

HEALTH & SAFETY NOTICE



HSN-29

ISSUE 07 JANUARY 2008

ANNUAL SAFETY REPORT for the Year 2008/09

INTRODUCTION

The Company has nominated persons to whom the duty is delegated to manage the implementation of safety legislation. The Company cannot delegate its own responsibilities or duties under the law but, in order to fulfil its legal obligations arising from overall responsibility, it must monitor the effectiveness of the arrangements made to secure compliance with the law.

It is appreciated that many sites within the company operate autonomously. Each Supervisor must decide whether or not to submit this report to cover their whole area or to submit reports to cover each section. When completing this form please indicate whether it is an area or site form. It is essential that each location has a clearly defined line of accountability which must emanate from the area Supervisor. It is also necessary to ensure that in the absence of the area Supervisor that another senior member of staff is nominated to act on their behalf. Similarly all the safety roles identified in section 1 of the form must have a deputising person named.

This annual safety report is part of the system for monitoring the Company's compliance with the legal requirements arising from legislation aimed at securing health and safety at the workplace. Further information is provided in the Company's Guidance on Preparing Site Safety Policies (HSN-28) (this is available on the Vacman website, www.vacman.co.uk/polices2.html)

AREA:	<input type="text"/>		
SITE (where appropriate):	<input type="text"/>		
DIVISION:	<input type="text"/>		
LOCATION/SITE:	<input type="text"/>		
AREA SUPERVISOR:	<input type="text"/>	TEL	<input type="text"/>
NOMINATED DEPUTY :	<input type="text"/>	TEL	<input type="text"/>

ANNUAL SAFETY REPORT for the Year 2008-2009

1 Safety Organisation

	Title (where appropriate)	Name	Ext	E-Mail
1.1	Dept/Section Safety Co-ordinator			
1.2	Dept/Section Deputy Safety Co-ordinator			
1.9	First Aider(s)			
1.10	Fire Warden(s)			
1.11	Equipment Controller			
1.12	COSHH Co-ordinator			
1.13	Dept Waste/recycling Co-ordinator			

1.14.1 Do you have a Site Safety Committee? Yes No

If YES when did it last meet?

2 Safety Documents

2.1 Is there a local Site safety policy? Yes No

2.2 If YES when was the policy updated?

2.3 Are there effective arrangements to ensure that information on safety received from external sources or published internally is made known and distributed to persons within your site? Yes No

3 Safety Procedures

3.1 When did you last carry out a safety inspection/audit?

DATE

3.2 Has a copy of the inspection report been submitted to the College's Health and Safety Adviser?

Yes

No

3.3 Did these inspections identify any training or supervision needs?

Yes

No

If YES please describe them.

3.4 The provision for securing health and safety of persons working in your department should be of a standard reconcilable with the concept of reasonable practicability as embodied in the Health and Safety at Work Act, 1974. If you are not satisfied that this is so, please specify the areas where problems exist.

3.5 Have you developed a local health and safety plan?

Yes

No

3.6 Has a copy of this plan been submitted to the head office?

Yes

No

4 Reporting of Accidents, Incidents, Diseases and Dangerous Occurrences (RIDDOR)

4.1 Have all accidents leading to injury and all instances of ill-health arising from work in your site/area during the past year been reported to the Managing Director? Yes No

4.2 How many such incidents took place?

4.3 Has corrective action been taken where appropriate to rectify the cause of such incidents? Yes No
If YES please describe it briefly:

5 Health and Safety Training

5.1 Have the training needs of the site been identified and are arrangements in place to ensure staff are trained in safety procedures and the use of equipment? Yes No

5.2 Do you provide induction training for new staff? Yes No

5.3 Do you have an induction training programme for the above? Yes No

5.4 Has a copy been sent to the Head Office? Yes No

Signature..... Date

PLEASE RETURN THIS REPORT BY.....

If you have any problems completing this form a copy is also available on the company website. Alternatively if you prefer please forward a hard copy to the Managing Director