| H**EALTH AND SAFETY AT WORK ACT 1974**  **ANNUAL SAFETY AUDIT QUESTIONNAIRE**  **FOR DEPARTMENT MANAGERS** | |
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| 1. MANAGEMENT ARRANGEMENTS | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| Accident and ill health prevention is an essential part of the management function.  1.1 Do the Job Descriptions of all managers and supervisors set out their Health and Safety responsibilities?  1.2 Is the Departmental Safety Policy/Guidelines up to date?  1.3 Is the Policy/Guidelines displayed on the notice board(s)?  1.4 Where in the building is the Health and Safety "Information for Employees" poster displayed?  1.5 Have all your staff received a Health and Safety "Information for Employees" leaflet?  1.6 Is the Department Guideline used during induction training?  1.7 Is there a defined Health and Safety training programme for the staff of the department?  1.8 What records are kept of Health and Safety training for supervisors and staff? |  |

NB. Health and Safety legislation requires the employer to provide information, instruction and training for employees.

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| **2. ACCIDENT REPORTING**  **PROCEDURE/** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 2.1 What mechanism do you have for discussing Health and Safety issues with your staff?  2.2 How many cases of Reportable Disease have there been in the department in the last 12 months?  2.3 How many Dangerous Occurrences have there been in the department in the last 12 months?  2.4 Has any action been taken as a result of accident statistic analysis?  2.5 Do all staff complete the:  • Accident Book;  • Accident Form;  after an accident?  2.6 What measures have you taken over the last year to prevent accidents? |  |

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| **3. MACHINERY GUARDING** | **INDICATE CURRENT POSITION AND PROPOSED REMEDIAL ACTION WHERE REQUIRED** |
| Faulty machine guarding causes some of the most serious accidents. If you have no machinery in your department, please write N/A and continue to the next section.  If you have machinery:  3.1 Are all moving parts of the machinery guarded in accordance with regulations or as otherwise advised by the Manufacturers?  3.2 Are all fixed guards securely bolted in position and in good condition?  3.3 When were they last checked? |  |

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| **4. MANUAL HANDLING OF LOADS AND**  **USE OF LIFTING EQUIPMENT** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 4.1 Are all lifting appliances marked with the Safe Working Load (SWL)?  4.2 Are any in use where the SWL might be exceeded?  4.3 How often are lifting appliances checked, and are the checks recorded?  • Who carries out the check?  • What qualification does the person hold to carry out the check?  4.4 Are you sure you have adequate lifting equipment in all places where it is required?  4.5 Have all staff received training in the use of lifting equipment?  4.6 Has all training been recorded?  4.7 How many back injuries have been sustained in this department over the past 12 months?  4.8 How many days have been lost due to back pain over the last 12 months? |  |

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| **5. MOBILE EQUIPMENT** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 5.1 If you have any mobile equipment, is it checked regularly? |  |

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| **6. STORAGE** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 6.1 Have you any materials or substance in your department which require special storage procedures?  6.2 Are these procedures being followed?  6.3 What problems arise, if any, through inadequate storage facilities in your department?  6.4 Have all Health and Safety requirements, concerning the storage of gases and flammable liquids been complied with? |  |

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| **7. WORK STATIONS** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 7.1 Does the operator's chair have adjustments for seat height, back-rest height and back-rest angle?  7.2 Are document holders available to enable documents to be read at eye level?  7.3 Is there sufficient leg-room under the desk?  7.4 Is there a footstool if required?  7.5 Is there sufficient work space to work comfortably?  7.6 If the work surface free of glare?  7.7 Is the Display Screen Equipment (DSE) adjustable for:  • brightness;  • contrast?  7.8 Is the DSE screen and keyboard independently moveable?  7.9 Is the DSE screen clean?  7.10 Are the images on the DSE:  • clearly defined;  • stable (i.e. flicker free) |  |

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| **7. WORK STATIONS (Continued)** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 7.11 Is the VDU work broken up by other work. If so, what?  7.12 Is the VDU work shared?  7.13 Are staff trained in the use of the VDU?  7.14 Are staff aware of the Health and Safety (Display Screen) Regulation 1992?  7.15 Have all staff, working with VDUs for the majority of their time, had their eyesight screened?  7.16 Is the overall environment warm, ventilated, well lit and conductive to pleasant working conditions? |  |

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| **8. CONTROL OF SUBSTANCES**  **HAZARDOUS TO (COSHH)**  **REGULATIONS 1988** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 8.1 Do you know what COSHH is?  8.2 Have you got a list of substances known to be harmful to health?  8.3 Have they been assessed?  8.4 Are there any control measures as required under COSHH Regulations?  8.5 Do you have written safe working practices?  8.6 Is there any need for special ventilation (legal requirement to check under COSHH)?  8.7 How do you monitor COSHH and control measures?  8.8 What information is available for staff?  8.9 Where is it kept?  8.10 How are staff informed?  8.11 What record do you keep of information, instruction and training given to staff?  8.12 Does anything need to be changed following your COSHH audit: e.g. work practices, work environment, protective clothing, equipment? |  |

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| **9. MANAGEMENT OF SICKNESS**  **ABSENCE/ALCOHOL AND OTHER**  **DRUGS AT WORK POLICY** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 9.1 Are you and your staff fully aware of the Management and Control of Sickness and Absence Policy?  9.2 Do you follow the recommendations in this policy when staff return after absence?  9.3 Are your staff fully aware of the Alcohol and Other Drugs at Work Policy?  9.4 Would you know how to handle a problem of suspected alcohol or drug abuse within your department? |  |

