone under the age of 16 years?					<b>Yes</b>	<b>No</b>
Total Number of visitors or residents	<b>Total number of Residents</b>			<b>Average number of Visitors</b>		
Name of person responsible for health and safety						
Job title						
Date of last health and safety Audit or Inspection.						

## General

**Note:** *Guidance on the answers is completed in italic text*

DOCUMENTATION				
<b>1</b>	Do you have an up to date health and safety policy? <b>Please detail the last review date.</b>	<b>Yes</b>	<b>No</b>	
	<i>A health and safety policy is a legal requirement if you have five or more staff.</i> If so, how is this brought to the attention of your staff? <i>Your policy should be posted on a notice board and/or raised at induction training</i>			
<b>2</b>	Do you have a health and safety at work poster on display?	<b>Yes</b>	<b>No</b>	
	Has it been completed with the relevant enforcing authority details? <i>If you are not sure what these are please contact us</i>	<b>Yes</b>	<b>No</b>	
<b>3</b>	If you hold a copy of your Employers' Liability insurance cover, please provide your insurer's name and the policy expiry date			
FIRST AID				
<b>4</b>	Do you have an accident book?	<b>Yes</b>	<b>No</b>	
	Are accident records filed?	<b>Yes</b>	<b>No</b>	
	Do you have a system in place for reporting accidents to the Incident Contact Centre, as required under RIDDOR 1995?	<b>Yes</b>	<b>No</b>	
<b>5</b>	Please confirm how many fully stocked first aid kits you have available			
	Are the contents in date?	<b>Yes</b>	<b>No</b>	
	Do you have any trained first aiders employed at your premises? <i>Please detail if these have attended the Full HSE first aid at work (3 days) or the HSE emergency first aider (1 day)</i>	<b>Yes</b>	<b>No</b>	
WELFARE				
<b>6</b>	Do you have adequate:- Heating	<b>Yes</b>	<b>No</b>	
	Lighting	<b>Yes</b>	<b>No</b>	
	Ventilation throughout your premises?	<b>Yes</b>	<b>No</b>	
	Please state the number of staff sanitary facilities available: <div style="text-align: right;">WCs - Male</div> <div style="text-align: right;">WCs - Female</div> <div style="text-align: right;">Disabled</div>			
Do you have a sink in addition to the wash basin in the WC area(s)?	<b>Yes</b>	<b>No</b>		
Do you have a staff rest room/canteen area?	<b>Yes</b>	<b>No</b>		

## Health & Safety Risks

**Note:** *Guidance on the answers is completed in italic text*

<b>RISK ASSESSMENT</b>			
<b>7</b>	Have you carried out any site specific risk assessments? <i>A risk assessment is an assessment of any hazards; the likelihood that hazard may cause harm and detailing suitable controls to reduce the risk.</i>	<b>Yes</b>	<b>No</b>
	If yes what was assessed.		
	Date of last assessment		
	Do you have copies of company generic risk assessments?	<b>Yes</b>	<b>No</b>
	Are employees made aware of these risk assessments?	<b>Yes</b>	<b>No</b>
<b>FIRE</b>			
<b>8</b>	Do you have a Fire Risk Assessment for your premise? If <b>Yes</b> please state the date it was completed or reviewed.	<b>Yes</b>	<b>No</b>
	Have suitable actions been taken from the fire risk assessments observations and recommendations?	<b>Yes</b>	<b>No</b>
	State the date your fire alarm system was inspected and by whom		
	State the date your emergency lighting was inspected and by whom		
	State the date your fire extinguishers were serviced and by whom		
	State the date your smoke ventilation system was inspected and by whom		
	Have you carried out weekly fire alarm tests	<b>Yes</b>	<b>No</b>
	Have you carried out weekly inspections of fire extinguishers	<b>Yes</b>	<b>No</b>
	Have you carried out monthly checks on emergency lighting	<b>Yes</b>	<b>No</b>
	Have you carryout month checks on fire doors including self-closers	<b>Yes</b>	<b>No</b>
	Are your fire exits clearly signed	<b>Yes</b>	<b>No</b>
	Are fire escape routes clear from obstruction	<b>Yes</b>	<b>No</b>
	Are fire risks adequately controlled	<b>Yes</b>	<b>No</b>
	When was your last fire drill completed? How long did a full evacuation take?		
	Is your fire log book up to date and well organised?	<b>Yes</b>	<b>No</b>
	When did your staff last receive fire training?		

