

# HEALTH & SAFETY



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|--------------------------------------|--------------------------|
| <b>Name of Company:</b>              | <b>Group:</b>            |
| <b>Address:</b>                      | <b>Phone:</b>            |
|                                      | <b>Fax:</b>              |
|                                      | <b>Email:</b>            |
|                                      | <b>Website:</b>          |
| <b>Health &amp; Safety Contact:</b>  | <b>Phone:</b>            |
|                                      | <b>Email:</b>            |
| <b>Site Address: (if applicable)</b> | <b>Category of Work:</b> |
|                                      |                          |

Do you have a Health & Safety Policy? Yes      No

Is a Health & Safety Poster displayed in the workplace?  
If yes, where? Yes      No

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Do you conduct Risk Assessments? Yes      No

**Please provide us with a copy of your most recent risk assessment.**

How often are Risk Assessments Updated? -----

Are there any specific Health & Safety risks associated with your business?  
If yes, please give details Yes      No

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Will Health & Safety Inductions be provided to Temporary Workers?  
If yes, please give details Yes      No

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Will you carry out specific Risk Assessments on Temporary Workers? Yes      No

Has a Fire Risk assessment been conducted? Yes      No

Is the Fire Evacuation Procedure displayed in the workplace?  
If yes, where? Yes      No

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Will our Temporary Worker be required to work with Hazardous Machinery?  
If yes, please give details Yes      No

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Will our Temporary Worker be expected to carry out Manual Handling?  
If yes, please give details Yes      No

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Will our Temporary Worker come into contact with Hazardous Substances?  
If yes, please give details Yes      No

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Has a COSHH Risk Assessment been conducted? Yes      No

Are our workers required to wear Personal Protective Equipment?  
If yes, please give details Yes      No

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Will your company provide this equipment? Yes      No

Are First Aid provisions available in the workplace? Yes      No

If an accident occurs how is it reported and recorded? -----

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Are our Temporary Workers covered by your Company's Public Liability Insurance? Yes      No

**Employers Liability Insurance Policy Number:** -----

**Signed on behalf of Company by:** ----- **Print Name:** -----

**Position:** ----- **Date:** -----