CONFIDENTIAL HEALTH & SAFETY QUESTIONNAIRE

Please complete this questionnaire by providing details where required and ticking boxes as appropriate. This may save us having to visit you.

Business / Trading Name ……

Owner / Proprietor ……

Address ……

Town ……

Post Code ……

Tel: …… **Fax:** …… **E-Mail:** ……

Main Business Activity

(Please tick the appropriate box(es)

Retail (Food)	☐	**Retail (Other)**	☐	**Restaurant**	☐	**Takeaway**	☐
Club	☐	**Public House**	☐	**Staff Canteen**	☐	**Hotel**	☐
Guesthouse	☐	**Office**	☐	**Warehouse**	☐	**Hairdresser**	☐
Beauty Salon	☐	**Tanning Parlour**	☐	**Church/Church Hall**	☐	**Care Home**	☐

Other (please specify) ☐ ……

Employees

Please indicate the number and type of employees at your workplace i.e. male/female; full or part time. An employee is anyone who undertakes work for you whether they are paid or unpaid.

	Full Time		**Part Time**	
	Under 18 yrs of age	**18 yrs of age or over**	**Under 18 yrs of age**	**18 yrs of age or over**
Male				
Female				

Do you employ children (between 13-16 and still attending school) ? **YES** ☐ **NO** ☐

If 'yes' have you completed the appropriate forms and registered this with East Sussex County Council ? **YES** ☐ **NO** ☐

If the answer is 'no' you should contact ESCC on 01424 724191 to ensure that you comply with the East Sussex County Council Bylaws on the employment of children.

General Health and Safety

Is the "Health and Safety Law, What you should know" poster displayed at the premises?

YES ☐ **NO** ☐ If 'no', the poster can be ordered from the Health & Safety Executive. Tel: 0845 345 0055 or www.hse.gov.uk

Do you have Employers liability insurance? **YES** ☐ **NO** ☐ **N/A** ☐

Is this available to be viewed by all staff? **YES** ☐ **NO** ☐

Has your business produced a written health & safety policy?

YES ☐ **NO** ☐ **NO** ☐ as there are less than 5 employees in total in the company

How are employees made aware of the policy?

Staff Handbook ☐ **Notice Board** ☐ **Induction Training** ☐ **Individual Copies** ☐

Accidents

Are you aware that certain accidents must be formally reported to the Health & Safety Executive Contact Centre by telephone or on line? **YES** ☐ **NO** ☐

Do you have an accident book that complies with the Data Protection Act? **YES** ☐ **NO** ☐

How many reportable accidents has your business reported over past 5 years? ……..

Total number of all accidents over past 5 years …….

Are accidents investigated to prevent a recurrence? **YES** ☐ **NO** ☐

Do you have a First Aid kit? **YES** ☐ **NO** ☐

What are your First Aid arrangements? **Appointed person** ☐ **Trained First Aider** ☐

Risk Assessments

Have you carried out health and safety risk assessments? **YES** ☐ **NO** ☐

If 'yes' did this include any or all of the following?

- Slips, Trips Falls **YES** ☐ **NO** ☐ **N/ A** ☐
- Workplace Transport **YES** ☐ **NO** ☐ **N/ A** ☐
- Work Related Stress **YES** ☐ **NO** ☐ **N/ A** ☐
- Substances Hazardous to Health (COSHH) **YES** ☐ **NO** ☐ **N/ A** ☐
- Manual Handling **YES** ☐ **NO** ☐ **N/ A** ☐
- Noise **YES** ☐ **NO** ☐ **N/ A** ☐
- Display Screen Equipment (e.g. computers) **YES** ☐ **NO** ☐ **N/ A** ☐
- Young Persons (under 18 years of age) **YES** ☐ **NO** ☐ **N/ A** ☐
- Pregnant / Nursing Mothers **YES** ☐ **NO** ☐ **N/ A** ☐
- Lone / Solitary Workers **YES** ☐ **NO** ☐ **N/ A** ☐

Have you produced a record of all significant findings?

YES ☐ **NO** ☐ **NO** ☐ as there are less than 5 employees in total in the Company

Asbestos

Have you assessed whether there are any asbestos containing materials on your premises?

YES ☐ **NO** ☐ If 'YES' please specify how these are managed:-

……

……

Are all the above records held on site?

YES ☐ **NO** ☐ **Elsewhere** ☐ please specify……..

Electrical

Has the main electrical installation been inspected within the last 5 years? **YES** ☐ **NO** ☐

Is an inspection certificate available on site? **YES** ☐ **NO** ☐

Is your portable electrical equipment (any appliance fitted with a plug) regularly maintained and tested (so called 'PAT' testing)? **YES** ☐ **NO** ☐

If 'yes', how is the equipment tested?

By a qualified electrician ☐ with our own 'PAT' testing equipment ☐

Visual inspection only ☐ other, please specify ☐

How often is the equipment tested? …….

Gas

Are gas appliances (e.g. boilers, cookers) maintained at least yearly by a 'Gas Safe' (formerly Corgi) registered gas engineer? **YES** ☐ **NO** ☐

Do you use any portable gas appliances? **YES** ☐ **NO** ☐

Additional Questions

Does the entrance to your premises or office building display the statutory 'No Smoking' sign. **YES** ☐ **NO** ☐

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Does your business involve or use any of the following. Please tick all that apply,

Fork Lift Trucks (or other 'lifting' machinery) **YES** ☐ **NO** ☐

Goods or passenger lifts **YES** ☐ **NO** ☐

(If yes, are lifts shared with other businesses?) **YES** ☐ **NO** ☐

Chemicals labelled toxic, harmful, irritant, corrosive **YES** ☐ **NO** ☐

Manual handling of heavy and/or awkward loads **YES** ☐ **NO** ☐

Working at height eg use of ladders **YES** ☐ **NO** ☐

Repetitive manual work **YES** ☐ **NO** ☐

Activities that creates dust, fume, spray or gas **YES** ☐ **NO** ☐

Work that creates excessive noise **YES** ☐ **NO** ☐

Work that generates large amounts of flammable waste **YES** ☐ **NO** ☐

Does your business carry out any process which you consider potentially hazardous or use machinery not already mentioned? **YES** ☐ **NO** ☐

If you have answered yes to any of the additional questions please provide further information.

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Signature …… Print Name in full ……

Position within company …… Date ……

Thank you for completing this questionnaire. Further information is available on the HSE website www.hse.gov.uk . Alternatively if you would like the Environmental Health Department to assist you in any way regarding the improvement of Health & Safety within your business please contact us on 01424 451078.

Please return the completed questionnaire in the pre-paid envelope to:

Hastings Borough Council
Food, Health & Safety Team, Environmental Health
Aquila House, Breeds Place
Hastings
East Sussex TN34 3UY
01424 451078

Office use only

Confidence in Management.	1	2	3	4	5	6	
Safety Performance.	1	2	3	4	5	6	
Health Performance.	1	2	3	4	5	6	
Welfare Standards.	1	2	3	4			