<b>ELECTRICITY</b>			
<b>9</b>	When was PAT testing last completed on site?		
	Do you visually inspect your electrical equipment for obvious damage on a regular basis?	<b>Yes</b>	<b>No</b>
	If <b>Yes</b> please state the date of the last inspection		
	When was the mains electrical installation (fuses, sockets etc) last inspected by a competent person?		
<b>DISPLAY SCREEN EQUIPMENT</b>			
<b>10</b>	Do any of your employees use display screen equipment (Computers etc)? <i>If No move to section 11</i>	<b>Yes</b>	<b>No</b>
	Do these employees regularly use display screen equipment?	<b>Yes</b>	<b>No</b>
	Do any staff use display screen equipment for more than an hour continuously in their working day?	<b>Yes</b>	<b>No</b>
	Do you provide free eye tests to those who use display screen equipment for more than an hour continuously in their working day?	<b>Yes</b>	<b>No</b>
	Have you carried out workstation risk assessments?	<b>Yes</b>	<b>No</b>
<b>COSHH</b>			
<b>11</b>	Do you or any of your staff use any substances labelled: Irritant    Harmful    Corrosive    Toxic    Flammable	<b>Yes</b>	<b>No</b>
	If <b>Yes</b> have you obtained the Chemical Safety data Sheets for any of these products from your supplier?	<b>Yes</b>	<b>No</b>
	Have you carried out a risk assessment on the substances used or stored?	<b>Yes</b>	<b>No</b>
	Are there any biological hazards associated with your business? e.g. potential contact with bodily fluids, pathogenic bacteria or sewage	<b>Yes</b>	<b>No</b>
	Is your risk assessment recorded	<b>Yes</b>	<b>No</b>
<b>MANUAL HANDLING</b>			
<b>12</b>	Do any of your staff undertake manual handling activities? <i>This includes carrying, lifting, pushing, pulling</i>	<b>Yes</b>	<b>No</b>
	Have you carried out risk assessments of any manual handling activities?	<b>Yes</b>	<b>No</b>
	Do work activities involve lifting or repetitive activities?	<b>Yes</b>	<b>No</b>
	Do you have suitable work equipment to reduce manual handling e.g. trolleys, roll cages, sack trucks?  <i>Please indicate what equipment you use</i>		

<b>MACHINERY / LIFTS</b>				
<b>13</b>	Does your business use any of the following mechanical devices? <i>Please circle:</i>  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Passenger lift</span> <span>Goods lift</span> <span>Hoist/Dumb waiter</span> </div>	<i>Please record here any other equipment you use</i>		
	Are your mechanical lifting device/s examined at regular intervals by a competent person?  <i>This will be in addition to any regular servicing contracts or arrangements you have in place</i>	<b>Yes</b>	<b>No</b>	
<b>ASBESTOS</b>				
<b>14</b>	Has an asbestos survey been conducted of the workplace?	<b>Yes</b>	<b>No</b>	
	Did the survey identify asbestos in the workplace?	<b>Yes</b>	<b>No</b>	
	If identified, what measures have been taken to control the risk from asbestos?			
<b>OUTSIDE SPACES</b>				
<b>15</b>	Does your premise have a car park or delivery yard? If so:-	<b>Yes</b>	<b>No</b>	
	Are all surfaces firm and even?	<b>Yes</b>	<b>No</b>	
	Is every effort made to separate pedestrians from vehicles?	<b>Yes</b>	<b>No</b>	
	Is there an effective one way system for HGVs and LGVs?	<b>Yes</b>	<b>No</b>	
<b>WORK VEHICLES</b>				
<b>16</b>	Do you have any work vehicles? If so, please specify type and number			
	Are drivers trained?	<b>Yes</b>	<b>No</b>	
	Is there active supervision of driver behaviour?	<b>Yes</b>	<b>No</b>	
<b>LADDERS AND STEPS</b>				
<b>17</b>	Do you use ladders, step ladders or step stools?	<b>Yes</b>	<b>No</b>	
	If <b>Yes</b> , are they well maintained, inspected regularly with records kept?	<b>Yes</b>	<b>No</b>	
	Are staff trained or instructed in their correct use?	<b>Yes</b>	<b>No</b>	
	Are access points to all fragile roofs marked?	<b>Yes</b>	<b>No</b>	

