



THE HEALTH & SAFETY AT WORK ETC. ACT 1974 SELF-ASSESSMENT QUESTIONNAIRE

Premises' Details – To be completed by the Proprietor

Trading Name: _____	
Address: _____	
Postcode _____	Tel. No. _____ Fax No. _____ E-mail _____
Name of Manager: _____	
Company Name (if different from trading name): _____	
Head Office: _____	
HO Contact Name and Tel. No.: _____	
Number of employees at this premises:	Full-time: M _____ F _____ Part-time: M _____ F _____
Are any employees under 18? If so, how many? _____	
Opening hours: _____	

OFFICE USE ONLY					
File Ref. No.:		Inspector:		Date:	
HEALTH AND SAFETY ASSESSMENT:					
Dangerous equipment/Chemical codes					
Accident /Complaints' history					
RISK CATEGORY	RATING	WEIGHTING	TOTAL	ADDITIONAL INFORMATION	
Safety Hazard		6			
Health Hazard		6			
Safety Risks		9			
Health Risks		9			
Welfare		5			
Public Risk		10			
Confidence in Management		10			
		TOTAL			

All leaflets can be obtained from the Health & Safety Executive (HSE), P. O. Box 1999, Sudbury, Suffolk, CO10 2WA. Tel. 01787 881165. Fax 01787 313995. Website www.hsebooks.co.uk

Health & Safety Management

Do you have a written Health & Safety Policy Statement?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, what is the date it was written (or the date of the last review)? _____		
Is the Health & Safety Policy Statement supplemented with a written health and safety manual or procedural guide?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, is a copy provided and available to all staff?		
	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "Introduction to Health & Safety".</i>		

Health & Safety (Consultation with Employees) Regulations 1996

Do you have a safety representative(s)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
What is the name of the Safety Representative(s)? _____		
Are they suitably qualified?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are employees, safety representatives and trade union representatives (if any) consulted on health and safety matters?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have a health and safety committee?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, who is the chairperson? _____		
How often does the committee meet? _____		
<i>Further information can be obtained in the leaflet, "Consulting Employees on Health & Safety: A Guide to the Law".</i>		

Training

Do you provide health and safety induction training for all staff, including temporary staff?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Who is responsible for health and safety training? _____		
Are they suitably qualified?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are training records kept?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, are they up to date and available at the branch for inspection?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "5 Steps to Information, Instruction and Training".</i>		

Health & Safety (Information for Employees) Regulations 1989

Is a copy of the health and safety, "What You Should Know" poster displayed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, state where: _____		
Are the relevant information boxes on the poster duly completed?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Risk Assessment

Who in the company is responsible for carrying out Risk Assessment at these premises?		
How often is risk assessment reviewed? _____		
What was the date of the last review? _____		
Are you aware of the significant findings of the assessments and reviews?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is a written copy of the significant findings of the assessments available on the premises?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you satisfied that the assessments are adequate with regard to the risks to:		
Employees:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Young persons (under 18's);	<input type="checkbox"/> Y	<input type="checkbox"/> N
New and expectant mothers;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Members of the public;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Contractors;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Solitary/Lone workers (cleaners, security, etc.).	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "5 Steps to Risk Assessment".</i>		

Workplace Safety

Floors – surface even and free from tripping hazards?	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Floor coverings in good condition and well secured?	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Steps obvious or highlighted?	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Handrails provided to steps/stairways?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Glazing – is all glass where necessary of a safety material or protected?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are large expanses of glass highlighted to draw attention to them and prevent accidental collision?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do doors open/swing safety so as not to pose a danger to others?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are window openings restricted to prevent a person falling through?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is lighting adequate to allow people to work and move around quickly?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be found in the leaflets, "Workplace Health, Safety and Welfare. A Short Guide for Managers" and "Workplace Health and Safety; Glazing".</i>		

Welfare

How many toilets are available?		
Staff toilets _____	Customer toilets _____	Disabled toilets _____
Are hand washing facilities provided with hot water?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is ventilation adequate to ensure stale air is replaced at a reasonable rate?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, is this achieved by:		
Natural means;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mechanical ventilation;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Air conditioning.	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is the workplace temperature maintained at 16°C or above?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is a room temperature thermometer provided?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is seating suitable and sufficient with adequate support for the back and legs?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained from the leaflet, "Workplace Health, Safety and Welfare. A Short Guide for Managers".</i>		

Stress

Do you consider that reasonable steps are taken to ensure work pressures are not excessive?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there a system in place to allow workers to regularly discuss and review workloads and targets providing them with an opportunity to be involved in the planning and organisation of their tasks?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "Help on Work Related Stress. A Short Guide".</i>		

Working Time Regulations

Do any workers regularly work over 48 hours per week?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, have they agreed in writing (opted out) to work more than 48 hours?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are any workers required to work for more than 6 hours at a stretch?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, can workers take their statutory rest break away from excessive disturbances, i.e. contact with the public or telephones?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained from the leaflet, "A Short Guide to the Working time Regulations".</i>		

Smoking Policy

Has a smoking policy been introduced?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Briefly outline the rules relating to smoking on the premises.		
Is a smoke-free rest facility provided in which staff can take breaks, eat lunch, etc.?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "Passive Smoking at Work".</i>		

First Aid

Is a First Aid kit(s) provided?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, state where located:		
Does the First Aid kit(s) contain adequate first aid materials having regard to the hazards present and the injuries most likely to occur?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have any trained 'first aiders'?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, how many? _____		
Do you have any 'appointed persons'?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, how many? _____		
Is the First Aid kit regularly checked and replenished, as necessary?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, how often and by whom? _____		
<i>Further information can be obtained in the leaflet, "First Aid at Work: Your Questions Answered".</i>		

Accident Reporting

Is an accident book used to record all incidents, accidents and injuries?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, is it regularly reviewed to identify trends or matters requiring further investigation?	<input type="checkbox"/> Y	<input type="checkbox"/> N
How often and by whom? _____		
Are you aware of the requirement to report certain injuries to the Local Authority under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Who is responsible for reporting such incidents? _____		
<i>Further information can be obtained from the leaflets, "RIDDOR Explained" and "RIDDOR Reporting: Information about the New Incident Centre".</i>		

Manual Handling Operations

Has an assessment been carried out as required by the regulations to determine the risks present during work activities involving the lifting, pushing, pulling or carrying of items?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have staff been trained in safe lifting techniques?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Where appropriate, have mechanical aids been provided to reduce manual handling?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "Getting to Grips with Manual Handling. A Short Guide for Employers".</i>		

Work at a Height

Is there a safe access and safe systems of work to enable workers to safely reach items stored at high levels?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there a safe access and safe systems of work to enable high level work, i.e. window cleaning, general maintenance, etc., to be carried out safely?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has a safe means of access to any high-level work platforms, mezzanines, etc., been provided?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are high-level work platforms, mezzanines, etc., adequately guarded to prevent a person falling from a height?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If ladders/step ladders are used, are they the most appropriate equipment for access or place of work, given the circumstances (including duration of the job)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Would it be safer to use other work equipment, e.g. tower scaffolds?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are ladders/step ladders and other access equipment well maintained and inspected regularly?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have all fragile materials (e.g. asbestos, cement roofs, plastic sheets, roof lights, etc.) been identified and have suitable precautions been identified for any work on or near the materials, to prevent inadvertent access onto them?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are warning signs fixed at the approach to fragile roofs when access is needed or foreseeable, e.g. cleaning valley gutters?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Further information can be obtained in the leaflet, "The Work at Height Regulations 2005".		

