

## HEALTH AND SAFETY

### WORKPLACE AUDIT CHECKLIST

<b>SITE NAME:</b>		<b>DATE OF AUDIT:</b>
<b>HEALTH &amp; SAFETY MANAGERS SIGNATURE:</b>		<b>DATE:</b>
<b>RESPONSIBLE DIRECTORS SIGNATURE:</b>		<b>DATE:</b>

ITEM NO.	TASK	Y/N/NA	CORRECTIVE/PREVENTIVE ACTION	TARGET DATE/ RESPONSIBILITY	COMPLETION DATE
<b>1.0</b>	<b>DOCUMENTATION</b>				
1.1	<b>Health and Safety Forms:-</b> Are copies of the forms detailed below available for issue				
	a) Personal Accident Dangerous Occurrence Report				
	b) Accident Record				
	c) Issue of Personal Protective Equipment				
	d) Report of Unsafe Conditions				
	e) Site Inspection				
	f) Site Induction Checklist				
	g) Safety Method Statement				
	h) Health and Safety Policy				
	i) Tool Box Talks				
	j) Risk Assessments				
	k) COSHH Assessments				
1.2	<b>Health and Safety Manual:-</b>				
	a) Do all employees have access to a copy of the Health and Safety Manual				
	b) If not, do they have a contact to look up queries for them				
	c) Are records maintained				
1.3	<b>Accident Reporting</b>				
	a) Are there accident records in place for the site				

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	b) Are current procedures in place for reporting incidents				
<b>2.0</b>	<b>TRAINING</b>				
2.1	<b>Induction Training</b>				
	a) Have all employees been given Induction Packs				
	b) Has Induction Form been completed and inserted in their P File?				
	c) Are procedures in place for ensuring visitors, temporary staff and subcontractors are safety inducted.				
	d) Has the Visitors Book been maintained.				
2.2	<b>Health and Safety Training:-</b>				
	a) Is there a training plan in place.				
	b) Have staff attended a relevant Safety Course				
	c) Have site staff and operatives attended the appropriate Health and Safety Courses.				
	d) Are Training records maintained.				
2.3	<b>Tool Box Talks.</b>				
	a) Are there procedures in place for the recording of Tool Box Talks delivered on site.				
	b) Are records maintained				
<b>3.0</b>	<b>OFFICE – VISUAL DISPLAY UNITS</b>				
3.1	a) Have all significant users carried out the DSE Workstation Assessment Course from the Document Management System				
	b) Have 'Users' been identified and the relevant VDU Workstation Assessments been completed.				
	c) Has action been taken in response to the assessments.				
	d) Have assessments been reviewed subject to any changes involving the workstation.				
	e) Have staff been made aware of the Company's VDU Policy, specifically with regards to eye tests etc.				
<b>4.0</b>	<b>OFFICE – HOUSEKEEPING</b>				

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4.1	a) Are office rules in place - safe filing, safe electrics, clear worktops etc.				
	b) Have office staff been made aware of the rules.				
<b>5.0</b>	<b>RISK ASSESSMENT</b>				
5.1	<b>Safe Access and Egress;</b>				
	a) Is there safe access and egress routes to the premises.				
	b) Is there suitable and sufficient lighting on all access and egress routes.				
	Is there access and egress provisions for disabled persons.				
5.3	<b>Manual Handling Assessments:-</b>				
	a) Have all routine Manual Handling tasks been identified and assessed.				
	b) Have manual handling assessments been reviewed.				
	c) Have records been retained.				
5.3	<b>Noise Assessments:-</b>				
	a) Has a Noise Assessment (if applicable. been carried out in areas identified as being hazardous.)				
	b) Have Control Measures been implemented.				
	c) Is Personal Protective Equipment available.				
5.4	<b>Personal Protective Equipment (PPE)</b>				
	a) Has PPE that must be issued and this issue recorded.				
	b) A register of all PPE issued must be retained				
	c) PPE must be inspected annually and records of inspection must be retained.				
<b>6.0</b>	<b>OFFICE – VENTILATION/TEMPERATURE</b>				
6.1	1. Is adequate ventilation provided.				
<b>7.0</b>	<b>WELFARE</b>				
7.1	a) Are facilities available for resting and eating if required.				
	b) Is drinking water available and marked as such.				
	c) Are washing facilities available.				

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	d) Are adequate sanitary conveniences available.				
<b>8.0</b>	<b>FIRST AID</b>				
8.1	a) Are First Aiders required - has an assessment been carried out.				
	b) If a First Aider is not required, has a person been nominated in writing to act as the 'Appointed Person(s)'.				
	c) Has the 'Appointed Person(s)' received Emergency First Aid training and hold current Certificates.				
	d) If First Aiders are required, have they received the full 4 day First Aid Training and do they hold current Certificates.				
	e) Are adequate First Aid Boxes and Eye Wash Stations provided.				
	f) Are records of inspections retained (every 6 months) for First Aid Boxes and Eye Wash Stations.				
	g) Are notices identifying First Aiders and Instructions and actions to take displayed.				
<b>9.0</b>	<b>CONTROL OF CONTRACTORS</b>				
9.1	a) Who is responsible for contractors on site premises.				
	b) Are inductions carried out for contractors.				
	d. Are monitoring arrangements in place and procedures to be adhered to in the event of contravention's.				
<b>10.0</b>	<b>FIRE PRECAUTIONS</b>				
10.1	<b>Fire Certificate</b>				
	a) Does the premises require a fire certificate				
	b) Does the company control the premises and hold a Fire Certificate or certificate of exemption.				
10.2	<b>Fire Risk Assessment</b>				
	a) Has a Fire Risk Assessment been completed for All areas.				
	b) Are control measures in place.				
	c) Are the assessments reviewed annually or when changes occur.				
10.3	<b>Administration:-</b>				
	a) Are the Emergency Procedures displayed and give details for the Fire Marshalls.				

