

**Health, Safety and Fire Risk Evaluation**

**Client/Trading Name:** [Ace Windows NE Ltd ]

**Location:** [Unit 1 Dunston Workshop,  
Railway Street  
Gateshead, Newcastle  
Upon Tyne, Tyne and  
Wear, NE11 9EB]

**Phone Number:** [0191 482 2187]

**Email:** [abe@acewindowsne.co.uk]

**Web Site:** [[www.acewindowsne.co.uk](http://www.acewindowsne.co.uk)]



**Date of Evaluation** :5/5/2016 |

**Consultant** Ray Pyne |

**Director Responsible for Health and Safety** :Abe Rabin |

**Responsible Manager** Abe Rabin |

:|

## INTRODUCTION

The aim of this evaluation is to provide a clear and detailed description of the current situation with regard to health and safety compliance at Client Name.

All work activities within the premises as well as company documentation, records and equipment have been explored. All who may be affected by the Company's activities within the premises, including tenants, employees, suppliers and contractors or any others who could be adversely affected, such as visitors and members of the general public have been considered.

To attempt to enhance the profile and intended outcomes of health and safety management within the organisation, issues and suggested actions raised in this report are aimed at achieving best practice or developing improvements to augment your arrangements.

Where in the opinion of the Health and Safety Consultant in attendance there is a shortfall in compliance with relevant statutory provisions, technical standards, internal procedures or company policies, remedial actions will be recommended. Additionally, where the Consultant identifies action is required to prevent enforcement action being taken against the client through removing or preventing a situation where potentially an incident of injury, ill health or property damage may occur, these circumstances and issues will be recorded in the subsequent report by the Health and Safety Consultant.

To enable you to determine the potential severity of each aspect recorded as well as the significance and for action, priority levels are used.

The four priority levels are:

- PRIORITY 1**      Situations where imminent risk of injury is present. Work should be stopped immediately and a remedial action plan agreed with Senior Management.
- PRIORITY 2**      Immediate attention at the time of the visit required. Issues which could attract enforcement action if left unattended generally relating to non-compliance with Regulations or an Approved Code of Practice (ACOP).
- PRIORITY 3**      If left unattended, matters requiring attention which could attract enforcement action, generally relating to issues of Non Compliance with your policies/systems or procedures.
- PRIORITY 4**      Issues identified that are not applicable best practice or industry standards.

During the evaluation, private areas unrelated to your business were not specifically entered unless stated. The evaluation findings are based on observation of accessible internal and external areas only.

Following the walk around and our discussions I have prepared a detailed action plan of health and safety related issues that require attention. The action plan includes details of necessary improvements. These are prioritised, to enable you to address them in a logical order. Although I have prioritised the improvements that should be made, your aim should be to take all recommended action as soon as reasonably possible.

PRIORITY	RECOMMENDATIONS	TIME
<p style="text-align: center;"><b>A</b></p>	<p>Ace Windows are making steps to be compliant and this will be an ongoing process. However, it is important that risk assessments and method statements are produced to ensure the company is compliant with the Health and Safety at Work Act 1974, and the Management of Health and Safety at Work Regulations 1999 and other relevant regulations. Therefore I recommend: a Health and Safety File be compiled and that a Risk Assessments are carried out and method statements are written. In addition a Fire Risk assessment need to be carried out . On site risk assessments are required to ensure staff are safe ( Window fitting) Training such as First Aid, Manual Handling and other relevant training is required eg Working at Height (step ladders / Ladders) Fire/ emergency Evacuation plan needs writing to keep staff safe.</p>	<p>  </p>
<p style="text-align: center;"><b>B</b></p>	<p>All Portable electrical equipment to be tested by a competent person                      Extinguishers are required in the kitchen / office area                      It would be prudent to ensure that both Gas and Electricity present no danger                      The covering up of the mains electricity fuse board would be good practice</p>	<p>  </p>

<b>C</b>		
<b>D</b>		

**GENERAL ISSUES**

This information was given to me, and these issues were noted at the time of my visit, and where recommendations, advice or actions are given these should be constantly reviewed as part of your ongoing health and safety management.

