

ESSA Accreditation Pre-audit

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| This pre-audit document has been designed to be used as a checklist for companies to get an understanding of what their business needs to be able to demonstrate in order to achieve the ESSA Accreditation. The columns on the right are there to highlight what is already in place, what isn’t in place and what needs updating. There is a space at the bottom to keep track of what actions are needed and when they are done.  This document lists all sections to reflect the contents of the ESSA Accreditation. There are a set of guidance notes for each section that also contain the pre-audit table if you would prefer to tackle them one at a time.  If you have any questions at all please don’t hesitate to email [accreditation@essa.uk.com](mailto:accreditation@essa.uk.com) or Josh on [josh@essa.uk.com](mailto:josh@essa.uk.com) | | | | | | |
| **Business Details Section** | | | | | | |
| In this section you need to fill out information about your business, it gives the auditor an overview of where your company is based, what work it does, how many people it employs and the type of activities it carries out.  You will need to select if you are applying as a construction or a non-construction-based business. *(If you are involved in the design and or builds of stands, or provide a service on-site during build or breakdown you are likely construction related).*  You will need details of your Employers, Public, Product and Professional Indemnity insurances and copies of the current certificates.  You also need to know if your company has received any notices or prosecutions from the health and safety executive or fire service. Having any won’t effect your application at all, as long as you can show that you have addressed and dealt with the notice. Not declaring a notice will however lead to failed application. | | | | | | |
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| **Competent H&S advice** | | | | **YES** | **NO** | **UPD.** |
| Do you have an appointed person looking after your health and safety currently? | | | |  |  |  |
| Do they have suitable skills, knowledge, experience and training? | | | |  |  |  |
| Do you have proof of this training and is it current? (e.g., IOSH Managing Safely.) | | | |  |  |  |
| If you use an external consultant, can you prove a current agreement is in place? | | | |  |  |  |
| Do you have documented arrangements explaining competent advice? | | | |  |  |  |
| Are these arrangements in your H&S policy (or stand-alone arrangements)? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Competent H&S advice** | | | | **YES** | **NO** | **UPD.** |
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| Do they have suitable skills, knowledge, experience and training? | | | |  |  |  |
| Do you have proof of this training and is it current? (e.g., IOSH Managing Safely.) | | | |  |  |  |
| If you use an external consultant, can you prove a current agreement is in place? | | | |  |  |  |
| Do you have documented arrangements explaining competent advice? | | | |  |  |  |
| Are these arrangements in your H&S policy (or stand-alone arrangements)? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **ISO 45001** | | | | **YES** | **NO** | **UPD.** |
| Do you have a current, valid ISO45001 certification certified by a UKAS accrediting body? | | | |  |  |  |
| If you currently hold ISO 45001 accreditation then you do not need to complete the health and safety section! | | | | | | |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Health and Safety Policy** | | | | **YES** | **NO** | **UPD.** |
| Do you have a health and safety policy, signed and dated in the last 12 months? | | | |  |  |  |
| Is there a statement of intent within the policy? | | | |  |  |  |
| Does the statement of intent contain all the commitments as outlined in the guidance? | | | |  |  |  |
| Has the statement of intent been signed & dated by the MD/ Owner/ Board? | | | |  |  |  |
| Is there a responsibilities section that identifies roles & responsibilities amongst staff? | | | |  |  |  |
| If you have an organisation chart, does it reflect the business accurately? | | | |  |  |  |
| Does the policy contain a change history/ revision section and is it up to date? | | | |  |  |  |
| Do you have written arrangements for all of your work activities? | | | |  |  |  |
| Have you checked the arrangements against the other guidance notes? | | | |  |  |  |
| Are any stand-alone arrangements signed and dated in the last 12 months? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Risk Assessments** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal process for completing risk assessments in the company? | | | |  |  |  |
| Is the person(s) completing your risk assessments trained/ competent to do so? | | | |  |  |  |
| Is your RA process documented as arrangements within your H&S policy? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements cover both business premises on-site (if applicable)? | | | |  |  |  |
| If a risk matrix is used in RAs, is the process explained in your arrangements? | | | |  |  |  |