## Health & Safety Risks continued

<b>STRESS</b>			
<b>18</b>	Do you have a policy for dealing with stress at work?	<b>Yes</b>	<b>No</b>
	Are employees aware of any measures you have introduced to control work related stress?	<b>Yes</b>	<b>No</b>
	Do you have support systems in place for staff suffering from ill health?	<b>Yes</b>	<b>No</b>
<b>SLIPS, TRIPS AND FALLS</b>			
<b>19</b>	Do you control work activities to minimise floor contamination with, e.g. water, oil or food?	<b>Yes</b>	<b>No</b>
	Are spillages promptly and effectively cleaned up?	<b>Yes</b>	<b>No</b>
	Do you have suitable flooring especially in areas of high slip risk?	<b>Yes</b>	<b>No</b>
	Do your staff wear appropriate footwear in areas of high slip or trip risk?	<b>Yes</b>	<b>No</b>
	Are anti-slip surfaces, mats or grids provided where necessary?	<b>Yes</b>	<b>No</b>
	Are floors free from holes and are gangways well marked?	<b>Yes</b>	<b>No</b>
	Are access routes kept free from trip hazards, e.g. trailing cables, tools?	<b>Yes</b>	<b>No</b>
	Are all stairs well constructed and fitted with handrails?	<b>Yes</b>	<b>No</b>

## Training, Instruction & Supervision

<b>20</b>	Do you provide induction training in health and safety for new employees?	<b>Yes</b>	<b>No</b>
	Is the training recorded?	<b>Yes</b>	<b>No</b>
	<i>It is recommended that individual training records are kept</i>	<b>Yes</b>	<b>No</b>
	Have any of your staff received training in how to do health and safety risk assessments?	<b>Yes</b>	<b>No</b>
	Please describe any specific health and safety training that is provided to your staff  <i>Include anything you feel might be relevant e.g. risk assessment, use of equipment, manual handling, fire and emergency</i>		
<b>21</b>	Have you briefed staff on the outcome of your risk assessments?	<b>Yes</b>	<b>No</b>
	If <b>Yes</b> , please described how this was done.		

<b>22</b>	Do you provide health and safety instructions to staff on key health and safety issues?	<b>Yes</b>	<b>No</b>
	If <b>Yes</b> , in what format are these instructions, e.g. one-to-one sessions, via PC, written rules?		

## Declaration

### To be signed by the person completing the check list

I, the undersigned, certify that to the best of my knowledge and belief, the answers and details given in the attached questionnaire are true and accurate in respect of the premise identified.

**Premise** (please print) .....

**Signature** .....

**Name** (please print) .....

**Date** .....

**Questions and/or comments:**

The information contained within this document is not an exhaustive checklist of your health and safety responsibilities and obligations. Nor is this document intended, either expressly or by implication, to act as an exhaustive checklist of the legislation to which it refers. Accordingly TEAM Safety Services Ltd accepts no responsibility for any failure directly or indirectly connected to your health and safety arrangements.

### To be completed by TEAM Safety Services Ltd

Inspected by:

Date:

Signature:

Inspectors Observations and recommendations	Section