Slips and Trips

Has an assessment been undertaken to identify areas or activities that could create slip and trip hazards?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are floors and walkways in good condition and free from obstructions?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are all floor coverings, rugs and mats secured?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are all cables routed so as to eliminate tripping hazards?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there a procedure in place to ensure spillages are cleaned up immediately?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are appropriate signs used to warn people if floors are wet?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are floor markings used to highlight slopes and changes in levels?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there a policy in place to ensure workers wear appropriate footwear for the conditions in which they work?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Further information can be obtained in the leaflet, "Preventing Slips, Trips and Falls at Work".		

Display Screen Equipment and Workstation Safety

Do any workers habitually use display screen equipment (including monitors, VDU's, VDT's, etc.) as a significant part of their job?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, how many? _____		
Has an analysis of the workstations been carried out to assess and reduce risks?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are workstations:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Provided with adjustable chairs;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Free from draughts;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Adequately lit;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Free from glare and reflections on the screen;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Arranged so as to reduce over-reaching;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Free from obstacles and obstructions under and around desks to allow free movement.	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are combinations of screen, paper and telephone tasks frequently carried out?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Which of the following apparatus is available, or would be provided, upon request?		
Footrest;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Document holder;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Wrist rest;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Telephone headsets.	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflets, "Working with VDU's", "If the Task Fits: Ergonomics at Work", "Upper Limb Disorders: Assessing the Risks".</i>		

Electrical System and Appliances

Is the main electrical system, including cables, plugs and extension leads, inspected and tested by a competent person at least every 5 years?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are portable electrical appliances regularly inspected for safety and integrity?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, how often and by whom? _____		
Briefly outline the procedures in place for any defects found. _____		
Do you keep any records of the checks and any remedial action taken?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "Maintaining Portable Electrical Equipment in Offices and Other Low Risk Environments".</i>		

Gas Safety

Is the main gas system and fixed appliances inspected and tested annually under maintenance contract by a CORGI registered gas fitter?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	N/A	
Is a written report obtained and kept available on the premises?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Asbestos

Has a thorough inspection of the premises been carried out both inside and out to identify materials that are, or may be, asbestos?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If asbestos containing materials have been identified, has a written record been made as to where the asbestos is, and its condition?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is the written record always available at the premises so that you or any other person that needs to know where the asbestos containing materials are, can easily find them?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has any material that contains asbestos and because the risks associated with its location or condition been repaired or, if necessary, removed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "A Short Guide to Managing Asbestos in Premises".</i>		

Emergency Procedures

Are emergency exit routes and doors:		
Kept free from obstacles and obstructions at all times;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Clearly signposted.	<input type="checkbox"/> Y	<input type="checkbox"/> N

Contractors

Is there a policy relating to the use of contractors?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, which of the following elements are included in the policy:		
Use of authorised contracts only;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Copy of contractors' Safety Policy Statement to be obtained;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Copy of method statement for proposed works to be obtained;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Copy of health and safety data sheets for any hazardous substances to be used on the premises to be obtained.	<input type="checkbox"/> Y	<input type="checkbox"/> N

Control of Substances Hazardous to Health

Do you store, handle or use any substances that display the orange square warning symbol on the label?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, do you have a copy of the safety data sheet for these substances?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has an assessment been carried out, as required, by the Regulations to ensure the risks from these hazards have been evaluated?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has preventative or protective rules been put into place to eliminate or control risks where deemed necessary by the assessment?	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Further information can be obtained in the leaflet, "COSHH: A Brief Guide to the Regulations".</i>		