| Do the arrangements identify who is responsible for completing RAs and when? | | | |  |  |  |
| Do the arrangements identify who is responsible for reviewing RAs and when? | | | |  |  |  |
| Do you have copies of completed business premises RAs for all premises/areas? | | | |  |  |  |
| Do you have several examples of recent on-site risk assessments? | | | |  |  |  |
| Do the risk assessments meet the standards expected as detailed above? | | | |  |  |  |
| Have the risk assessments been created/reviewed within the last 12 months? | | | |  |  |  |
| Is it clear that they have been completed by/ signed off by a competent person? | | | |  |  |  |
| Do you have several examples of completed Display Screen Assessments? | | | |  |  |  |
| Do you have several examples of completed Manual Handling Assessments? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Method Statements/ Safe Systems of Work** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for creating and reviewing SSOW/MS? | | | |  |  |  |
| Is this procedure outline in your policy as SSOW/MS arrangements? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements identify who’s responsible for producing SSOW/MS? | | | |  |  |  |
| Do you have several examples of SSOW for your business premises? | | | |  |  |  |
| Are the examples complete and less than 12 months old? | | | |  |  |  |
| Do you have several examples of recent Method Statements for on-site work? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Health Surveillance** | | | | **YES** | **NO** | **UPD.** |
| Does your company assess your work activities and consider the need for HS? | | | |  |  |  |
| If HS is necessary, is there a formal procedure in place for HS? | | | |  |  |  |
| Is this procedure outlined in your H&S policy arrangements? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements identify who is responsible for managing HS? | | | |  |  |  |
| Do you have suitable evidence of health surveillance that you can provide? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Accidents, Investigation and reporting** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for reporting accidents and near misses? | | | |  |  |  |
| Is this procedure detailed in your H&S policy as “Accident…” arrangements? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements identify who is responsible for investigations? | | | |  |  |  |
| Do the arrangements identify who is responsible for reporting RIDDOR incidents? | | | |  |  |  |
| Do you have your accident/ near miss statistics for the last 5 years? | | | |  |  |  |
| Have you got several examples of accident reports? | | | |  |  |  |
| Have you got several examples of accident investigations? | | | |  |  |  |
| Have you got several examples of near miss reporting? | | | |  |  |  |
| Have you got suitable evidence for RIDDOR reporting? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Asbestos** | | | | **YES** | **NO** | **UPD.** |
| Do you know who the duty holder is for your buildings? | | | |  |  |  |
| Are you able to confirm if you do or do not have asbestos in any your buildings? | | | |  |  |  |
| If no to the two points above then consider using [this](https://www.hse.gov.uk/asbestos/managing/index.htm) HSE tool. | | | | | | |
| If yes to above, do you have a copy of the asbestos survey(s)? | | | |  |  |  |
| If yes to above, do you have an up-to-date asbestos management plan(s)? | | | |  |  |  |
| Do you have a formal procedure in place for managing asbestos? | | | |  |  |  |
| Is this procedure detailed in your H&S policy as “Asbestos” Arrangements? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements include how asbestos is managed for on-site work too? | | | |  |  |  |
| Do they include instructions to employees on what to do if they find asbestos? | | | |  |  |  |
| Do the arrangements identify who is responsible for managing asbestos? | | | |  |  |  |
| Are asbestos risks covered sufficiently in your risk assessments? | | | |  |  |  |
| Can you provide evidence of suitable asbestos training for your employees? | | | |  |  |  |
| If you work directly with asbestos, can you provide the relevant training? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Hazardous Substances (COSHH)** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing COSHH in your business? | | | |  |  |  |
| Is this procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they identify who is responsible for managing COSHH? | | | |  |  |  |
| Do they include an explanation of what a “hazardous substance” is? | | | |  |  |  |
| Do they identify who is responsible for managing a COSHH register? | | | |  |  |  |
| Do they explain that hazardous substances must have an assessment before use? | | | |  |  |  |
| Do they identify who is responsible for creating/reviewing COSHH assessments? | | | |  |  |  |
| Do they explain that workers must be given the assessment before use? | | | |  |  |  |
| Do they explain how adequate information, instruction and training is provided? | | | |  |  |  |
| Do you have an up-to-date COSHH register to upload? | | | |  |  |  |
| Do you have up to date MSDS sheets for all substances on the register? | | | |  |  |  |