Question	Status			Action Required		Recommendations/Advice for Client
	Yes	No	N/A	Yes	No	
Is there a current, signed health and safety policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes a H&S policy is required

Has there been any interaction with the enforcing authority in the last 5 years, or since the last contact with Avensure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client have a nominated responsible person for Health & Safety?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[ Abe Rabin ]
Is there a Health & Safety Committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a clear structure for Health and Safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[ Structure required ]
Is there a Health and Safety Management System?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Status			Action Required		Recommendations/Advice for Client
	Yes	No	N/A	Yes	No	
Does the client have CDM duties under the new regulations (if applicable)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the company a member of Contractors Scheme, CHAS, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[ Member of CERTAAS member of Checkatrade.com and other organisations . It is obvious the company are competent and capable contractors ]

Does the company have any accreditations? (9001, 14001 etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any qualification/expertise for Health and Safety onsite?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ The Director has qualifications and expertise ]
Are there staff training records available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[ Staff training records need compiling ]
Are risk assessments in place for all activities that pose significant risk to the organisation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[ RAMS are required ]
Are risk assessments reviewed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ Non in place but need ]
Are written working procedures available for staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ RAMS need writing ]
Question	Status			Action Required		Recommendations/Advice for Client
	Yes	No	N/A	Yes	No	
Is H&S relayed to employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[ Tool box talks ]
Is health and safety incorporated into job roles and are different level of authority catered for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ Safety needs to be incorporated into roles ]

---

Is H&S performance measured?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[ Health and Safety can be measured against zero accidents ]
Are audits completed (either externally or internally) and at what frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ Audits can be incorporated into the company H&S policy ]



**SUMMARY OF ACCIDENTS/INCIDENTS**

Accident Details							
Category	Major Injury	O/7 Injury	U/7 Injury	Dangerous Occurrence	First Aid	Near Miss	Damage Only
Cuts and Bruises	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling, Lifting, Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slips, Trips and Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struck by Moving Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struck by Falling Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls from Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns/Scalds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (fatality, occupational disease, etc.)	<input type="checkbox"/>						
Are there any accident trends which can be identified?	<input type="checkbox"/> No						
Is there evidence of near miss reporting?	<input type="checkbox"/> No						

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority
------------------------------	-----	----	-----	--------------------------	----------

					A	B	C	D
<b>Visitors/ contractors</b>								
Is there a signing in procedure for visitors and contractors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Small office consisting of two room no need for signing in procedure .Staff levels are also low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the health and safety competence of contractors vetted prior to working in the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all contractors produced risk assessments and safe systems of work for all activities undertaken on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Contractors employed, risk assessments evidence of risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do work activities affect areas frequented by visitors or members of the public?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Signs and signals</b>								
Is a current Employer’s Liability Insurance Certificate displayed or available electronically?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Health and Safety Law Poster displayed & are the boxes correctly completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid / Accidents and Incidents</b>								
Is there a procedure & means of recording all accidents on the premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident book available but no procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the completed accident records secured as required by Data Protection Act?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident book secured in locked cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all reportable accidents being reported to the Health and Safety Executive as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2015 (RIDDOR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No accidents to report to date however the Director is aware of procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the names of the first aiders publicised and is there an accessible, signed first aid box?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid boxes are available , signage required and first aiders to be trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Risk Assessments</b>								

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority			
					A	B	C	D
Is a permit to work (PTW) system in place for high risk work activities and is there evidence that the system is working effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the company involved in any of the following & if so is appropriate RAMS and training in place?								
• Construction/Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Work at Height	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lifting Operations/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dangerous Substances and Explosive Atmospheres	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plant Operations and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Working with Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there suitable & sufficient Risk Assessments and Method Statements in place? Who completes these?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site risk assessments need completing RAMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have specific risk assessments been prepared under the following legislation for staff?:								
• Management of Health and Safety at Work Regulations 1999	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk assessments are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provision and Use of Work Equipment Regulations 1998 (PUWER)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk assessments are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Control of Substances Hazardous to Health Regulations (COSHH)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Manual Handling Operations Regulations 1992	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk assessments are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the results/actions communicated where necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tool box talks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority			
					A	B	C	D
Are both workplaces and safe systems of work regularly audited?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audits required in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any requirements for 'Lone Working' and if so are adequate controls are in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are risk assessments carried out for women of child bearing age and for young workers employed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Require young person in employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is suitable and sufficient PPE identified as being necessary, supplied, regularly checked and utilised? • Do agency staff get own PPE where applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where DSE users are present are assessments of their work station and interaction with the work station carried out and are they appropriately advised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk assessments required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electrical</b>								
Have all portable electrical items been subjected to PAT Testing on an assessed proportionate basis and are they labelled with the date of last test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On inspection all equipment in good working order. I would advise a inspection from a competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have electrical distribution systems been subject to inspection and maintenance in the last 5 years or as per specific recommendation for that particular work environment/equipment? Where the system is categorised as unsatisfactory, recommendations from the inspection should be implemented.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspection required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employees/ Training</b>								

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority			
					A	B	C	D
Is there an initial safety induction for staff, contractors/agency/migrant workers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be planned in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a Skills Matrix/Training Needs Assessment been prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees given any training necessary for their job and is refresher training provided at appropriate intervals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Training needs to be provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Executive Level training been carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there training in place for, where applicable: Fire Marshals, First Aid, DSE, SMSTS, FLT, PASMA, IOSH courses etc. Any other training needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency plan needs developing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage</b>								
Are there adequate arrangements in place for safe storage of materials/equipment, housekeeping and cleanliness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all substances and materials being stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment</b>								
Please note significant client plant, equipment and machinery utilised by the client.								

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority			
					A	B	C	D
Is all plant and equipment maintained and serviced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ground/ floor conditions</b>								
Is adequate parking and safe level access to the building provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all floor surfaces free from tripping and slipping hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are arrangements in place for gritting to ensure safe access is provided year round?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Waste</b>								
Are there adequate waste storage facilities and controls in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate pest control procedures in place if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a designated smoking area, and does it contain suitable waste collection equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vulnerable/ Disabled Persons</b>								
Where window restrictors are fitted for protection of vulnerable persons, do they restrict the openings to 100mm or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has consideration been given to the requirements required to avoid Disability Discrimination including building access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to the building is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Welfare Facilities</b>								

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority			
					A	B	C	D
Are there suitable staff welfare facilities and provisions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate external and common area lighting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gas Safety</b>								
Are emergency gas cut off valves and machinery emergency stops suitably accessible and identifiable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is switchgear suitably labelled and secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working at Height</b>								
Where ladder accesses are provided to maintenance areas are these provided with safety hoops and landing point when in excess of 6m?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	However site WAH assessment are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asbestos</b>								
Where required, is an asbestos management plan in place and has the location of known asbestos containing materials been formally passed to contractors and tenants where applicable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Windows</b>								
Are window restraints / restrictors fitted where required as identified on risk assessments or care plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate natural ventilation in the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are glazed units on doors or partitions which are below shoulder level fitted with BS marked safety glazing/material?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Water services</b>								
<b>Noise</b>								
Has a noise assessment been completed, and if yes were any areas of harmful noise levels identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Management Evaluation	Yes	No	N/A	Comments/Recommendations	Priority			
					A	B	C	D
Where noise levels above the first and second action levels were identified have appropriate actions been taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any machinery which may expose employees to excessive levels of high or low frequency vibration?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FIRE RISK EVALUATION - INTRODUCTION**

The purpose of the fire risk evaluation is to assess existing controls for fire detection and firefighting within the building. This acts as a common areas fire risk assessment. It is, however, the responsibility of the client to undertake their own fire risk assessments within the parts of the building they control.

Fire Risk Evaluation	Yes	No	N/A	Comments	Priority			
					A	B	C	D
Has a fire and emergency plan been prepared for all locations under the control of the organisation, both permanent and temporary, along with a Fire Risk Assessment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Required ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have those at special risk (disabled or those with special needs) been considered in the emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are emergency procedures clearly displayed, exits marked and escape routes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a fire and emergency plan been prepared for all locations under the control of the organisation, both permanent and temporary, along with a Fire Risk Assessment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Required ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all escape routes in good order?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[One obstructed ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fire assembly point and is it suitably located & signed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Needs to be designated ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fire Risk Evaluation	Yes	No	N/A	Comments	Priority			
					A	B	C	D
Is there an adequate fire detection and alarm system and is this tested on a weekly basis and are records available? Call points must be tested in rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire detection and alarm system regularly maintained by a competent contractor and are records of maintenance available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an audibility test been carried out to ensure the alarm is audible in all areas, particularly plant rooms and roof areas where in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate portable fire extinguishers/fire blankets (where required) provided and are these subject to an inspection and maintenance regime?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Extinguishers available but not serviced by a company ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where sprinkler systems are provided are these regularly tested by a competent person and are records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fire drills being carried out on a six monthly basis and the results recorded?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fire log book and is this kept up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is adequate emergency lighting provided and is it maintained as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is emergency lighting tested on a monthly basis and the result of the tests recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all escape routes and exits free from obstructions and regularly checked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[One route obstructed ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Risk Evaluation	Yes	No	N/A	Comments	Priority			
					A	B	C	D
Are fire exit doors and fire/smoke check doors functioning correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all waste stored in a safe manner, so as not to create fire or access risks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Materials stored outside premise but this is unavoidable and they are removed on a regular basis by a competent company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an emergency isolation procedure in the event of a fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there safe storage of highly flammable liquids or significant quantities of combustible materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside the building there are combustible materials however, this is unavoidable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequately trained numbers of Fire Marshals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Training will be provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance, Testing and Checks – Where applicable					
Item	Required?	Frequency	Certificate / Servicing Records Seen	Last Done	Due
Fixed Electrical Installation Testing and Inspection	[yes ]	5 yearly unless otherwise stated	[ ]	[ ]	[ ]
Portable Electrical Appliance Testing	[yes ]	Risk Based	[ ]	[ ]	[ ]
GAS SAFETY CERTIFICATE	[yes ]	*Annual	[ ]	[ ]	[ ]
THOROUGH EXAMINATION OF LEV	[no ]	*14 monthly	[ ]	[ ]	[ ]
Thorough Examination of Lifting Equipment	[no ]	*6 or 12 monthly dependent on whether people are lifted	[ ]	[ ]	[ ]
Thorough Examination of Lifts	[no ]	*6 or 12 monthly dependent on whether people are lifted	[ ]	[ ]	[ ]
Thorough Examination of Lifting Accessories	[no ]	6 Monthly	[ ]	[ ]	[ ]
THOROUGH EXAMINATION OF PRESSURE SYSTEMS	[no ]	*As competent person, defined in Written Scheme	[ ]	[ ]	[ ]
Water Quality Certificate Legionella Test Certificate	[no ]	Annual or as defined by competent person	[ ]	[ ]	[ ]
Lightning Conductor	[no ]	Annually	[ ]	[ ]	[ ]

Item	Present?	Frequency	Certificates / Servicing Records Seen	Last Done	Due
Fire Alarm and Associated Systems (Detector heads etc.)	n/a	6 monthly	[]	[]	[]
Emergency Lighting	n/a	12 Monthly	[]	[]	[]
Fire Drill	yes	6 monthly	[]	[]	[]
Fire Extinguisher/information Signs	yes	Annually	[]	[]	[]
Fire Risk Assessment	yes	Reviewed Annually	[]	[]	[]
<b>Other Assessments</b>					
Item	Required?	Completed	Reviewed	Available	Dated
First Aid Needs Assessment	Yes	[]	[]	[]	[]
Water Risk Assessment	No	[]	[]	[]	[]
Asbestos Survey	No	[]	[]	[]	[]
EQUALITY ACT Survey	No	[]	[]	[]	[]

Health and Safety Policy Headings	Policy Required?
-----------------------------------	------------------

## Health, Safety and Fire Risk Evaluation

Client Name

---

	YES	NO
Health and Safety Policy Commitment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Method Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication and Consultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Aid and Accident Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Prevention and Evacuation Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Display Screen Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work at Height / Scaffolding / Ladders and Step Ladders Podium Steps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal Disorders and Manual Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smoking	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aggression and Violence in the Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Young Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs and Alcohol Misuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving when Working	<input checked="" type="checkbox"/>	<input type="checkbox"/>