Dangerous Machinery, Work Equipment and Tools

Which of the following are used?		
Forklift truck;	<input type="checkbox"/>	<input type="checkbox"/>
Pallet truck;	<input type="checkbox"/>	<input type="checkbox"/>
Sac trucks, replenishment trolleys;	<input type="checkbox"/>	<input type="checkbox"/>
Roll cages;	<input type="checkbox"/>	<input type="checkbox"/>
Open bladed knives, i.e. Stanley knives, etc.;	<input type="checkbox"/>	<input type="checkbox"/>
Guillotine;	<input type="checkbox"/>	<input type="checkbox"/>
Compactor;	<input type="checkbox"/>	<input type="checkbox"/>
Baler;	<input type="checkbox"/>	<input type="checkbox"/>
Abrasive wheel;	<input type="checkbox"/>	<input type="checkbox"/>
Conveyor belt;	<input type="checkbox"/>	<input type="checkbox"/>
Bandsaw;	<input type="checkbox"/>	<input type="checkbox"/>
Pressure washer;	<input type="checkbox"/>	<input type="checkbox"/>
Passenger lift;	<input type="checkbox"/>	<input type="checkbox"/>
Goods lift;	<input type="checkbox"/>	<input type="checkbox"/>
Escalator/Travelator.	<input type="checkbox"/>	<input type="checkbox"/>
Have assessments been carried out to ensure the risks from the use of this equipment have been eliminated or controlled?	<input type="checkbox"/>	<input type="checkbox"/>

Traffic Management

Has an assessment been carried out to determine the risks associated with traffic movement, both inside and outside the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Are vehicles and pedestrians kept safely apart by the introduction of designated traffic routes?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a one-way system in operation?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a speed restriction in operation?	<input type="checkbox"/>	<input type="checkbox"/>
Are traffic routes suitable for the type and quantity of vehicles using them?	<input type="checkbox"/>	<input type="checkbox"/>
Are traffic routes well maintained and free from obstacles and other hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Are signs posted to warn pedestrians that vehicles are in use?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Further information can be obtained in the leaflet, "Managing Vehicle Safety at the Workplace".</i>		

Work Vehicles and Operators

Are vehicles subject to regular preventative maintenance to ensure that they are in a safe condition?	<input type="checkbox"/>	<input type="checkbox"/>
Where necessary, are safety features such as horns, reversing alarms, etc., fitted?	<input type="checkbox"/>	<input type="checkbox"/>
Are seat belts fitted?	<input type="checkbox"/>	<input type="checkbox"/>
Are dangerous parts of vehicles guarded?	<input type="checkbox"/>	<input type="checkbox"/>
Are drivers protected from the risk of injury in the event of an overturn or from falling objects?	<input type="checkbox"/>	<input type="checkbox"/>
Have all drivers undertaken the appropriate training for the vehicles that they operate?	<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment (PPE)

Following assessment of the hazards present in your workplace, have any of the following items been provided to protect workers from the risks which cannot be eliminated or controlled by any other means?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Gloves.	<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, state what type:		
Non-slip footwear;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Safety footwear;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Eye protection, i.e. safety goggles;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Overclothing (for wet/outside work);	<input type="checkbox"/> Y	<input type="checkbox"/> N
Overclothing (for cold environments);	<input type="checkbox"/> Y	<input type="checkbox"/> N
Ear defenders;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Hard hats;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Hi-visibility clothing;	<input type="checkbox"/> Y	<input type="checkbox"/> N
Chain mail clothing.	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is all PPE 'CE' marked in accordance with the requirements of the Regulations?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there designated storage areas for PPE to ensure it is kept clean and in good condition?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Where necessary, is there a maintenance programme to ensure the protection levels of PPE remain effective?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Further information can be obtained in the leaflet, "A Short Guide to the Personal Protective Equipment at Work Regulations 1992".		

Declaration

I, the undersigned, certify that, to the best of my knowledge and belief, the answers and details given in this self-assessment questionnaire are true and accurate in respect of the premises and organisation identified on page 1 of this document.
Signature: _____ Date: _____
Name (in block capitals) _____
Designation: _____

The information contained within this document is not intended, either expressly or implied, to act as an exhaustive checklist of your health and safety duties and obligations, nor an exhaustive checklist of the legislation to which it refers. The document serves only to act as a form of assessment of the health and safety status of the organisation and to the premises to which it refers. North Devon District Council accepts no responsibility for any failing directly or indirectly connected to your health and safety arrangements.