

Elliott Nash Ltd Health and Safety Monitoring Model Form (M2) (SHE 32)

Regional Office/Premises - Monitoring Form

Office Location:	Name of Director: Name of Office Appointed Person:
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Question/criteria	Tick relevant box (where provided)	Further information, comments or details of action to be taken
Training and Communication		
What health and safety training have employees, managers received? Examples: <input type="checkbox"/> Internal CPD Training <input type="checkbox"/> CITB <input type="checkbox"/> CSCS <input type="checkbox"/> Fire Marshal <input type="checkbox"/> First Aid <input type="checkbox"/> Asbestos Awareness <input type="checkbox"/> Additional Training Providers		Please provide details of training received below.

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SHE 32	1	July 2011	July 2012	Yes/BMP

<p>Are health and safety issues covered as part of employee induction?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Please describe arrangements below.</p>
<p>Are staff training records retained?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Please describe retention arrangements.</p>

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Do temporary employees receive the same level of health and safety training, Personal Protective Equipment, etc, as permanent employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No temporary employees) <input type="checkbox"/>
Policies and Procedures			
Do all employees have access to the health and safety Policies & Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If the arrangement documentation is a paper copy, does it contain the latest amendments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have all employees within the office/premises been made aware of their role and responsibilities under health and safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe how employees have been made aware (e.g. at team meetings, through induction, follow-up actions from incidents, etc.)
Does all standard paperwork have quality assurance references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Recording and Reporting			
Is a copy of the Accident Book available and accessible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where is the incident book kept?

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Are copies of completed incident forms kept in a secure location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe storage arrangements below.
Have employees been made aware of Accident/Incident Reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe how they have been made aware.
Are managers aware of and understand Accident/Incident Reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Are managers aware of their responsibilities under the RIDDOR Regulations? (i.e. the types of incidents that must be immediately notified to the External Safety Advisor)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe how they have been made aware.
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Risk Assessment

Who is responsible for ensuring that risk assessments are carried out within the office/premises and reviewed at appropriate intervals?	Please provide their name and position below.
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Have risk assessments on the following issues been carried out?

Hazardous substances (COSHH)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No hazardous substances used) <input type="checkbox"/>
Display screen equipment workstations (VDUs)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No Display Screen Equipment used) <input type="checkbox"/>
Manual handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No hazardous manual handling operations undertaken) <input type="checkbox"/>
Potentially violent situations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No exposure to verbal or physical violence) <input type="checkbox"/>
Personal protective equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No requirement for PPE) <input type="checkbox"/>
Work equipment (Ladders, tools, machinery, plant)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please give examples of types of work equipment assessed.
New and expectant mothers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No new or expectant mothers within the section) <input type="checkbox"/>
Young people at work (e.g. on work placement)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No people under 18 in office/premises) <input type="checkbox"/>

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Lone working tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No lone working tasks carried out) <input type="checkbox"/>
Construction site visits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No construction site visits carried out) <input type="checkbox"/>
Legionella assessments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No Legionella hazard exists) <input type="checkbox"/>
Business driving tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No driving for business is undertaken) <input type="checkbox"/>
Surveying unoccupied premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No surveys of unoccupied premises are undertaken) <input type="checkbox"/>
Buying goods and services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No goods are purchased) <input type="checkbox"/>
Working at height activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No working at height activities exist) <input type="checkbox"/>
Excavations and confined spaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No confined spaces exists) <input type="checkbox"/>
Overseas business travel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No overseas business undertaken) <input type="checkbox"/>
Employees stress assessments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
First aid assessments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mandatory requirement.

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<p>If control measures require implementing are there procedures in place to ensure this action is carried out? (Information, instruction, training and supervision)</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Please give examples of applicable procedures in place?</p>
<p>Are staff given access to assessments for their work activity?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	
<p>Visitors and Contractors</p>			
<p>Are formal systems in place in the office/premises for signing in and out:</p>			
<p>Visitors?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	
<p>Contractors?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	

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Are contractors provided with written information about the site (e.g. location of asbestos, fire assembly point, emergency procedures)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fire			
Has a fire risk assessment for the office/premises been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a written fire emergency procedure for the office/premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the office/premise fire log book maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please detail the person responsible for updating and maintaining the office fire log book.
Have fire drills been carried out in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many fire drills have been carried out in the last year?
Bomb/Terrorist Alerts			
Are there adequate procedures in place to deal with a bomb/terrorist alert?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
First Aid			
Has a risk assessment of first aid needs (number of first aiders, first aid facilities) been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are first aiders available at all times at the office/premises during normal working hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has a risk assessment of first aid needs been carried out for teams working away from the office/premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Incident Investigation			
Have all reported incidents been investigated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have all remedial actions been implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Statutory Notices			
Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Only applicable where intranet access is limited <input type="checkbox"/>
HSE Health and Safety Poster	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fire Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Workplace Welfare Standards			
Is adequate ventilation maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is an adequate room temperature maintained? Sufficient thermometers provided - minimum requirement in an office is >16 Degrees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there suitable lighting in each work area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are workplaces kept suitably clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a means of warming food and water in the office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do work spaces have sufficient space and is this considered during office relocations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recommended area should be a minimum 11m ³ per person (room height max 3 metres)

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Are all work area traffic routes sufficient in the event of an emergency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there adequate sanitary provisions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there suitable doors and gates with adequate transparency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are windows and skylight access arrangements suitable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Adequate supply of wholesome drinking water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Suitable restroom or canteen area supplied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (If workstations are cleaned regularly) <input type="checkbox"/>
Are vermin control measures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe the measures if applicable.

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Are DDA provisions taken in to account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please detail current office arrangements.
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Inspections			
Is lifting equipment regularly inspected? (Passenger lifts, emergency evacuation seats etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are inspections of other plant/equipment undertaken on a regular basis? Examples: <input type="checkbox"/> PAT Testing – Electrical Equipment <input type="checkbox"/> Electrical Testing (Mains) <input type="checkbox"/> Gas Boilers <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Intruder Alarm <input type="checkbox"/> Security Doors <input type="checkbox"/> Emergency Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please give examples of any types of plant/equipment that are regularly inspected.
Active Monitoring Arrangements			

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Are General Inspection Forms completed (M1)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please describe arrangements below.
Control of Contractors			
Have written risk assessments been carried out for contractor work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has contractor's health and safety performance been monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the contractor selection procedure been used, including PQQ returns etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Advice and assistance

When did the office/premises last have contact with the External Safety Advisor?

Please provide approximate date of contact and nature of contact e.g. inspection, accident investigation, training, telephone advice, etc.

Please use the space provided below to give details of any further guidance, assistance or training required in the section/premises.

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The person completing the form should sign below to show that they have made best efforts to ensure the accuracy of the information when completing the questionnaire.

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Name of person completing the form:	Signature:	Date:
Directors should sign below to show that it is a correct reflection of current health and safety management within their offices/premises		
Name of Director:	Signature:	Date:

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