| Do you have up to date COSHH assessments for all substances on the register? | | | |  |  |  |
| Have you got evidence of employee training for COSHH? | | | |  |  |  |
| If you have LEV, is this covered in the arrangements? | | | |  |  |  |
| LEV - Do the arrangements cover training, inspection & maintenance? | | | |  |  |  |
| LEV - Do you have evidence of inspection and maintenance? e.g., logbook | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Electricity** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing the risks of electricity? | | | |  |  |  |
| Do the procedures cover your premises, on-site work and emergency lighting? | | | |  |  |  |
| Is this procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Do they identify who is responsible for testing electrical systems at premises? | | | |  |  |  |
| Do you have a current Electrical Installation Condition Report Certificate (EICR)? | | | |  |  |  |
| Are you inspecting your emergency lighting at your premises daily? | | | |  |  |  |
| Are you testing your emergency lighting at your premises monthly? | | | |  |  |  |
| Are the monthly tests being recorded and kept on file? | | | |  |  |  |
| Are you testing your emergency lighting annually? (Full-drain test) | | | |  |  |  |
| Are the annual tests being recorded and kept on file? | | | |  |  |  |
| If you are responsible for any electrical work on-site… | | | | | | |
| Are your electricians suitably trained as per e-guide requirements? | | | |  |  |  |
| Do you have a sample (4/5) of current qualifications for your electricians? | | | |  |  |  |
| Are you inspected and testing systems as per the e-guide? | | | |  |  |  |
| Do you have a sample (4/5) of inspection/ test sheets for on-site electrical work? | | | |  |  |  |
| Do you work with high voltage? If so, can you evidence suitable training? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Portable Electrical Equipment** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing portable electrical equipment? | | | |  |  |  |
| Does the procedure cover equipment used at the business and on-site? | | | |  |  |  |
| Is this procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Do the arrangements include a definition of portable electrical equipment is? | | | |  |  |  |
| Do the arrangements include an explanation of your testing & inspection regime? | | | |  |  |  |
| Do the arrangements identify who is responsible for managing this equipment? | | | |  |  |  |
| Do you have evidence of recent inspection and testing records? | | | |  |  |  |
| If done in-house, do you have proof that employees are trained in PAT testing? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Work Equipment** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing work equipment? | | | |  |  |  |
| Is this procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Have the arrangements been reviewed & signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements include a definition of what “work equipment” is? | | | |  |  |  |
| Do the arrangements explain your testing and inspecting regime? | | | |  |  |  |
| Do the arrangements identify who is responsible for maintaining equipment? | | | |  |  |  |
| Do they make it clear employees need training before they use equipment? | | | |  |  |  |
| Do you have evidence of inspection and maintenance records being kept? | | | |  |  |  |
| Do the arrangements identify who is responsible for work equipment training? | | | |  |  |  |
| Do you have evidence of work equipment training given to staff? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Manual handling** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing manual handling risks? | | | |  |  |  |
| Is this procedure detailed in your H&S policy (i.e., arrangement section)? | | | |  |  |  |
| Have the arrangements been reviewed & signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements include a definition of “Manual handling”? | | | |  |  |  |
| Do the arrangements contain an objective to avoid manual handling tasks? | | | |  |  |  |
| Do the arrangements include plans for assessing manual handling if not avoided? | | | |  |  |  |
| Does it identify who’s responsible for completing manual handling assessments? | | | |  |  |  |
| Is manual handling included in your business and on-site risk assessments? | | | |  |  |  |
| Do you have some examples of completed manual handling assessments? | | | |  |  |  |
| Do the assessments cover “TILE”. Task, individual, load, environment? | | | |  |  |  |
| Have the assessments been completed/signed off within the last 12 months? | | | |  |  |  |
| Do you have several examples of recent employee manual handling training? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Work at height** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing work at height risks? | | | |  |  |  |
| Is this procedure detailed in your H&S policy as “work at height” arrangements? | | | |  |  |  |
| Have they been reviewed, dated and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements cover a definition of “work at height”? | | | |  |  |  |
| Do the arrangements contain a stated objective to avoid working at height? | | | |  |  |  |