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	b) Are all persons informed of procedures - at induction training stage. Are Evacuation Procedures carried out – confirm frequency.				
	c) Have key personnel been trained.				
	d) Have specific duties been drawn up and given to the individuals concerned.				
	e) Does the procedure cover contacting of relevant emergency services and contain relevant telephone numbers etc.				
	f) Are personnel trained the safe use of Fire Extinguishers.				
10.4	<b>Fire Extinguishers:-</b>				
	a) Are arrangements in place for the annual service of all Fire Extinguishers				
	b) Are the maintenance of the Fire Extinguishers/Hose Reels maintained and is there a Log Book in place.				
	c) Are all Fire Extinguishers adequately labelled confirming last date of inspection.				
10.5	<b>Fire Alarms/Smoke Detectors:</b>				
	a) Are all areas covered by Fire Alarms/Smoke Detectors.				
	b) Are arrangements in place for the maintenance of the Fire Alarm System.				
	c) Are Call Points checked weekly and records maintained.				
	d) Is a Log Book in place and up-to-date.				
	e) Can the Fire Alarm be heard in all locations (e.g. plant rooms, offices etc).				
10.6	<b>Emergency Lighting:-</b>				
	a) Is Emergency Lighting provided in all areas.				
	b) Is a Log Book available and up-to-date.				
10.7	<b>Fire Signage</b>				
	a) Has adequate signage been provided e.g. Fire Exit Routes etc.				
	b) Do the signs comply to the Safety Signs Regulations 1996.				
	c) Do all Fire Doors display Precaution Signs.				
11.0	<b>WORK EQUIPMENT</b>				
11.1.	<b>Access Equipment:-</b>				

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	a) Is a register in place				
	b) Does the equipment display the inspection period.				
	c) Confirm the responsible person for checking Access Equipment.				
11.2	<b>Work Equipment Register:-</b>				
	a) Is a register in place				
	b) Does the register include record of inspection of employees' personal tools.				
	c) Confirm the responsible person(s) for checking work equipment.				
	d) Is an Abrasive Wheel register in place and in date.				
11.3	<b>Portable Electrical Appliances:-</b>				
	a) Is a register in place.				
	b) Are appliances labelled with appropriate data.				
	c) What arrangements are in place for failed appliances.				
	d) What arrangements are in place for employees personal equipment.				
	e) Is there a register of competent persons for:-  i. Hot work ii. General iii. Confined space iv. Non-electrical				
12.0	<b>CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH</b>				
12.1	a) Has a full survey been carried out and are all relevant COSHH, Assessments and Manufacturers Product Data Sheets available (site specific).				
	b) Confirm arrangements for issuing COSHH assessments to sites.				
	c) Have assessments been reviewed.				

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	d) Is a management system in place for ensuring workforce are informed/instructed/trained in the use of COSHH related substances/processes.				
<b>13.0</b>	<b>VEHICLES</b>				
13.1.	a) Has the Drivers Checklist been completed for vehicles. b) Has the Supervisors Checklist has been completed for all Vehicles. c) Have records been maintained.				
<b>14.0</b>	<b>EMPLOYMENT OF SUB-CONTRACTORS</b>				
14.1	a) Have all sub-contractors been issued with the Standard Rules for Sub-contractors on Safety, Health and the Environment b) Have questionnaires been completed for each sub-contractor c) Has the acknowledgement form been completed by each sub-contractor				



**HEALTH AND SAFETY AUDIT CHECKLIST -- STATISTICAL SUMMARY**

SECTION REVIEWED		RATING NO.1	RATING NO.2	RATING NO.3	RATING NO.4
1.0	ADMIN – DOCUMENTATION				
2.0	TRAINING				
3.0	OFFICE – VISUAL DISPLAY UNITS				
4.0	OFFICE – HOUSEKEEPING				
5.0	RISK ASSESSMENT				
6.0	OFFICE – VENTILATION/ TEMPERATURE				
7.0	WELFARE				
8.0	FIRST AID				
9.0	CONTROL OF CONTRACTORS				
10.0	FIRE PRECAUTIONS				
11.0	WORK EQUIPMENT				
12.0	CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)				
13.0	VEHICLES				
14.0	EMPLOYMENT OF CONTRACTORS				
<b>PERFORMANCE INDEX SCORE</b>					
<b>PERFORMANCE INDEX TOTAL SCORE</b>					
<b>TOTAL NUMBER OF CORRECTIVE ACTIONS REQUIRED</b>					
<b>THE NUMBER OF GRADINGS AWARDED (3) OR BELOW</b>					
			<b>LEGEND:</b> 1=ABOVE AVERAGE 2=SATISFACTORY PERFORMANCE/STANDARD 3=BELOW ACCEPTABLE PERFORMANCE/STANDARD 4=UNACCEPTABLE PERFORMANCE/STANDARD		