

Company:



## **Health & Safety Audit (Type Two)**

Contact name & number:

| . ,   |           |       |          |
|---|-----------|-------|----------|
| Date and time: Aud  | ditor's n | ame & | number:  |
| Policy  | Yes       | No    | Comments |
| Does the organisation have a Safety Policy?   |           |       |          |
| Does it include a statement of commitment, signed and dated by MD?  |           |       |          |
| Is the organisation for health and safety clearly defined with assigned responsibilities understood by all in the organisation? |           |       |          |
| Are <b>all</b> H&S arrangements set out in the policy, (separate procedure manuals/rule books acceptable, but not preferred.)   |           |       |          |
| Is the policy publicised, known and understood by all employees? (Must form part of induction training)                         | 1         |       |          |
| Is the policy effectively implemented?  |           |       |          |
| Is the policy reviewed annually?  |           |       |          |
| Appointment of competent H&S assistance   | Yes       | No    | Comments |
| Have competent persons been appointed to assist management with implementation of H&S measures?                                 |           |       |          |
| Are their duties clearly defined in writing and recorded in the policy?   |           |       |          |
| Are they trained to a recognised standard?  |           |       |          |
| Is further training provided to meet the company's particular needs e.g. COSHH, Manual Handling?                                |           |       |          |



| Responsibilities, authority & duties assigned  | Yes | No | Comments |
|--|-----|----|----------|
| Has a Director/Senior Manager been designated responsible for health and safety with sufficient authority?   |     |    |          |
| Have the roles and responsibilities been assigned in the policy for: Department Managers, Supervisors?   |     |    |          |
| Are safety tours undertaken?   |     |    |          |
| Are H & S responsibilities reviewed and assessed as part of the staff appraisal?   |     |    |          |
| Are employees' responsibilities and duties set out in the safety policy?   |     |    |          |
| Employee consultation  | Yes | No | Comments |
| Are consultation arrangements set out in Are consultation arrangements set out in the policy?  |     |    |          |
| Is there an agreed procedure for raising H&S issues with employees?  |     |    |          |
| Have safety representatives (union or non-union) been elected to cover all areas?  |     |    |          |
| Are their roles and functions defined?   |     |    |          |
| Is health and safety training available for their purpose?   |     |    |          |
| Safety committees  | Yes | No | Comments |
| Has a safety committee been established with an agreed constitution and role that meets monthly?   |     |    |          |
| Is an agenda circulated which includes monitoring the H&S plan, audits & inspections, accident statistics, H&S training, risk assessments and development & review of H&S arrangements, H&S promotion? |     |    |          |



| Are minutes circulated and displayed?   |     |    |          |
|---|-----|----|----------|
| Do designated senior managers endorse minutes?  |     |    |          |
| Are actions defined by date & person for completion?  |     |    |          |
| Department H & S communication  | Yes | No | Comments |
| Are monthly H&S briefings held by department managers/supervisors with individuals or groups?   |     |    |          |
| Are topics and attendance recorded?   |     |    |          |
| First aid personnel and facilities  | Yes | No | Comments |
| Has an assessment of first aid requirements been undertaken and is it reviewed annually?  |     |    |          |
| Is the provision of first aid staff and facilities adequate for the company's activities, including cover for shifts, lone and peripatetic workers? | 4   | 7  |          |
| Are first aid facilities easily accessible with trained personnel prominently identified?   |     |    |          |
| Are facilities checked weekly by a nominated person and recorded? (Checklist and guidance card should be provided in each first aid box)            |     |    |          |
| Is provision made for trauma situations (spill of body fluids)?   |     |    |          |
| Is a record kept of all cases treated?  |     |    |          |
| First aid training  | Yes | No | Comments |
| Are all first aid personnel trained to approved standards?  |     |    |          |
| Refresher training provided within 3 years?   |     |    |          |
|   |     |    |          |



