

Employer / Location Health and Safety Assessment Record



Longden Ltd

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Employer Details:

Employer's name:		Number of employees:	
Nature of business:			
Workplace address:		Main contact: (Name & Tel No)	
		Health and safety contact:	
Learner(s) name(s):			
Supervisor(s) name(s):			
Type of work carried out at workplace location:			
Enforcement action: (Prosecutions, Notices)			
Health and safety committee / safety representation:			

Health and Safety Procurement Standard:

1	Health and Safety Policy	Yes/No	Evidence / comments
A	Is there a clear commitment to health, safety & welfare (written policy statement mandatory when 5 or more employees)?		
B	Are the responsibilities for health and safety clearly stated (recorded when 5 or more employees)?		
C	Are arrangements for health and safety clearly stated (recorded when 5 or more employees)?		
D	How are the commitment, responsibilities and arrangements for health & safety (in 1A – 1C above) communicated to employees?		
Assessment of Standard 1:		Met <input type="checkbox"/>	Part met <input type="checkbox"/> Not met <input type="checkbox"/>
2	Risk assessment and control	Yes/No	Evidence / comments
A	Have risk assessments been carried out and significant risks identified?		
B	Have the significant findings and details of any groups identified as being especially at risk been recorded (mandatory where 5 or more employees)?		
C	Have control measures been identified and put in place as a result of the risk assessments?		
D	Do the risk assessments take into account young persons, including giving consideration to their age, inexperience, immaturity and lack of awareness of risks?		
E	Give details of the risks and control measures relating to the occupations and the specific activities carried out in the workplace.		

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F	How are the risks and control measures explained to employees and others?			
Assessment of Standard 2:		Met <input type="checkbox"/>	Part met <input type="checkbox"/>	Not met <input type="checkbox"/>
3	Accident, incidents and first aid	Yes/No	Evidence / comments	
A	Have adequate arrangements for first aid materials been made?			
B	Have adequate arrangements for trained first aid persons been made?			
C	Are accidents and first aid treatment rendered recorded?			
D	Are or will all legally reportable accidents, incidents and ill-health be reported to the enforcing authority and the Learning and Skills Council and will they be investigated?			
E	How are the arrangements for accidents, incidents, ill-health and first aid made known to all employees?			
Assessment of Standard 3:		Met <input type="checkbox"/>	Part met <input type="checkbox"/>	Not met <input type="checkbox"/>
4	Supervision, training, information and instruction	Yes/No	Evidence / comments	
A	Are employees provided with adequate competent supervision?			
B	Is initial health and safety information, instruction and training given to all new employees on recruitment?			
C	Is ongoing health and safety information, instruction and training provided to all employees?			
D	Is health and safety information, instruction and training recorded?			
E	How is the effectiveness of health and safety information, instruction and training assessed, and is the assessment recorded?			
Assessment of Standard 4:		Met <input type="checkbox"/>	Part met <input type="checkbox"/>	Not met <input type="checkbox"/>
5	Work equipment and machinery	Yes/No	Evidence / comments	
A	Is correct machinery and equipment provided to the appropriate standards?			
B	Is equipment adequately maintained?			
C	Are guards and control measures in place as determined through risk assessment?			
D	Are safe electrical systems and equipment provided and maintained?			
Assessment of Standard 5:		Met <input type="checkbox"/>	Part met <input type="checkbox"/>	Not met <input type="checkbox"/>
6	Personal protective equipment and clothing	Yes/No	Evidence / comments	
A	Is PPE/C provided, free of charge, to employees as determined through risk assessment?			