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| **10. HOUSEKEEPING/**  **WORKING ENVIRONMENT** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 10.1 Are all exits and entries to your department safe?  10.2 Are all floors in good condition?  10.3 Do staff deal with spillages as they occur?  10.4 Do staff keep their work area clean and tidy?  10.5 Is the general standard of lighting adequate?  10.6 Have you adequate washing and toilet facilities?  10.7 Is the general ventilation satisfactory?  10.8 Is there a need for Local Exhaust Ventilation in any area of your department?  10.9 Is the normal temperature in your department comfortable to work in?  10.10 If you have experienced any problem with temperature, what action has been taken |  |

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| **11. PROTECTIVE EQUIPMENT** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| **Eyes**  11.1 Which jobs in your department require eye protection?  **Feet**  11.2 Do any of your staff need to wear safety footwear?  **Clothing**  11.3 How are your staff made fully aware of the hazards of loose clothing around machinery?  11.4 Which jobs in your department require protective clothing?  11.5 Is it removed before leaving your department?  11.6 Are there any problems with the protective clothing provided? |  |

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| **11. PROTECTIVE EQUIPMENT (continued)** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| **Ears**  11.7 Have you got a noise problem in your area?  11.8 Has it been formally assessed?  11.9 Did the assessment show the need for ear protection?  11.10 Is ear protection provided?  **Hands**  11.11 Which jobs require hand protection?  11.12 How do you monitor that gloves are used appropriately?  11.13 Have any problems arisen the use of gloves?  11.14 Are hands regularly checked for dermatitis?  **Lungs**  11.15 Do any work practices require respiratory protection (please specify)? |  |

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| **12. GREEN ISSUES** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| Five key areas have been identified as playing a part in protecting the environment. Are you or your staff involved in any of these activities?  12.1 Phasing out the use of aerosols and safe disposal of chloroflurocarbons (CFCs)  12.2 Reducing the use of fossil fuels?  12.3 Supporting conservation?  12.4 Increasing the re-use of materials?  12.5 Purchasing environmentally friendly products? |  |

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| **13. NO SMOKING** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 13.1 How are your staff made aware, and kept aware, of the Policy on No-Smoking or Vaping?  13.2 How are visitors made aware of the Policy of No-Smoking or Vaping?  13.3 Are signs displayed clearly designating there is no smoking or vaping allowed in the building?  13.4 What positive actions are you taking to discourage staff smoking?  13.5 Are leaflets/information about giving up smoking available for people who wish to give up?  13.6 Has there been an area designated for smoking / vaping away from the company’s buildings? |  |

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| **14. FIRST AID AT WORK (HEALTH AND**  **SAFETY) REGULATIONS 1981** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 14.1 What are the First Aid needs in your workplace?  14.2 Are there many hazards which require special training?  14.3 Have you enough First Aiders to cover all shifts and holiday absences?  14.4 Have you a list of Trained First Aiders?  14.5 If a member of your staff has received First Aid Training, has a record been kept and if so, when is refresher training due?  14.6 Who is responsible for the First Aid box?  14.7 Where is treatment recorded?  14.8 Is the First Aid box stocked properly and everything in date?  14.9 What is the expiry date on your Eye Wash bottle if you have one? |  |

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| **15. HEALTH PROMOTION** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 15.1 Are there any health promotion activities available locally for your staff? |  |

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| **16. STAFF FACILITIES** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| Are the following available to staff?  16.1 Rest room?  16.2 Access to a clean area to prepare / eat food and drinks?  16.3 Adequate changing facilities?  16.4 Adequate car parking and cycle storage? |  |

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| **17. ELECTRICITY AT WORK**  **REGULATIONS 1989** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 17.1 How often do you carry out visual checks on portable electrical equipment, eg. cable not damaged/frayed, plug not damaged/ broken, socket not damaged/broken?  17.2 Is this recorded?  17.3 Have there been incidents involving electrical equipment over the last year?  17.4 Has any additional/replacement electrical equipment been brought into your department without being checked by a qualified person? |  |

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| **18. FOOD SAFETY ACT 1990/**  **FOOD HYGIENE (AMENDMENT)**  **REGULATIONS 1991** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 18.1 Are any of your staff handling food?  18.2 If so, have they had training in basic food preparation?  18.3 Is this recorded?  18.4 Have all fridges and freezers been equipped with fridge/freezer thermometers for instant checking?  18.5 Are all fridge/freezer temperatures monitored and recorded?  18.6 How often?  18.7 Who is responsible for doing this?  18.8 List the foods in your fridge now and length of time they have been stored. |  |

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| **19. WORKING TIME REGULATIONS** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 19.1 Do any of your staff work more than an average of 48 hours per week (averaged over 17 weeks)?  19.2 Do your night workers average more than 8 hours per 24 hours within a 17 week period?  19.3 Do any workers who are doing work of heavy physical or mental strain actually work more than 8 hours per night?    19.4 Have your night workers had a confidential health assessment?  19.5 Does the pattern of work in the department allow:an uninterrupted rest period of:   * not less than 11 consecutive hours in each 24 hour period * not less than 24 hours in each 7 day period (may be averaged over 2 weeks)   Where a daily work period is more than 6 hours a worker is entitled to a minimum of at least 20 minutes uninterrupted break away from their work station  19.6 Do your casual staff have an entitlement to annual leave? |  |

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| **19. WORKING TIME REGULATIONS (Continued)** | **INDICATE CURRENT POSITION**  **AND PROPOSED REMEDIAL**  **ACTION WHERE REQUIRED** |
| 19.7 Do you have staff records which recordthe following for all your staff:   * weekly time limit * night work limits * health assessment for night workers * rest periods including compensatory rest |  |