| Health and safety promotion  | Yes | No | Comments |
|--|-----|----|----------|
| Is health & safety promotion an item on the safety committee agenda?   |     |    |          |
| Is the information from accident statistics, audit inspection reports & national campaigns used to help develop themes for company promotional activities? |     |    |          |
| Are there appropriate means of promotion e.g. bulletins, posters, attitude guides, competitions?   |     |    |          |
| Loss control   | Yes | No | Comments |
| Has a manager been appointed to control loss?  |     |    |          |
| Have all the loss-creating areas been considered?  |     |    |          |
| Have potential loss areas been addressed?  |     |    |          |
| Have all managers been made aware of these potential losses?   |     |    |          |
| Have contingency arrangements been considered?   |     |    |          |
| Accident costing   | Yes | No | Comments |
| Are all costs calculated?  |     |    |          |
| Do these include property damage?  |     |    |          |
| Are these figures formally presented to top management?  |     |    |          |
| Are all records maintained for comparison?   |     |    |          |
| Scheme for improvement   | Yes | No |          |
| Is there a procedure through which employees may put forward ideas to improve health and safety standards?   |     |    |          |



| Yes | No  |          |
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| Yes | No  | Comments |
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|     | Yes | Yes No   |



| Are information, instruction & training provided in the work area   |     |    |          |
|---|-----|----|----------|
| covering relevant safety rules & procedures?  |     |    |          |
| Is all necessary specific job safety training provided? (e.g. hazardous   |     |    |          |
| substances, DSE, manual handling etc.)  |     |    |          |
| Approved safety training  | Yes | No | Comments |
| Are training requirements reviewed and assessed at least annually?  |     |    |          |
| Is there a H&S training programme for all managerial and supervisory staff (including senior managers)  |     |    |          |
| Is refresher/update training provided and monitored for effectiveness?  |     |    |          |
| Are all safety representatives trained?   |     |    |          |
| Are records maintained?   |     |    |          |
| Occupational health programme   | Yes | No | Comments |
|   |     |    |          |
| Does the company have access to competent Occupational Health   |     |    |          |
| Does the company have access to competent Occupational Health Advice, (Appt. Doctor/Occupational Health Nurse)?   | 4   |    |          |
|   | 1   |    |          |
| Advice, (Appt. Doctor/Occupational Health Nurse)?   | 1   |    |          |
| Advice, (Appt. Doctor/Occupational Health Nurse)?  Are pre-employment medicals given to prospective employees/pre-  |     |    |          |
| Advice, (Appt. Doctor/Occupational Health Nurse)?  Are pre-employment medicals given to prospective employees/pre-employment medical questionnaire used?  Is health surveillance carried out where required?  Is occupational health advice sought following serious injury/illness   |     |    |          |
| Advice, (Appt. Doctor/Occupational Health Nurse)?  Are pre-employment medicals given to prospective employees/pre-employment medical questionnaire used?  Is health surveillance carried out where required?  Is occupational health advice sought following serious injury/illness regarding fitness to resume work?   |     |    |          |
| Advice, (Appt. Doctor/Occupational Health Nurse)?  Are pre-employment medicals given to prospective employees/pre-employment medical questionnaire used?  Is health surveillance carried out where required?  Is occupational health advice sought following serious injury/illness   |     |    |          |
| Advice, (Appt. Doctor/Occupational Health Nurse)?  Are pre-employment medicals given to prospective employees/pre-employment medical questionnaire used?  Is health surveillance carried out where required?  Is occupational health advice sought following serious injury/illness regarding fitness to resume work?  Does the company operate a good health programme for |     |    |          |