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B	Is training and information on the safe use of PPE/C provided to all employees?		
C	Is the proper use and storage of PPE/C enforced?		
D	Is PPE/C maintained and replaced?		
Assessment of Standard 6:		Met <input type="checkbox"/>	Part met <input type="checkbox"/> Not met <input type="checkbox"/>
7	Fire and emergencies	Yes/No	Evidence / comments
A	Is there a means of raising the alarm and fire detection in place?		
B	Are there appropriate means of fighting fire in place?		
C	Are effective means of escape in place including unobstructed routes and exits?		
D	Is there a named person(s) for emergencies?		
E	Is fire-fighting equipment, preventive measures and emergency arrangements maintained, including through tests and practise drills?		
F	Is a fire log/record book kept?		
Assessment of Standard 7:		Met <input type="checkbox"/>	Part met <input type="checkbox"/> Not met <input type="checkbox"/>
8	Safe and healthy working environment	Yes/No	Evidence / comments
A	Are premises (structure, fabric, fixtures and fittings) safe and healthy (suitable, maintained and kept clean)?		
B	Is the working environment (temperature, lighting, space, ventilation, noise) an appropriate safe and healthy one?		
C	Are welfare facilities (toilets, washing, drinking, eating, changing) provided as appropriate and maintained?		
Assessment of Standard 8:		Met <input type="checkbox"/>	Part met <input type="checkbox"/> Not met <input type="checkbox"/>
9	General health and safety management	Yes/No	Evidence / comments
A	How does the employer consult and communicate with employees and allow them to participate in health and safety?		
B	Does the employer provide medical / health screening as appropriate and any required medical / health surveillance?		
C	Does the employer have access to competent health and safety advice and assistance?		
D	Does the employer review health and safety annually?		
E	Does the employer display the necessary signs and notices?		
F	Has an OSR1 / F9 been completed and sent to the enforcing authority?		

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G	Is employers liability insurance current and other insurance in place as appropriate to the business undertaking?		Insurer's name: Policy number: Expiry date: Insurer informed of learners? YES / NO / N/A
H	How does the employer assess, review and update employees' capabilities?		
I	How does the employer manage employees' work when it is away from the employer's own premises or when employees are placed with another employer / site?		
Assessment of Standard 9:		Met <input type="checkbox"/>	Part met <input type="checkbox"/> Not met <input type="checkbox"/>

Assessment Outcome:

Recommendation:	Accept <input type="checkbox"/>	Accept with action plan <input type="checkbox"/>	Reject <input type="checkbox"/>
Certificate of Assessment issued?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate of Achievement issued?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk category:	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

The Employer or their representative:

(Please sign to agree that this is an accurate record of the assessment)

Signed:	Print name:	Job title:	Date:
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Funded organisation

Assessment undertaken by:

Name:	Job title:
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Health and safety qualifications:	Date:
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Quality assured by:

Name:	Job title:	Date:
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Assessment type:

Initial assessment <input type="checkbox"/>	Re-assessment <input type="checkbox"/>	Other (please specify):	Date of next assessment:
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Action Plan				Page of
Ref	Action required	By who	Target date	Completed (signed of)

Action plan prepared by: Agreed by:

Signed: Date:

Action plan review dates:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Standard 10

Learner's name: -----
 Employer's name and learner's work location(s): -----

10	Management of learner's / young person's health and safety	Yes/No	Evidence / comments
A	Has the employer assessed the risks to the learner / young person taking into account their age, inexperience, immaturity and lack of awareness of risks?		
	Have the assessments taken into account any other special needs or circumstances including any disability and/or medical/health condition?		
B	Has the employer put in place control measures for learner / young person as a result of the assessments and have they informed the learner and their supervisor(s)?		
C	Detail any necessary prohibitions and restrictions identified by the risk assessments that apply to the learner/young person.		
D	Does the employer provide competent supervision for learners / young persons and do they have a designated person to take overall responsibility for them? (Note - where necessary, suitability checks may be required for reasons of child protection).		Supervisor(s) name(s):
E	Does the employer provide an induction and ongoing information, instruction and training to learners / young persons reflecting the findings of the risk assessment, working environment, work activities, age, experience and any special needs?		
F	Does the employer provide, free of charge, any necessary personal protective equipment and clothing (as determined by the risk assessment) and ensure its proper and effective use?		
Assessment of Standard 10:		Met <input type="checkbox"/>	Part met <input type="checkbox"/> Not met <input type="checkbox"/>

Action Plan				Page of
Ref	Action required	By who	Target date	Completed (signed of)

Action plan prepared by: Agreed by:
 Signed: Date:
 Action plan review dates: