


FORM: PSA-CP-001

Health & Safety Checklist

COMPANY NAME			
COMPANY ADDRESS			
MAIN TELEPHONE			
MAIN CONTACT NAME		Ext.	
EMAIL ADDRESS			
PERSON INTERVIEWED (if different from main contact)			
VISITING OFFICER (PSA)		DATE OF VISIT	

Please give brief details of the purpose of this assessment. (i.e. what will PSA be using this premises for?)

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(Tick 'yes/no' and fill in boxes where appropriate)

Basic Health & Safety			
Is there a current certificate for 'Employer Liability Insurance'? (COPY TO BE OBTAINED)	Yes	No	
Is the Health & Safety Law poster displayed?	Yes	No	
Is there a current Health & Safety Policy? (COPY TO BE OBTAINED)	Yes	No	
Who is responsible for Health & Safety with the organisation?			

Evacuation & Fire			
Are emergency evacuation procedures displayed?	Yes	No	
Are evacuation routes clear and with adequate signage?	Yes	No	
Is Fire Fighting equipment available and in date? (annually)	Yes	No	
What is the date Fire Fighting equipment was last checked? (dd/mm/yy)			
Is there a fire alarm?	Yes	No	
Are there instructions for the action in the event of detection of fire?	Yes	No	

Housekeeping					
Is there a good level of hygiene?	Yes	No	Is the heating adequate?	Yes	No
Is the ventilation adequate?	Yes	No	Is good housekeeping displayed?	Yes	No
Is the level of lighting satisfactory?	Yes	No	Are there sufficient toilets?	Yes	No
Is there a supply of drinking water?	Yes	No	Are there rest /eating facilities?	Yes	No

Risk Assessment		
Are Risk Assessment carried out and regularly updated? (COPY TO BE OBTAINED)	Yes	No
Do you have access for centre user with Disabilities?	Yes	No
Are regular computer work station assessments carried out?	Yes	No
Give brief details...		

First Aid		
Is there a First Aid box available?	Yes	No
Are details of First Aiders and how to contact them displayed?	Yes	No
Do you have an accident reporting procedures and how is this conveyed to centre users?	Yes	No
How many First Aiders are there within your company?		
Please name one.		

Dangerous Machinery (leave blank if not applicable)		
Is the machinery properly guarded, with stop buttons within reach?	Yes	No
Is there adequate signage and information?	Yes	No
Is the workplace a safe environment?	Yes	No

Hazardous Substances (leave blank if not applicable)					
If Hazardous Substances are used at the premise, are the following adequate?					
COSHH compliance	Yes	No	Training and instruction	Yes	No
Safety signs and information	Yes	No	Protective clothing	Yes	No
Emergency procedures	Yes	No	Supervision	Yes	No
Control methods	Yes	No	Chemical Spill Procedure	Yes	No
Safe systems of working	Yes	No	Exhaust Ventilation Systems	Yes	No
Personal protective clothing	Yes	No	Adequate warning signs	Yes	No

Additional Information	

Conclusion		
Is the placement suitable for the propose purpose?	Yes	No

NAME (PSA Visiting Officer)		POSITION	
SIGNATURE		DATE	