

HEALTH & SAFETY PROCUREMENT STANDARDS (HASP)

EMPLOYER/LOCATION HEALTH & SAFETY ASSESSMENT RECORD

Employer Details:

Name Of Business:		Number Of Employees:	
Workplace Address:		Main Contact: (Name, Email and Tel No.)	
		Health and Safety Contact:	
Type of work carried out at Workplace Location			
Enforcement Action: (Prosecutions, Notices)			
Health and Safety committee / safety representation:			

Assessment Outcome

Recommendation	Accept		Accept with Action Plan		Reject	
Risk Category	High		Medium		Low	

Assessment Type

Initial Assessment		Re-assessment		Other (please specify)	Date of next assessment:
Liability Insurance Review Details	Insurers name: Policy number: Expiry date:			Insurers name: Policy number: Expiry date:	

Health and Safety Procurement Standards (HASPS) – Sections 1-9

1	Basic health and safety requirements	Yes/No	Evidence/Comments
1.1	Is the employer's liability insurance policy current and appropriate to the company needs?		Insurers name: Policy number: Expiry date: How?
1.2	Does the employer keep up to date with the requirements of health and safety legislation?		
1.3	Does the employer display the 2009 version (or later) of the health and safety law poster?		Where is it displayed?

2	Health and Safety Policy	Yes/No	Evidence/Comments
2.1	Does the employer have a health and safety policy in place if they have 5 or more employees?		Date last reviewed?

3	Risk assessment and controls	Yes/No	Evidence/Comments
3.1	Have risk assessments been conducted to identify significant risks and are adequate risk control measures clearly defined and in place?		Where are they stored?
3.2	Are risk assessments reviewed annually?		Date last reviewed?

4	Accidents, Incidents and first aid	Yes/No	Evidence/Comments
4.1	Does the company have a suitably stocked first-aid box?		
4.2	Is there an appointed person to take charge of first-aid arrangements?		Name of appointed person?
4.3	Has the risk assessment identified a need for a first aider and have they been appointed?		Name of first aider(s)?
4.4	Is there an accident book/accident recording system?		Where is it stored?

4.5	Does the company investigate accidents and take suitable remedial action?		
4.6	Are/will all RIDDOR reportable events be reported to the HSE and to Riverside Training?		

5	Supervision, Information, Instruction and Training	Yes/No	Evidence/Comments
5.1	Is initial induction and ongoing health and safety information and training given to all employees?		

6	Work Equipment and Machinery	Yes/No	Evidence/Comments
6.1	Is machinery and work equipment provided to the appropriate standards, including appropriate guards and other control measures?		
6.2	Is machinery and work equipment adequately maintained?		
6.3	Are safe electrical systems and electrical equipment provided and maintained?		

7	Personal Protective Equipment and Clothing		
7.1	Is PPE provided, free of charge, to employees as determined through the risk assessments?		
7.2	Is PPE fit for purpose and maintained/stored correctly?		
7.3	Is PPE provided with suitable instruction on usage and is this guidance followed?		

8	Fire and Emergencies	Yes/No	Evidence/Comments
8.1	Has a suitable and sufficient fire risk assessment been conducted?		Where is it stored?
8.2	Are adequate arrangements in place for dealing with fires and other emergencies?		

9	Safe and Healthy Work Environment	Yes/No	Evidence/Comments
9.1	Are the premises and working environment safe and healthy?		
9.2	Are adequate welfare facilities and arrangements provided?		
9.3	Are measures in place to ensure that the risks presented by workplace transport and travel are adequately controlled?		

ACTION PLAN (Sections 1-9)				
Ref	Action Required	By Who	Target Date	Confirmation of Completed Actions

I agree that this assessment record is a true reflection of the organizations current health and safety standards. I agree to inform Riverside Training of any significant changes in the working environment or working practices. I agree to complete any actions required and provide Riverside Training with the new employer liability details when the details listed have expired.

