Year in Industry

Placement Health and Safety Checklist

## **Employer Details**

|  |  |
| --- | --- |
| Employer |  |
| Address |  |
| Telephone |  |
| Name of student/s |  |

## **Health, Safety and Wellbeing Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **1** | Do you have a written Health and Safety policy? |  |  |
| **2** | Does your H&S policy include health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, hazardous chemicals and biological processes (if applicable) and will you provide all necessary health and safety training for the placement student? |  |  |
| **3** | Insurance |  |  |
|  | a - Is Employer and Public Liability Insurance held? |  |  |
|  | b - Will your insurance cover any liability incurred by a placement student as a result of his/her duties as an employee? |  |  |
| **4** | Risk Assessment |  |  |
|  | a - Have you carried out risk assessments of your work practices to identify possible risks whether to your own employees or to others within your undertaking? |  |  |
|  | b - Are risk assessments kept under regular review? |  |  |
|  | c - Are the results of risk assessments implemented? |  |  |
| **5** | Accidents and Incidents |  |  |
|  | a - Is there a formal procedure for reporting and recording accidents and incidents in accordance with RIDDOR? |  |  |
|  | b - Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? |  |  |
|  | c - Will you report to the university, via the address below (or via telephone if appropriate), all significant lost time incidents or accidents involving placement students? |  |  |
|  | d - Will you report to the university any sickness involving placement students which may be attributable to the work? |  |  |
| **6** | Diversity, Disability and Wellbeing |  |  |
|  | a – Is there a formal procedure for reporting and recording incidents relating to protected characteristics (e.g. race, religion, gender, sexual orientation, etc.? |  |  |
|  | b – Is there a formal procedure for reporting and supporting employees with disabilities and where reasonable adjustments can be made should they be required? |  |  |

## **Personnel Contact**

Who is your nominated contact for compliance with the requirements of health and safety legislation?

|  |  |
| --- | --- |
| Name: |  |
| Telephone: |  |
| Email Address: |  |

The above statements are true to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Name & Position |  |
| Date: |  |

Thank you for completing the questionnaire. Please up return this form to the placement student who will upload the completed form via the Pre Placement Document Upload Form