

Health and Safety Small Business Self Assessment Checklist

Name of Business: _____

Address of Premises: _____

Telephone Number: _____

E-mail: _____

Name of Contact: _____

If you would like to receive more information of any of the issues listed, please tick the relevant box.

- Y/N**
1. Do you employ 5 or more people?
- If YES, do you have a written Health & Safety Policy Statement?
2. What are the main hazards at your workplace or arising from your work activities?
-
-
3. Have you considered, or carried out risk assessments of these hazards, or any of the following hazards (documented if > 5 employees)?

- | | | | |
|--|--------------------------|---|--------------------------|
| | Y/N | | Y/N |
| Slips and trips in the workplace | <input type="checkbox"/> | Working at heights/falling objects | <input type="checkbox"/> |
| Workplace Transport | <input type="checkbox"/> | Use of hazardous substances (labelled as toxic, harmful, irritant, corrosive) | <input type="checkbox"/> |
| Employment of young persons/vulnerable persons | <input type="checkbox"/> | Lifting or movement of heavy or bulky loads | <input type="checkbox"/> |
| Use of computers and associated workstations | <input type="checkbox"/> | Work-related stress | <input type="checkbox"/> |
| Fire/Explosion/Emergency Procedures | <input type="checkbox"/> | Noise/Vibration | <input type="checkbox"/> |

4. Do you or any of your employees operate or use any of the following?
- | | | | |
|---------------------------------------|--------------------------|-----------------------|--------------------------|
| Fork Lift Truck | <input type="checkbox"/> | Welding Equipment | <input type="checkbox"/> |
| Lifting Equipment | <input type="checkbox"/> | Pressurised Equipment | <input type="checkbox"/> |
| Ladders/Step Ladders/Access Equipment | <input type="checkbox"/> | Machinery/Plant | <input type="checkbox"/> |
5. Is the equipment safe to use/suitable for intended use/inspected regularly and are suitable safety measures (eg guards) in place?
6. Are operators properly trained?
 Have you established safe working procedures to control the risks from work equipment?

Information Req'd	Y/N
Health & Safety Policy	<input type="checkbox"/>
Workplace Hazards	<input type="checkbox"/>
Risk Assessments	<input type="checkbox"/>
Slips and Trips	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/>
Workplace Transport	<input type="checkbox"/>
COSHH	<input type="checkbox"/>
Young Persons	<input type="checkbox"/>
Manual Handling/Lifting/Carrying	<input type="checkbox"/>
DSE	<input type="checkbox"/>
Stress	<input type="checkbox"/>
Fire/Explosions	<input type="checkbox"/>
Noise/Vibration	<input type="checkbox"/>
Fork Lift Trucks	<input type="checkbox"/>
Welding Equipment	<input type="checkbox"/>
Lifting Equipment	<input type="checkbox"/>
Pressurised Equipment	<input type="checkbox"/>
Ladders/Step Ladders	<input type="checkbox"/>
Plant and Machinery	<input type="checkbox"/>
Work Equipment	<input type="checkbox"/>
Control of Health & Safety Hazards	<input type="checkbox"/>



	Y/N	Information Req'd	Y/N
7. Are all lifts/lifting equipment in use at work subject to statutory inspection every 6 months (carry people) every 12 months (carry goods)?	<input type="checkbox"/>	Lifting Operations Lifting Equipment Regs	<input type="checkbox"/>
Do you have a copy of the certificate of thorough examination ?	<input type="checkbox"/>	Thorough Examination Certs	<input type="checkbox"/>
8. Do you provide appropriate welfare facilities for employees?	<input type="checkbox"/>	Health & Safety in the Workplace	<input type="checkbox"/>
• Washing facilities (hot and cold water)	<input type="checkbox"/>	Provision of Sanitary accommodation	<input type="checkbox"/>
• Toilet facilities and wash hand basins	<input type="checkbox"/>	Rest Facilities	<input type="checkbox"/>
• Rest and changing facilities	<input type="checkbox"/>	Drinking Water	<input type="checkbox"/>
• Drinking water supply	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>
9. Do you have procedures in place to identify and manage asbestos that may be present in the building?	<input type="checkbox"/>	Gas Safety	<input type="checkbox"/>
10. Do you arrange for a competent person to check all gas appliances (eg gas boilers, Calor gas heaters, space heaters)?	<input type="checkbox"/>	Electricity At Work	<input type="checkbox"/>
11. Has the fixed electrical installation been checked by a competent person within the last 5 years?	<input type="checkbox"/>	Portable Appliances Testing	<input type="checkbox"/>
Is the portable electrical equipment (eg vacuum cleaner, kettle, desk lamp checked on a regular basis to ensure that they are safe to use?	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
If YES, have you kept copies of the reports?	<input type="checkbox"/>	RIDDOR	<input type="checkbox"/>
12. Do you have a first aid kit?	<input type="checkbox"/>	Accident Report Form	<input type="checkbox"/>
13. a) Do you have an Accident Book at the premises?	<input type="checkbox"/>	Serious Accidents/Incidents	<input type="checkbox"/>
b) Do you have any official Accident Reporting Forms (NI2508) at Work?	<input type="checkbox"/>	Law relating to Members of the Public	<input type="checkbox"/>
c) Do you report serious accidents/incidents to Fermanagh & Omagh District Council?	<input type="checkbox"/>	H & S Training	<input type="checkbox"/>
14. Do you have members of the public on your premises?	<input type="checkbox"/>	Consultation with Employees	<input type="checkbox"/>
15. Has anyone in your workplace had formal health and safety training?	<input type="checkbox"/>	Control of Contractors	<input type="checkbox"/>
16. Do you consult with your employees on Health & Safety issues eg the hazards they are exposed to, and the controls for these hazards?	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
17. Do you ensure that contractors are competent to carry out work on your premises in a safe manner and are you aware that the control of contractors whilst on your premises is a joint responsibility?	<input type="checkbox"/>	Health & Safety Law	<input type="checkbox"/>
18. Are you displaying current Certificate of Employers' Liability Insurance?	<input type="checkbox"/>		
19. Are you displaying the approved poster "Health and Safety Law – What you Should Know"?	<input type="checkbox"/>		

IMPORTANT

These questions are designed to allow Fermanagh & Omagh District Council to make an initial assessment of the risk category appropriate to your premises.

You will incur NO LIABILITY for your answers so please be open and realistic.

Signed: _____

Date: _____

**Completed Form to be returned to Environmental Health Service, Fermanagh & Omagh District Council:
Townhall, 2 Townhall Street, Enniskillen, BT74 7BA OR The Grange, Mountjoy Road, Omagh BT79 7BL**

Telephone: 0300 303 1777

E-mail: eh@fermanaghomagh.com

Data Protection: Under the Data Protection Act, Fermanagh & Omagh District Council has a legal duty to protect any information we collect about you. It will not be disclosed to any 3rd party unless law or regulation compel such disclosure or unless we have been specifically asked to do so in order to deliver a service which you have requested.