| Recruitment and appointment procedures  | Yes | No | Comments |
|---|-----|----|----------|
| Are recruitment personnel trained in interview techniques?  |     |    |          |
| Do interviewers have access to written job descriptions that identify<br>the physical and mental capabilities required to undertake the work<br>safely? |     |    |          |
| Are records maintained of interviews by organisation or agency?   |     |    |          |
| Inspections   | Yes | No | Comments |
| Are safety inspections carried out monthly by work force representative?  |     |    |          |
| Are all areas of the company premises inspected, including external and common service areas?   |     |    |          |
| Is an inspection checklist used?  |     |    |          |
| Is the inspection report signed for by and discussed with a designated manager?   |     |    |          |
| Is remedial action initiated by the manager and recorded?   |     |    |          |
| Safety audits   | Yes | No | Comments |
| Are all areas of the company audited annually?  |     |    |          |
| Is the audit comprehensive with documented safety standards?  |     |    |          |
| Are auditors trained?   |     |    |          |
| Is audit report submitted to and considered by management?  |     |    |          |
| Are audit results published?  |     |    |          |
| Are audit results used to assist in the development of the safety   |     |    |          |



| action plan?  |     |    |          |
|---|-----|----|----------|
| Procedures for the procurement of new plant and equipment   | Yes | No | Comments |
| Are safety standards established for the purchase of all new plant and equipment?   |     |    |          |
| Are nominated competent persons assigned to authorise purchases?  |     |    |          |
| Are safety advisors involved in establishing standards?   |     |    |          |
| Are pre-commissioning checks undertaken?  |     |    |          |
| Is a maintenance programme established and logbook provided for new plant and equipment?  |     |    |          |
| Appointment & control of contractors  | Yes | No | Comments |
| Is there a procedure for assessing contractors' H&S standards?  |     |    |          |
| Are contractors required to submit copies of their safety policy, accident performance, risk assessments and method statements? | 1   |    |          |
| Are pre-work meetings held to establish safe working procedures?  |     |    |          |
| Are contractors made aware of hazards and measures required to control risks (induction training or safety rules provided)?     |     |    |          |
| Are all visitors/ contractors made aware of emergency procedures?   |     |    |          |
| Is a record kept of all visitors/contractors on the premises?   |     |    |          |
| Risk assessments  | Yes | No | Comments |
| Are trained staff nominated to undertake risk assessments in all departments?   |     |    |          |
| Have appropriate risk assessments been undertaken in all areas and have significant results been recorded or published?         |     |    |          |
| Are risk assessments used to develop the safety plan?   |     |    |          |



| Monitoring and review of assessments and safe working practices  | Yes | No | Comments |
|--|-----|----|----------|
| Is there a programme to regularly review the risk assessments?   |     |    |          |
| Do supervisors monitor to ensure arrangements are effectively applied and remain relevant?             |     |    |          |
| Are risk assessments carried out on employees working away?  |     |    |          |
| Are the results recorded?  |     |    |          |
| Is action taken to correct deviations and update procedures?   |     |    |          |
| Work permits   |     |    | Comments |
| Have risk assessments identified areas where permits to work are required?                             |     |    |          |
| Have appropriate procedures and documentation been developed?  |     |    |          |
| Off the job safety   | Yes | No | Comments |
| Absentee records used to determine time lost and cost of accidents occurring outside of the workplace? |     |    |          |
| Promotion programme developed and implemented by safety committee?                                     |     |    |          |
| Work equipment   | Yes | No | Comments |
| Has equipment been subject to risk assessment? (In line with PUWER.)                                   |     |    |          |
| Have operators received training/instruction?  |     |    |          |
| Is the training recorded?  |     |    |          |
| Is work equipment suitable for environment stable, securely fixed where necessary?                     |     |    |          |



