

Health and Safety Inspection Notes (A)

Officer: [REDACTED]
 Date: 30/3/09
 Person Interviewed: [REDACTED]
 Revisit Date: [REDACTED]

File Ref: FH2/17



Health & Safety Inspection Notes (A)

Name of Business: The High Place
 Address: [REDACTED] Postcode: [REDACTED]
 Tel No: [REDACTED]
 Nature of Business: Fish & Chip Shop
 Proprietor: [REDACTED]
 Head Office Address: [REDACTED]
 Lead Authority Partnership: [REDACTED]
 Number of Employees: Full time 1
 Part time 2
 Under 18yrs [REDACTED]
 Name of Employee Representative: [REDACTED]
 Opening Hours: [REDACTED]
 Is Sunday Trading Applicable: [REDACTED]
 Is Health & Safety law poster/leaflets displayed Yes ☐ No ☒ Need leaflet
 Employers Liability Insurance: yes - displayed
 Public liability Insurance: yes
 Advice Given ☐

1. Health & Safety Policy

Is a health and safety policy provided

Does it include:

Statement of general policy

Organisation

Arrangements

Is it signed & reviewed

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Advice Given ☒

Sole proprietor
Good understanding of H+S.

2. Risk Assessments

Have risk assessments been undertaken	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Advice given	<input type="checkbox"/>
Are they documented	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are risk assessments complete, eg do they cover all activities	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Has a young persons risk assessment been completed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

3. Manual Handling

Is the need for hazardous manual handling avoided as far as is reasonably practicable <i>USE wheeled boxes to move heavy objects</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have suitable R. A been carried out for hazardous manual handling that can not be avoided	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is suitable assistance available where necessary	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has suitable training been provided	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Are any of the following carried out:

Stacking/destacking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pushing/pulling wheeled racks	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Handling drinks containers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Handling people/patients	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

4. Work Equipment

Have R.A been carried out for work equipment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a suitable system of maintenance in place	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are staff suitably trained for the work they do	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is equipment suitably guarded	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Is PPE necessary

Yes

☒

No

☐

Is all equipment kept safely away from unauthorised persons

Yes

☐

No

☐

Comments:

5. Personal Protective Equipment

Is the PPE suitable for the intended use

Yes

☐

No

☐

Is the PPE an appropriate fit for the employees

Yes

☐

No

☐

Is the PPE kept in suitable accommodation

Yes

☐

No

☐

Are checks undertaken to ensure PPE is being used and being used correctly

Yes

☐

No

☐

Comments: Protective overclothing + rubber gloves

6. COSHH

Hazardous substances used: Bleach, deepia, washing up liquid

Has an appropriate COSHH assessment been carried out and applied

Yes

☐

No

☒

Have appropriate provisions been put in place to control the exposure to the hazardous substances following the assessment

Yes

☐

No

☒

Has suitable PPE been provided

Yes

☒

No

☐

Has all the necessary information, training and supervision been portrayed to relevant employees regarding the safe use of the substances

Yes

☒

No

☐

Are the chemicals appropriately stored

Yes

☒

No

☐

Comments:

7. Display Screen Equipment

Are there any D.S.E users

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Have D.S.E assessments been carried out

Have appropriate control measures been provided

Are users aware of free eye tests

Comments:

8. First Aid

First Aid Box

Yes ☒ No ☐

Appropriately stocked

Yes ☒ No ☐

Appointed Persons:

Trained First Aiders:

(Refer to No of employees to ensure above are acceptable)

9. Accidents

Accident Book

Yes ☒ No ☐

Is there a procedure for accident reporting

If yes details:

Information on Riddor provided

Information on ICC provided

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

10. Slips, Trips and Falls

Discussed slips, trips and falls

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Has the site assessed slip risks

Do floor surfaces appear suitable

Comments:

11. Workplace Transport

N/A.

Are vehicles involved in the business

If yes details.....

Yes

☐

No

☐

Are people/vehicles adequately segregated

Yes

☐

No

☐

Do vehicles reverse on site

Yes

☐

No

☐

Is there a transport policy

Yes

☐

No

☐

Comments:.....
.....
.....

12. Stress

N/A.

Have management considered stress at work

Yes

☐

No

☐

Have suitable systems been put in place to combat stress at work

Yes

☐

No

☐

Comments:.....
.....
.....

13. Work at Height

N/A.

Is any work at a height undertaken

If yes details.....

Yes

☐

No

☐

Are safe systems of work established

Yes

☐

No

☐

Are staff/contractors trained/instructed

Yes

☐

No

☐

Comments:.....
.....
.....

14. Electrical Issues

Have electrics been checked

If yes details.....

Yes

☐
☐
☐

No

☒
☐
☐

Are RCD's required

Yes

☐
☐
☐

No

☐
☐
☐

Is PAT testing undertaken

Yes

☐
☐
☐

No

☐
☐
☐

Comments: 13 App used for potato rumbler/ chipping machine - advised to check with electrical for more suitable electrical connections considering damp operating conditions.

15. Maintenance (frequency, who)

Gas:	Annual Contract
Electricity:	Discussed - advised check
Pressure: Vessels/Systems	Maintenance certificate for fryers.
Fire Fighting: Equipment	Yes.
Dangerous: Machinery	
Lifts/Hoists:	

General Structure

Have adequate provisions been made for the following:

Lighting

Yes

☒

No

☐

Temperature

Yes

☒

No

☐

Glazing

Yes

☒

No

☐

House Keeping

Yes

☒

No

☐

Storage

Yes

☒

No

☐

Ventilation

Yes

☒

No

☐

Dust

Yes

☒

No

☐

Noise

Yes

☒

No

☐

Signage

Yes

☒

No

☐

Access/Egress

Yes

☒

No

☐

Working at Heights

No work at height.

Yes

☒

No

☐

Welfare Facilities

	Ladies	Gents	Combined	Staff/disabled
Number of WC	✓ (outside)			
Number of WHB	✓			
Soap	✓			
Drying	✓			
Ventilation				
Hot & Cold Water				
Mains/Private				
Legionella Control				
Changing Rooms/Showers				
Staff Rooms/Canteen				
Working Time				
Smoking Policy				

Any Other Issues

Asbestos — possible that asbestos is present — AIB to walls
 Lone Working Not in good condition in gas meter cbd.
 Use of Contractors
 Violence
 Noise
 Petrol

Comments:.....

Possible asbestos boarding to gas meter cbd (to seal edges)
 + Shop walls (in good condition in shop).

Structure/Equipment/Design Layout	