

Company Health and Safety assessment

Organisation Details

Please enter the following information of the company

Company Name

Company Address including postcode

Please enter the following information of the appointed person for health and safety

Name of Appointed Person include email address and contact number

Are there risk assessments which describes how hazards will be controlled? Please circle

Yes or No

Please attached with this document the following and circle Yes or No if they are attached

Company health and safety policy. Yes No

Public liability insurance. Yes No

Employers' liability insurance. Yes No

Are control measures suitable and sufficient? Please circle.

Yes or No

General information on the function of the organisation

Please state what are the roles of the organisation? i.e., Job roles, dress code, working hours etc.

Responsibilities

Please state who is responsible for the following areas?

Health and Safety Induction

Accident recording and reporting (RIDDOR)

Fire Safety

Risk Assessments

Machinery and Equipment

Please state the types of equipment and or machinery that the apprentice will be using.) if none please state None)

Please state the types of equipment and or machinery that the apprentice is prohibited from using.) if none please state None)

Areas the apprentice is prohibited from entering

Please list the areas that the apprentices are prohibited from entering. (If none please state none)

Health and Safety documentation

Please answer by circling Yes No or NA to the following questions.

Has a copy of the Employers Liability insurance certificate been viewed and found in date?

Yes No N/A

Is the employer's liability insurance certificate either on display or stored electronically where all employees have access?

Yes No N/A

Does the company have a health and safety policy either on display or stored electronically where all employees have access?

Yes No N/A

Is there an up-to-date health and safety law poster on display or have employees been provided with a copy of the leaflet- health and safety law-what should you know?

Yes No N/A

Is there a means of recording accidents/incidents in the company?

Yes No N/A

If applicable, is the business register with any of the following appropriate authorities?

Food and Catering

Yes No N/A

Childminders

Yes No N/A

Nurseries or care homes

Yes No N/A

Fire Safety

Please answer by circling Yes No or NA to the following questions.

Does the company have a written risk assessment for the premises?

Yes No N/A

Has a fire risk assessment been completed within the past year or been reviewed in the past year?

Yes No N/A

Have all actions if any been closed?

Yes No N/A

If actions have not been closed, is there an action plan in place towards closure?

Yes No N/A

Has any information which will need to be communicated to parents/guardians of young person's been supplied?

Yes No N/A

Are the means of escape marked with appropriate signage and escape routes clear and unobstructed at the time of assessment?

Yes No N/A

Is firefighting equipment present, suitable and in date?

Yes No N/A

Are fire drills being undertaken and documented?

Yes No N/A

Assessments of hazards

Please answer by circling YES or NO to the following question? Will the apprentice be exposed to the following in their role?

Hazardous Substances

Yes No

Display Screen Equipment

Yes No

Manual Handling

Yes No

Noise

Yes No

Vibration

Yes No

Electrical equipment

Yes No

First aid provision

Please circle Yes or No to the following the questions below, N/A are for employees of 5 or less

Are there first aid kits located around the company

Yes No N/A

Are there qualified first aiders?

Yes No N/A

Is there a first aid room?

Yes No N/A

Welfare

Please circle Yes No or N/A to the questions below

Are the adequate toilet facilities available?

Yes No

Are accessible toilet facilities available if required? (For those with disabilities)

Yes No N/A

Are the facilities clean, in good working order and supplies maintained?

Yes No

Is a rest room/eating area available?

Yes No

Statement

This organisation has been assessed for its Health, Safety and Welfare arrangements as outlined within this document. Any corrective actions identified during the assessment are listed above, together with the agreed target dates for the implementation.

The assessment is based on the evidence available, and discussions held today.

We agree to participate in the apprenticeship programme. On behalf of the company, we will ensure that:

-The student receives an induction briefing, to include as a minimum health, safety, and emergency arrangements. Signatory Printed Name Signature Date Provider Not required Employer Not required

-The student will be provided with adequate and appropriate supervision.

-We will notify the College of all learner accidents or incidents immediately and agree to any investigation the College deems necessary.

-We will request an emergency contact number from the student on induction.

-We agree to complete a suitable and sufficient risk assessment for the student. This will consider the student's inexperience of the workplace, immaturity and any known special needs and understand and confirm that it is the responsibility of this organisation to provide risk assessment information to the parents/guardian of the student, before the placement starts.

-We confirm that the student will not be allowed to work outside the hours stipulated (max 40 hours per week) unless prior agreement of the parent/guardian is obtained.

-We confirm that we are aware of and will comply with the relevant legislation regarding data protection and the Disclosure & Barring Service.

Person completing this form

Person completing this form

Name	Job Title	Signature	Date

Provider/college representative

Person validating this form

Name	Job Title	Signature	Date