| Are you completing detailed work at height risk assessments? | | | |  |  |  |
| If no to above, is work at height covered in other risk assessments sufficiently? | | | |  |  |  |
| Do you have safe systems of work that cover work at height activities? | | | |  |  |  |
| Do you have evidence that work at height equipment is inspected & maintained? | | | |  |  |  |
| Does this cover all work at height equipment that your company uses? | | | |  |  |  |
| Do you have a current work at height rescue plan if necessary? | | | |  |  |  |
| Do you have evidence of recent, in date employee work at height training? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **First Aid** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing first aid requirements? | | | |  |  |  |
| Is the procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Have they been reviewed and signed off within the last 12 months? | | | |  |  |  |
| Do they recognise the need for an “appointed person” always on duty? | | | |  |  |  |
| Do they identify who is responsible for ensuring adequate first aiders? | | | |  |  |  |
| Do they identify who is responsible for ensuring adequate first aid equipment? | | | |  |  |  |
| Do they identify who is responsible for inspecting and replenishing equipment? | | | |  |  |  |
| Do they cover both your business premises and on-site work if necessary? | | | |  |  |  |
| Do you have an up to date first needs assessment document? | | | |  |  |  |
| Do you have evidence of in date employee first aid training? | | | |  |  |  |
| Does the level of first aid training match the first aid needs assessment? | | | |  |  |  |
| Do you have evidence of first aid signage? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Fire and Emergencies** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing fire and emergencies? | | | |  |  |  |
| Is the procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Have they been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do the arrangements cover business premises and on-site work if applicable? | | | |  |  |  |
| Do they identify who’s responsible for doing fire risk assessments? | | | |  |  |  |
| Do they identify who’s responsible for evacuation plans? | | | |  |  |  |
| Do they identify who’s responsible for training fire marshals? | | | |  |  |  |
| Do they identify who’s responsible for testing & inspecting fire alarms? | | | |  |  |  |
| Do they identify who’s responsible for testing and inspecting fire extinguishers? | | | |  |  |  |
| Do you have an up-to-date fire risk assessment for your business premises? | | | |  |  |  |
| Can you evidence that the fire RA was done by a competent person? | | | |  |  |  |
| Does the risk assessment identify hazards properly e.g., oxygen, fuel, ignition? | | | |  |  |  |
| Do you have site risk assessments that cover the risks of fire and emergencies? | | | |  |  |  |
| Do you have an up-to-date evacuation plan available? | | | |  |  |  |
| Do you have records of fire drills available? | | | |  |  |  |
| Do you have records of recent weekly fire alarm tests for your business? | | | |  |  |  |
| Do you have records of the most recent 6 monthly fire alarm inspection? | | | |  |  |  |
| Do you have evidence of recent monthly fire extinguisher inspections? | | | |  |  |  |
| Do you have evidence of the most recent annual service of fire extinguishers? | | | |  |  |  |
| Do you have evidence that employees have in-date fire marshal training? | | | |  |  |  |
| Do you have evidence of recent (annual) fire safety awareness training for staff? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Health and Safety Training** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure in place for health and safety training? | | | |  |  |  |
| Is this procedure documented as arrangements in your H&S policy? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they explain that all new employees go through a H&S induction process? | | | |  |  |  |
| Do they identify who is responsible for inducting new employees? | | | |  |  |  |
| Do they explain what training is given to employees, when, and how often? | | | |  |  |  |
| Do they identify who is responsible managing health and safety training? | | | |  |  |  |
| Do they identify how you keep track of training (e.g., training matrix)? | | | |  |  |  |
| Do you have evidence of H&S training for upper management, owners, directors? | | | |  |  |  |
| Do you have evidence of H&S training for managers/ supervisors? | | | |  |  |  |
| Do you have evidence of H&S training for employees? | | | |  |  |  |
| Do you have evidence of new employees receiving induction training? | | | |  |  |  |
| Is the training evidence provided in date? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Subcontractors** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal process for managing subcontractors? | | | |  |  |  |
| Do this process include the assessment of consultants? | | | |  |  |  |
| Is this process documented as formal arrangements in your H&S policy? | | | |  |  |  |
| Have these arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they explain your process for assessing contractors? | | | |  |  |  |
| Do they identify who is responsible for assessing and managing contractors? | | | |  |  |  |
| Do you have examples of completed assessment/PQQ forms? | | | |  |  |  |
| Are these forms up to date and include all your subcontractors? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Employee Consultation** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for consulting with employees? | | | |  |  |  |
| Is the procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they include a declaration to provide necessary information, instruction, training, and supervision to the workforce? | | | |  |  |  |
| Do they explain how your business consults with employees (and contractors)? | | | |  |  |  |
| If necessary, does it include consideration for non-English speakers? | | | |  |  |  |
| If necessary, do you identify who the employee representative is? | | | |  |  |  |
| Do you have evidence to show that employee consultation is taking place? | | | |  |  |  |
| Is this evidence relevant and recent i.e. dated within the last 12 months? | | | |  |  |  |
| Actions to be taken | | | | | | |
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| Date completed: |  | Completed by: |  | | | |
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| **Monitoring, Auditing and Reviewing** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for monitoring, auditing & reviewing? | | | |  |  |  |
| Is this procedure documented as written arrangements in your H&S policy? | | | |  |  |  |
| Have these arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they explain the companies intended monitoring, audit and review processes? | | | |  |  |  |
| Do they identify who is responsible for managing these processes? | | | |  |  |  |
| Do you have evidence to show audits and inspections are being completed? | | | |  |  |  |
| Does this evidence include on-site work if necessary? | | | |  |  |  |
| Do you have evidence of reviewing these audits/ inspections? (e.g. meeting mins) | | | |  |  |  |
| Actions to be taken | | | | | | |
|  | | | | | | |
| Date completed: |  | Completed by: |  | | | |
|  | | | | | | |
| **Welfare** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing welfare requirements? | | | |  |  |  |
| Is this procedure documented as written arrangements in your policy? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they recognise and commit to complying with the welfare regulations? | | | |  |  |  |
| Do they include reference to CDM welfare requirements if applicable? | | | |  |  |  |
| Do they explain your maintenance/ inspection system? | | | |  |  |  |
| Do they identify who is responsible for managing welfare requirements? | | | |  |  |  |
| Do they identify who is responsible for managing welfare when on site? | | | |  |  |  |
| Do you have evidence to show you have suitable and well-maintained facilities? | | | |  |  |  |
| Do you have evidence to show you are managing on site welfare? | | | |  |  |  |
| Actions to be taken | | | | | | |
|  | | | | | | |
| Date completed: |  | Completed by: |  | | | |
|  | | | | | | |
| **External Co-operation and Co-ordination** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for co-operation/co-ordination? | | | |  |  |  |
| Is this procedure documented as arrangements in your H&S policy? | | | |  |  |  |
| Have the arrangements been reviewed and signed off in the last 12 months? | | | |  |  |  |
| Do they explain how co-operation and co-ordination is done? | | | |  |  |  |
| Do you identify who is responsible for ensuring that this happens effectively? | | | |  |  |  |
| Do you have evidence of co-operation and co-ordination? Emails, minutes etc | | | |  |  |  |
| Actions to be taken | | | | | | |
|  | | | | | | |
| Date completed: |  | Completed by: |  | | | |
|  | | | | | | |
| **Construction (Design and Management) Regulations (CDM)** | | | | **YES** | **NO** | **UPD.** |
| Do you have a formal procedure for managing the requirements of CDM? | | | |  |  |  |
| Are these procedures documented as written arrangements in your H&S Policy? | | | |  |  |  |
| Do they recognise and commit to complying with the CDM regulations 2015? | | | |  |  |  |
| Do they identify the different duty holders under the CDM regulations? | | | |  |  |  |
| Do they identify the roles and responsibilities that your company assumes? | | | |  |  |  |
| Do they outline how you intend to meet these duties and who is responsible? | | | |  |  |  |
| Does it include reference to welfare requirements? | | | |  |  |  |
| Is construction related H&S training covered? | | | |  |  |  |
| Are construction related fire risks covered? | | | |  |  |  |
| Do you have several examples of recently completed construction phase plans? | | | |  |  |  |
| Do you have evidence to show employees are trained in construction skills? | | | |  |  |  |
| Do you have risk assessments that include the risks and controls relating to fire? | | | |  |  |  |
| Is all this evidence recent, signed and dated within the last 12 months? | | | |  |  |  |
| Actions to be taken | | | | | | |
|  | | | | | | |
| Date completed: |  | Completed by: |  | | | |