

Health & Safety Policy Form

Employers name:		Employer's size: (No of employees)	
Nature of business;			
Workplace address:			
Main contact person: (Name & phone no.)		Health & Safety Contact:	
Supervisor(s) name(s)			

Type of work carried out at workplace location:	
Health & safety committee/ reps	

1	Health & 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 & safety clearly stated (recorded when 5 or more employees)		
C	Are arrangements for health & safety clearly stated (recorded when 5 or more employees)		
D	How are A,B & C communicated to employees		

2	Accidents, incidents and first aid	Yes/No	Evidence/ Comments
A	Does the business have arrangements for first aid materials ?		
B	Does the business have arrangements for trained first aid persons been made?		
C	Are accidents and first aid treatment rendered recorded?		
D	Are or will all legally reportable accident and incidents be reported and investigated?		

3	Information, instruction, training and supervision	Yes/No	Evidence/Comments
A	Are employees provided with adequate competent supervision		
B	Is initial health & safety information, instruction and training given to all new employees/ work experience students?		
C	Is ongoing health and safety information, instruction and training provided to all employees/ work experience students?		

4	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 safe electrical systems and equipment provided and maintained?		
D	Are guards and control measures in place?		

5	Personal protective equipment and clothing	Yes/No	Evidence/Comments
A	Is appropriate PPE/C provided to employees/work placement students?		
B	Is training and information on the safe use of PPE/C to all employees/ work placement students?		
C	Is PPE/C maintained and replaced?		

6	Fire & 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 fire-fighting equipment, preventive measures and emergency arrangements maintained, including through tests and practise drills?		
E	Is there a named person(s) for emergencies?		

7	Safe & 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?		

The Employer:

(Please sign to agree that this is an accurate account of the business' health & safety policy)

Signed:

Print

name: _____

Job title:

Date:
