


Health and Safety Check

Area of inspection	Date of Inspection	Name(s) of Inspector(s)	

Element	Yes	No	N/A	Issues	Action(s)	By whom	By when
1. Good Order							
1.1 Tidy and maintained							
1.2 Adequate storage facilities available (and safe)							
1.3 Floor/ground is in suitably good condition							
1.4 Cables are managed so as not to cause a trip							
2. Environment							
2.1 Temperature is suitable							
2.2 Lighting is adequate							
2.3 Emergency lighting is available							
2.4 Ventilation is adequate							
2.5 Noise levels are controlled/acceptable							
3. Emergency procedures/facilities							
3.1 Fire fighting equipment is available and tested (12 months)							
3.2 The fire alarm is tested weekly							
3.3 Emergency lighting is tested monthly							
3.4 There has been a fire drill in the last 12 months							
3.5 Final exit fire doors are checked weekly							
3.6 Escape routes are clear of obstructions							
4. First Aid							
4.1 First aiders are appointed and trained							
4.2 A first aid box is available and stocked							
Toilets							
5. Welfare facilities							
5.1 Flushing toilets are available							
5.2 Hot and cold running water is available							
5.3 Soap and towels or hand dryer is available							
6. Electrical safety							
6.1 All equipment has been PAT tested according to the policy							
6.2 Reduced voltage/ battery operated equipment is							

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used where possible							
6.3 Power cables are in good condition and located to prevent them being damaged or coming into contact with water							
Element	Yes	No	N/A	Issues	Action(s)	By whom	By when
7. Security							
7.1 The site/workplace is secure and unauthorised access is prevented							
8. PPE							
8.1 An adequate supply of appropriate PPE is available							
8.2 Suitable storage for PPE is available							
9. Safety signs/notices							
9.1 All necessary safety signs (mandatory, warning prohibition and information) are posted							

ACTION TAKEN

Area	Issue	Action to be taken	Reported to	Date reported

Signed	
Date	

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