Employer Representative

Name	Sign	Job Title	Date

Provider to Complete - Assessment undertaken by:

Name	Sign	Job Title	Date

For office use only- Quality Assured by:

Name	Sign	Job Title	Date

Health and Safety Procurement Standards (HASPS) – Section 10

(To be completed for all learners aged 16-18 and Vulnerable Adults)

Learners Name:	
Employer's Name and Learner's work location(s)	

Assessment Outcome

Recommendation	Accept		Accept with Action Plan		Reject	
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10	The employer manages learners health, safety and welfare	Yes/No	Evidence/Comments
10.1	The employer has assessed the risks to the learner taking account of his/her age and any other special needs or circumstances including any disability and/or medical condition.		
10.2	The employer has put in place control measures for the learner as a result of 10.1 and informed the learner and his or her supervisor.		What are they?
10.3	The employer has identified any necessary prohibitions and restrictions that apply to any learner as part of items 10.1 and 10.2 above.		What are they?
10.4	The employer provides competent supervision for the learner and has a designated person to take overall responsibility for the learner.		
10.5	The employer is aware of safeguarding regulations and any concerns will be discussed immediately with a representative of Riverside Training.		

ACTION PLAN (Section 10)				
Ref	Action Required	By Who	Target Date	Confirmation of Completed Actions

I agree this is a true reflection of the management of this learner's health, safety and welfare. I agree to complete any actions required.

Employer Representative

Name	Sign	Job Title	Date

Provider to Complete - Assessment undertaken by:

Name	Sign	Job Title	Date

For office use only- Quality Assured by:

Name	Sign	Job Title	Date

RISK CATEGORY MATRIX

(Circle appropriate Occupational, Management Risk Level & overall risk level)

		Highest Occupational Risk Level		
		Low	Medium	High
		Administration Education Sales Retail Trade	Animal Care (including retail) Electronics Hairdressing & Beauty Hotels & Restaurants (non-catering) Printing Sports/Recreation & Leisure Textiles & Clothing Wholesale & Warehousing	Agriculture, Horticulture, Hunting, Fishing & Forestry Animal nursing Care Catering (kitchen) Chemicals & Chemical Products Construction Engineering (mechanical and electrical) Equestrian Manufacturing/craft Mining & Quarrying Outdoor Pursuits Repair of motor vehicles & motor cycles Security Transport Utilities
Management of Risk Level	Low	Low	Low	Medium
	Medium	Low	Medium	High
	High	High	High	High
	Unacceptable	Unacceptable		

Guidance

Risk category (High, Medium and Low) Review dates:

1. **High:** Yearly
2. **Medium:** Every two years
3. **Low:** Every three years
4. **PLACEMENTS DEEMED TO BE UNACCEPTABLE MUST NOT BE USED.**

Please note that the risk category is derived from the above matrix. A high Occupational Risk Level does not necessarily mean a **High** risk category; similarly, a Low Occupational Risk Level does not necessarily mean a **Low** risk category.

Example: A **Low Occupational risk level (e.g. Administration)** combined with a **High Management of risk level** will give a **High** risk category, **meaning a visit every year.**

MANAGEMENT OF RISK LEVELS

Low Risk - Demonstration of high standards of health and safety with evidence of;

- Adequate Insurance.
- Satisfactory H & S policy.
- Satisfactory Induction arrangements.
- Suitable and sufficient risk assessments.
- Satisfactory accident management & reporting procedures.
- Appropriate supervision of the learner.
- Person responsible for health and safety with access to competent H & S assistance if necessary.

Medium Risk - Demonstration of basic standards of health and safety with minimal compliance, improvements required in accordance with agreed Development plan. Shortcomings in the following areas:

- Health and Safety Policy.
- Risk assessments.
- Access to competent H & S assistance (if necessary).
- Procedures and Controls that would not immediately affect the learner.

High Risk - Demonstration of poor standards of health and safety/insufficient compliance with health and safety. Significant improvements are necessary - **Unacceptable** until a Development Plan with strict timescales has been agreed and initiated. The following **Not** in place at the time of the check but the placement is willing to address and complete within agreed timescales:

- Risk Assessments.
- Accident management & reporting procedures.
- Welfare facilities.
- Induction process and arrangements.
- Person responsible for learners' health & safety.

Unacceptable Risk - The organization's attitude and/or non-compliance with health and safety requirements along with the inability to agree a Development plan. Evidence **Not** found of the following:

- Satisfactory insurance arrangements.
- Health & safety policy (When 5 or more employed).
- Risk Assessments.