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| Is use/operation of equipment restricted to authorised persons?   |     |    |          |
| Is there a programme of routine and planned preventative maintenance for work equipment?                              |     |    |          |
| Is maintenance/repair of equipment restricted to trained personnel?   |     |    |          |
| Are maintenance records kept?   |     |    |          |
| Procedures for isolation of equipment   | Yes | No | Comments |
| Are means available to isolate equipment from all sources of energy?  |     |    |          |
| Equipment controls  | Yes | No | Comments |
| Is all work equipment fitted with suitable controls for starting, stopping and adjustment?                            |     |    |          |
| Are all controls clearly and uniformly marked?  |     |    |          |
| Is the operation of controls, interlocks, sensing devices and guards regularly checked and recorded?                  | N   | C  |          |
| Motorised equipment   | Yes | No | Comments |
| Is there a maintenance programme for all vehicles?  |     |    |          |
| Are drivers trained (including refresher) and authorised in writing?  |     |    |          |
| Are licences checked at least annually?   |     |    |          |
| Hazardous substances control  | Yes | No | Comments |
| Is there a competent person appointed in writing to co-ordinate COSHH assessment and control?                         |     |    |          |
| Has a survey been undertaken and a list compiled of all substances used and/or produced, safety data sheets obtained? |     |    |          |
| Has a suitable and sufficient assessment of all substances been   |     |    |          |



| undertaken and results recorded? (assessment to cover use, storage,  |     |     |          |
|--|-----|-----|----------|
| handling, disposal and spillage)   |     |     |          |
| Are adequate controls implemented and maintained?  |     |     |          |
| Have all staff been trained/instructed in use of controls, and training recorded?  |     |     |          |
| Is there comprehensive information available to employees/ first aider?  |     |     |          |
| Are there controls on procurement to ensure quantity is not exceeded and no substance is introduced without assessment?  |     |     |          |
| Non ionising radiation   | Yes | No  | Comments |
| Have risks been identified and assessed?   |     |     |          |
| Are control measures in place?   |     |     |          |
| Electrical Equipment:  | Yes | No  | Comments |
| Portable and transportable equipment   | 162 | INU | Comments |
|  |     |     |          |
| Has all portable and transportable equipment been identified and entered on a register?  |     |     |          |
| Has all portable and transportable equipment been identified and   |     |     |          |
| Has all portable and transportable equipment been identified and entered on a register?  Is there a suitable programme for test/inspection of equipment,   |     |     |          |
| Has all portable and transportable equipment been identified and entered on a register?  Is there a suitable programme for test/inspection of equipment, including where appropriate, user checks?  Are protective measures implemented for portable hand tools, (use  | Yes | No  | Comments |
| Has all portable and transportable equipment been identified and entered on a register?  Is there a suitable programme for test/inspection of equipment, including where appropriate, user checks?  Are protective measures implemented for portable hand tools, (use of battery operated tools, L.V. equipment, RCDs)?  | Yes | No  | Comments |
| Has all portable and transportable equipment been identified and entered on a register?  Is there a suitable programme for test/inspection of equipment, including where appropriate, user checks?  Are protective measures implemented for portable hand tools, (use of battery operated tools, L.V. equipment, RCDs)?  General electrical installations  Are fixed electrical installations regularly inspected/tested and | Yes | No  | Comments |



| systems?  |     |    |          |
|---|-----|----|----------|
| Are switches and distribution boards clearly marked?  |     |    |          |
| Is access to HV switchgear restricted to authorised persons?  |     |    |          |
| Are written safe working procedures including permit to work system available for HV operations and live working? |     |    |          |
| Electrical protection (RCDs, Battery, tools, LV systems)  |     |    |          |
| Have areas where protection is required been identified and devices installed?                                    |     |    |          |
| Are systems regularly inspected/tested by a competent person?   |     |    |          |
| Are all tools and test equipment used on electrical systems insulated?  |     |    |          |
| Is protective equipment (gloves, probes, mates etc) regularly inspected/tested and are records maintained?        | 4   |    |          |
| Control of issue, use, maintenance of PPE   | Yes | No | Comments |
| Has an assessment been carried out on the requirements for the suitability of PPE?                                |     |    |          |
| Is a record maintained of equipment issued and commitment obtained from user?                                     |     |    |          |
| Have employees received instruction and training on use, care and storage of PPE?                                 |     |    |          |
| Do supervisors check equipment regularly?   |     |    |          |
| Manual handling   | Yes | No | Comments |
| Have manual handling risks been identified?   |     |    |          |
| Have steps been taken to eliminate the problem by automation,   |     |    |          |



