

Brighton & Hove Employer Engagement Health & Safety Questionnaire for Work Placement Employers

It is our policy to ensure that employers have suitable and sufficient arrangements for health and safety. We require this questionnaire to be completed and signed by the person with overall responsibility for health and safety for the candidate.

Please note

- Sole Traders (**S**) Medium Employers (**M**) [up to 10 employees] Large Employers (**L**) [10+ employees]
- **x** = Not Applicable **Y** = Yes **N** = No
- 'You' refers to your company. If you cannot answer the questions as required, please confirm the actions that you will take to be able to do so

NAME AND ADDRESS OF ORGANISATION	PERSON RESPONSIBLE FOR HEALTH & SAFETY
	<p>Name:</p> <p>Position:</p> <p>Contact Number:</p>

	S	M	L	ENFORCEMENT	Y	N	DETAILS
1				Please give details of any existing / previous Enforcement Action (Prosecution, Notices)			

	S	M	L	PROVISION	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 1A,B&C
				Health and Safety (H & S) Policy				
2				Is there a clear written commitment to Health, Safety and Welfare which includes responsibilities and arrangements?				Ask to see the policy
3		x	x	If not, what do you have in place to ensure the health and safety of candidates?				

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	S	M	L	Management of Students Health & Safety Provision	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 2C,10A,B,C,D,4A
4				Does the company have provision for inducting the H&S of the candidate at the start of their placement, including specific information for risks?				
5				Give details of specific control measures, including prohibitions related to the candidate e.g. tools and activities.				Under 18's do not use any machinery. Close supervision with minimum responsibility
6				Does the company have a particular person responsible for the supervision of the candidate?			Name: Job Title:	

	S	M	L	General Health and Safety Management	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 9C,D,E,F,I
7				Do you have access to competent H&S advice and assistance?				If not, contact Health & Safety Consultant
8	x			How regularly is your H & S provision reviewed?				Minimum annually by law
9				Are the legally required H&S signs and notices displayed and filled in correctly?				
10				How do you check the H&S requirements are being adhered to when employees are working on various sites or seconded to another employer?				Site Foreman or person trained in safety
11	x			Have you registered with the appropriate enforcing authority?				OSR1 – Office, Shops & Railways Form (HSE 0845 345 0055) F9

	S	M	L	Information, Instruction, Training and Supervision	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 4B,C,D,E 9A, 10E
12				How are the employees / placements supervised with regard to H&S?				

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13				How are responsibilities and arrangements for H & S communicated to employees / placements?				Induction & updates
14	x			How is the effectiveness of H&S instruction assessed and recorded?				Tests/Questionnaires

	S	M	L	Risk Assessment and Control	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 2A,B,C
15				What significant risks have been identified and have had risk assessments carried out on them?				See evidence of how they have identified the risks. Sole Traders must be aware of risks but do not need to record them
16				Do you have arrangements in place to review and adjust risk assessments if a candidate has special needs e.g. disability, pregnancy, learning / language difficulty, is a young person?				

	S	M	L	Accidents, Incidents, First Aid and RIDDOR	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 3A,B,C,D
17				Are First Aid materials available?				First Aid Box, Procedure, regularly checked Location?
18	x			Do you have competent assistance (person(s)) for First Aid?			Name: Position:	
19				How are all accidents recorded and reported?				RIDDOR, Accident Book

	S	M	L	Personal Protective Equipment and Clothing (PPE/C)	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 6A,B,C,D 10F
20				Is PPE/C provided free of charge to employees as identified through risk assessments?				Goggles, gloves, masks, light

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21				Are information, instruction, training and supervision on the use of PPE/C provided to employees?				Storage, maintenance, replacement etc
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	S	M	L	Work Equipment and Machinery	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 5A,B
22				Is appropriate machinery and equipment provided to carry out work?				
23				Is the equipment and machinery properly stored and maintained?				

	S	M	L	Safe and Healthy Working Environment	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 8A,B,C
24				Is the working environment kept tidy and debris free?				Trip hazards, debris cleared
25				Is the working environment appropriately lit and ventilated?				
26				Is appropriate welfare facilities provided and kept clean?				toilets, washing, drying, eating, and changing

	S	M	L	Fire and Emergencies	Y	N	EVIDENCE /COMMENTS	PROMPTS HASPS 7A,B,C,D,E,F
27	x			Has a Fire Risk Assessment been carried out?				5+ Employees. Legislation Oct 2006
28				Is there a means of raising the alarm and fire detection in place?				
29				Do you have appropriate means of fighting fire, which is regularly tested, maintained and recorded?				Mainly in office. Static situations.
30				Has an appropriate clearly signed, unobstructed route to safety been identified?				Risk assessment
31				Do you keep a fire log/record book?				
32				Do you carry out regular tests and practice drills?				

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INSURANCE INFORMATION (HASPS 9G)

Public Liability

Employers Liability

Name of Insured

Name of Insurer

Policy Number

Level of Indemnity (£million)

Expiry Date / /

Copy of Certificate Received

Tick box if received

DECLARATION of NAMED SENIOR PERSON

I hereby confirm our commitment to good health and safety standards and that the information supplied on this questionnaire is correct and we undertake to inform **INSERT ORGANISATION HERE** of any significant changes

SIGNED:

POSITION:

**ON BEHALF OF:
(Organisation)**

DATE:

I understand that the information contained in this questionnaire may be passed on to George Baker Insurance Brokers who may in turn pass it on to relevant insurance companies. If you do *not* wish the information to be passed on then please tick the following box

DECLARATION of **INSERT ORGANISATION HERE**

I am satisfied that this organisation has met the standards contained in this assessment on the date provided below

SIGNED:

POSITION:

**ON BEHALF OF:
(Organisation)**

DATE:

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Assessment Outcome (Please tick one)	Accept		Accept with Action Plan		Reject	
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Action Plan				
REF	ACTION REQUIRED	BY WHO	TARGET DATE	COMPLETED (SIGNED OFF)

Action Plan Prepared By		Action Plan Agreed By	
Signed		Date	
Action Plan Review Date (1)		Action Plan Review date (2)	