

**PLANNING & PUBLIC PROTECTION SERVICE**

**HEALTH & SAFETY SELF-ASSESSMENT QUESTIONNAIRE**

**Business Details**

Trading name			
Address			
			Postcode
Type of building (e.g. out of town unit, industrial unit etc.)			
Health and safety contact			
Tel:	Fax:	E-mail:	

**Main activity that best describes your business (please tick)**

Retail food	<input type="checkbox"/>	Takeaway	<input type="checkbox"/>	Beauty salon	<input type="checkbox"/>	Church	<input type="checkbox"/>
Retail other	<input type="checkbox"/>	Public house	<input type="checkbox"/>	Tanning parlour	<input type="checkbox"/>	Warehouse	<input type="checkbox"/>
Office	<input type="checkbox"/>	Club	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Builders merchant	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	Hairdresser	<input type="checkbox"/>	Guest house	<input type="checkbox"/>	Food caterer	<input type="checkbox"/>
Other (please specify)							

**Employees**

Total number of employees	Male		Female	
Number of full time employees				
Number of part time employees				
Young persons (under 18 years)				
Agency workers (please expand)				
Contractors (please expand)				

**What employee welfare facilities are available? (expand as necessary)**

Toilet facilities available and numbers	Yes		No		Male		Female		Shared	
If no toilets, what arrangements are in place?										
Are WC's adequately lit and ventilated?										
Is there a wash hand basin with a supply of hot and cold water?										
Is there a staff/rest room provided?										
Is drinking water available (mains or other, please specify)?										

Facilities for preparing or obtaining a hot drink (specify e.g. kettle)?	
Facilities for preparing or obtaining a hot meal (specify e.g. local shops or microwave)?	

**Do you have or have carried out the following?**

	Yes	No	Don't know	Written	Not written
Health and safety policy					
General risk assessments					
Young persons assessments					
Pregnant women assessments					
Manual handling assessments					
COSHH (control of substances hazardous to health) assessments					
COSHH safety data sheets for hazardous substances used on premises					
Asbestos survey					
First aid kit					
Accident recording book					
Are you aware of the requirement to report certain accidents (RIDDOR)					
Current electrical certificate					
Is portable appliance testing (PAT) carried out					
Health and safety law poster					
Employee health and safety training and induction records					

**Equipment/Substances/External areas/Animals**

Please list the types of plant and equipment you have on your premise (e.g. catering equipment, office machinery, power tools) Please include any play equipment that you have .	
How is your play equipment checked ? Do you have a specific check list ?	
Please list any chemicals or substances you use on your premise (e.g. cleaning products, de-greasing agents, solvents etc.), where they are used and how often, Safe Storage	
List any PPE supplied to employees	
Layout and design of external areas safe access/use. Security for patrons . Maintenance issues addressed	
Do you have any animals pets on site or visiting the premises?	Specify :

### Lifting equipment

Do you have any lifting equipment on the premises? Please specify (e.g. lifts, dumb waiters, hoists, lift trucks etc.)	Yes		No	
Are maintenance records kept?	Yes		No	
Are they examined in accordance with the requirements of the Lifting Operations Lifting Equipment Regulations 1998? If so, how often and by whom? When was the last examination carried out?	Yes		No	Don't know

### Health and Safety Areas of Evident Concern

Are any tasks carried out above 2 meters high? (e.g. maintenance, high level cleaning, stock activities, repair etc.) please specify	Yes		No	
List the equipment used for these tasks (e.g. step ladders, working platforms) and describe the safe systems of work used to complete these tasks.				
Do any employees regularly undertake lifting, manual handling or repetitive tasks?	Yes		No	
If yes, what manual handling training has been given?				
When and how often is training given?				
How do you prevent slips and trips in your premise? (e.g. anti-slip flooring, good housekeeping, provision of non-slip shoes)				
Do forklift trucks operate within your premise?	Yes		No	
Are drivers trained?	Yes		No	
How are pedestrians separated from vehicle movements within the premise boundary?				
Do you receive deliveries from heavy goods vehicles? If yes, how often and location of delivery point?				
Do you have an employee stress policy?	Yes		No	
How do you manage employee stress?				
Are there any special hazards associated with your business? (e.g. welding equipment, violence to staff, compressed air, confined space work, noisy environment) please expand.			No	
How do you control these special hazards?				