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| Yes | No  | Comments |
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|     | Yes | Yes No   |



| Has the appointed person been properly trained?  |     |    |          |
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| Are his/her duties and responsibilities set out formally?  |     |    |          |
| Does he/she appraise management at regular intervals and as the need arises?                           |     |    |          |
| Fire risk assessments and equipment  | Yes | No | Comments |
| Have Fire Risk Assessments been completed for each department, recorded and, where required, actioned? |     |    |          |
| Have the results of the assessments been published?  |     |    | (15)     |
| Have the Fire Wardens been made aware of the needs shown by the assessments?                           |     |    |          |
| Fire equipment and call point identification   | Yes | No | Comments |
| Are all alarm call points marked, identified and kept clear?   |     |    |          |
| Are all fire equipment points identified, clearly marked and maintained clear of obstruction?          |     |    |          |
| Is an annual maintenance programme in place?   |     |    |          |
| Does all fire equipment comply with the demands of the fire certificate?                               |     |    |          |
| Is all the equipment registered and regularly inspected (monthly)?                                     |     |    |          |
| Alarm system and emergency lighting  | Yes | No | Comments |
| Is the alarm system tested on a weekly basis?  |     |    |          |
| Is there a separate independent back-up system?  |     |    |          |
| Can the alarm be heard in all areas of the premises?   |     |    |          |



| Yes | No  | Comments |
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| Security  | Yes | No | Comments |
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| Are all persons entering the premises registered and escorted?  |     |    |          |
| Are they made aware of the company safety rules, and provided with safety equipment as necessary?                             |     |    |          |
| Are visiting vehicles controlled?   |     |    |          |
| Are all security staff trained to report unsafe acts or/and conditions?   |     |    |          |
| Are trained personnel available on each shift?  |     |    |          |
| Are appropriate security control measures in place for the premises i.e. lighting, cameras, fencing, cover by security staff? |     |    |          |
| Emergency planning  | Yes | No | Comments |
| Is there an emergency plan?   |     |    |          |
| Has a co-ordinator been appointed to manage emergencies?  |     |    |          |
| Are there written emergency procedures to ensure continuation of business   |     |    |          |
| Are emergency drills (table top) carried out?   |     |    |          |
| Are the emergency services appraised of the layout of the facility, routes in and out and designated parking?                 |     |    |          |
| Are fire hydrants and power supplies identified?  |     |    |          |
| Reporting/recording   | Yes | No | Comments |
| Is RIDDOR (Reporting of Injuries and Dangerous Occurrences Regulations) being complied with?                                  |     |    |          |
| Has the accident book been maintained, up-to-date and correct?  |     |    |          |



| Is there a written procedure and a person designated responsible for the reporting of all accidents? |     |    |          |
|--|-----|----|----------|
| Is senior management made aware of all accidents and causes?   |     |    |          |
| Internal Accident Reporting and Investigation (Personnel)?   |     |    |          |
| Is there a system for recording <u>all</u> injuries and diseases?                                    |     |    |          |
| Are accidents investigated?  |     |    |          |
| Are actions required for effective correction recorded and carried out under signature?              |     |    |          |
| Occupational injury/disease  | Yes | No | Comments |
| Is statistical information collected and recorded?   |     |    |          |
| Are the statistics published in graph form and updated periodically?                                 | 1   |    |          |
| Are all senior managers circulated with the information?   |     |    |          |
| Are these statistics discussed at safety committee meetings?   |     |    |          |
| Are incidents and diseases analysed for type and reason?   |     |    |          |
| Internal accident reporting and investigation (property/mechanical)                                  | Yes | No | Comments |
| Are damage accidents reported and investigated?  |     |    |          |
| Is there a designated investigator?  | _   | _  |          |
| Are action reports raised and effectively carried out to prevent reoccurrence?                       |     |    |          |



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| Is the action monitored by management?  |     |    |          |
| Risk assessment of/and Condition of buildings and floors                            | Yes | No | Comments |
| Has a risk assessment been carried out on the workplace?                            |     |    | . X ( )  |
| Are there any areas of unprepared damage?   |     |    |          |
| Are there any unsafe areas?   |     |    |          |
| Is the condition of the premises set out in the safety reps checklist?              |     |    |          |
| Good lighting: natural and artificial   | Yes | No | Comments |
| Is the light, whether artificial or natural, suitable and sufficient?               |     |    |          |
| Are all the artificial lights checked regularly and replaced immediately they fall? |     |    |          |
| Are natural light windows maintained in good and clean condition?                   | 1   |    |          |
| Have light intensities been checked where a problem has been identified?            |     |    |          |
| Does all glass used in the workplace conform to best safety standards?              |     |    |          |
| Ventilation: natural and artificial   | Yes | No | Comments |
| Is the ventilation suitable and sufficient?   |     |    |          |
| Is the ventilation system maintained and cleaned regularly?                         |     |    |          |
| Is the maintenance recorded i.e. cyclones, filters, water sprays?                   |     |    |          |
| Welfare and hygiene facilities  | Yes | No | Comments |
| Are the welfare facilities in line with the Workplace (Health, Safety &             |     |    |          |



| Welfare) Regulations?   |     |    |          |
|---|-----|----|----------|
| Are there adequate toilet facilities with soap and towels?  |     |    |          |
| Are kitchens and rest rooms satisfactory?   |     |    |          |
| Are all forms of vermin controlled?   |     |    |          |
| Is food and drink consumption prohibited in restricted areas?   |     |    |          |
| Are all waste and refuse bins cleared regularly?  |     |    | • 1/2    |
| Pollution to ground, air and water  | Yes | No | Comments |
| Are foul and clean water drains identified?   |     |    |          |
| Is hazardous waste controlled?  |     |    |          |
| Safety signs and signals  | Yes | No | Comments |
| Have all areas that require signs for information been identified?  |     |    |          |
| Are all safety signs (whether audible, visual, lit or hand signals) in place?   |     |    |          |
| Do signs comply with the latest legislation? Where training is required to clarify meaning has training been carried out? |     |    |          |
| Has training been recorded?   |     |    |          |
| Traffic routes and aisles   | Yes | No | Comments |
| Are all traffic routes, internal and external, clearly demarcated?  |     |    |          |
| Are pedestrians and vehicular traffic segregated?   |     |    |          |



| Are speed limits specified and enforced?  |     |    |          |
|---|-----|----|----------|
| Are aisles maintained and free from obstruction?                                  |     |    |          |
| Stacking and storing practice   | Yes | No | Comments |
| Is stacking controlled to the recommended height by base width?                   |     |    |          |
| Are all racks marked with safe working load and regularly inspected and recorded? |     |    |          |
| Are loads marked with their weights?  |     |    |          |
| Scrap and refuse bins removal system  | Yes | No | Comments |
| Is the removal of waste controlled?   |     |    |          |
| Colour and coding plant and pipes   | Yes | No | Comments |
| Are all pipes colour coded for content?   | 3   |    |          |
| Are all pipes marked to show direction of flow?                                   |     |    |          |
| Are all colours easily identified with the legend displayed?                      |     |    |          |
| Are control valves marked with direction of closure?                              |     |    |          |
| Additional Comments:  |     |    |          |



## **Corrective Actions**

| Action Required | By whom? | By which date/timescale? | Completion signature |
|-----------------|----------|--------------------------|----------------------|
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## **Assessment Summary**

| Significant findings summary |                   |            |  |
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|                              |                   |            |  |
| Other comments               |                   |            |  |
|                              |                   |            |  |
| Assessment Completed By:     |                   |            |  |
| Name:                        | Position:         | Signature: |  |
| Name:                        | Position:         |            |  |
| Assessment Date:             | Next Review Date: |            |  |
|                              |                   |            |  |