

# Risk Assessment - General (1 of 2)

ACTIVITY: \_\_\_\_\_

Hazard	✓ / ✗	Persons affected	L (1-4)	S (1-4)	RR L X S

**SAFETY POINTS**

# Risk Assessment - General (2 of 2)

ACTIVITY: \_\_\_\_\_

## ACTION PLAN

Further Action Required	Person to action	Date completed	Signature

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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# Risk Assessment – Work Equipment (1 of 2)

Complete a risk assessment for all hazardous work equipment. Whilst equipment can be very similar, it does vary in some cases, due to being made by different manufacturers. Suggested procedures are given in the Safe Method – Work Equipment but for more advice refer to the equipment manufacturer's instructions.

**WORK EQUIPMENT:** \_\_\_\_\_

Hazard	✓ / *	Persons affected	L (1-4)	S (1-4)	RR L X S
1. Injury during cleaning or operating: a) Crushing e.g. mixers, depositors, pie and tart machines, roll plant, provers, bin hoists b) Entanglement e.g. mixers c) Shearing e.g. mixers, dough dividers d) Cutting e.g. dough dividers, roll plant, bread slicers e) Severing e.g. depositors f) Burns e.g. ovens  2. Drawing in and trapping of loose clothing e.g. dough moulders, dough and pastry brakes, roll plant  3. Accidental start-up of equipment whilst it is being cleaned, serviced or repaired.  4. Unguarded machinery or guards being over-ridden on machinery by staff. Causing risk of injury to staff from moving parts.  5. Failure of emergency stop mechanisms or emergency stops with too long 'cut out' times causing excess risk of injury to persons.  6. Defective equipment causing electrical shock, fire or injury to staff  7. Unclean equipment causing blockages  Additional hazards identified:					

# Risk Assessment – Work Equipment (2 of 2)

SAFETY POINTS

ACTION PLAN
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Further Action Required	Person to action	Date completed	Signature

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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# Risk Assessment – COSHH & DSEAR

SUBSTANCE: \_\_\_\_\_

**CLASSIFICATION (TICK)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Other:
Explosive	Flammable	Oxidising	Corrosive	Acute toxicity	Serious health hazard	Gas under pressure	

**HOW AND WHERE IS THE SUBSTANCE USED?**

\_\_\_\_\_

	✓ / ✗	Action to be taken	Date completed
Can substance be avoided?			
Can substance be substituted with a less harmful one?			
Are staff trained in its use?			
Is a Safety Data Sheet available?			

**If SDS available, check that requirements are in place/can be put in place when needed**

Exposure controls		
Personal protective equipment		
Handling & storage measures		
First aid measures		
Fire fighting measures		
Accidental release measures		

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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# Risk Assessment – Manual handling (1 of 2)

Please copy and complete one form for each HAZARDOUS task

**DESCRIBE THE TASK:** \_\_\_\_\_

TASK:					
<b>Questions to consider:</b> (If the answer to a question is "Yes" place a tick against it and then consider the level of risk)	<b>Risk rating</b> (Tick as appropriate) (from generic assessment system)				<b>Possible controls:</b> (Make rough notes in this column to help you identify controls)
	Yes	Low	Med	High	
<b>Does the task involve:</b> <ul style="list-style-type: none"> <li>• twisting</li> <li>• stooping</li> <li>• long carrying distances</li> <li>• strenuous pushing or pulling</li> <li>• unpredictable movement of loads</li> <li>• repetitive handling</li> <li>• insufficient rest or recovery</li> <li>• a work rate imposed by a process</li> </ul>					<b>Write the most appropriate controls here:</b>
<b>The load – is it:</b> <ul style="list-style-type: none"> <li>• heavy?</li> <li>• bulky/unwieldy?</li> <li>• difficult to grasp?</li> <li>• unstable/unpredictable?</li> </ul>					
<b>Consider the working environment. Are there:</b> <ul style="list-style-type: none"> <li>• constraints on posture</li> <li>• poor floors</li> <li>• variations in levels</li> <li>• poor lighting conditions</li> </ul>					
<b>Consider the Individual - does the job:</b> <ul style="list-style-type: none"> <li>• require unusual capability</li> <li>• hazard those with a health problem</li> <li>• hazard those who are pregnant</li> <li>• all for special information/training</li> </ul>					
<b>Other factors-</b> <ul style="list-style-type: none"> <li>• is movement or posture hindered by clothing or personal protective equipment?</li> </ul>					

# Risk Assessment – Manual handling (2 of 2)

DESCRIBE THE TASK: \_\_\_\_\_

ANY OTHER COMMENTS

## ACTION PLAN

Further Action Required	Person to action	Date completed	Signature

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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## Risk Assessment – Expectant & new mothers

Complete this form when notified of pregnancy (or on day of return to work after birth) and review regularly with the employee. This form must be stored on the employee's personnel file and confidentiality maintained.

<b>NAME OF EMPLOYEE (MUST BE PRESENT)</b>	<b>JOB TITLE</b>
<b>NAME OF HR MANAGER (MUST BE PRESENT)</b>	<b>GENERAL DESCRIPTION OF WORK ACTIVITIES</b>

WORK ACTIVITY	YES	NO	DETAILS
Work in extremes of heat or cold			
Carry out any heavy lifting or movement of good or products			
Stand up for long periods of 4 hours or more			
Have enough room to use her workstation easily			
Work before 8 am or after 6 pm			
Have sufficient rest breaks at appropriate times of the day			
Use chemicals as part of her work routine			
Use computers at work			

If any responses are in shaded boxes, consideration should be given to altering work activities.



# Risk Assessment – Expectant & new mothers

## ACTION PLAN

Further Action Required	Person to action	Date completed	Signature

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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# Risk Assessment – Young people at work

Before they start work for the first time, complete this form for each person under the age of 18 years. Review regularly and the form on the employee's personnel file.

<b>NAME OF YOUNG PERSON</b>	<b>JOB TITLE</b>
<b>DATE OF BIRTH</b>	<b>GENERAL DESCRIPTION OF WORK ACTIVITIES</b>

WORK ACTIVITY	YES	NO	DETAILS
Work in extremes of heat or cold			
Carry out any lifting or movement of goods or products			
Use hazardous chemicals			
Use or clean hazardous equipment			
Exposed to other significant hazards:			
Work more than 4 hours without a break of 1 hour			
Work more than legally permitted hours (if school age)			
Enhanced supervision			
Enhanced induction training & written test to ensure understood			

If any responses are in shaded boxes, consideration should be given to altering work activities.

# Risk Assessment – Young people at work

## ACTION PLAN

Further Action Required	Person to action	Date completed	Signature

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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## Risk Assessment – Disabilities or long-term health conditions (1 of 3)

A risk assessment must only be carried out if the worker's disability changes the way they work and not just because the person is disabled. This form must be stored on the employee's personnel file and confidentiality maintained.

NAME OF EMPLOYEE (MUST BE PRESENT)	JOB TITLE
NAME OF HR MANAGER (MUST BE PRESENT)	GENERAL DESCRIPTION OF WORK ACTIVITIES

QUESTIONS TO ASK	COMMENTS
Brief description of the disability	
Description of tasks involved in the job role	
How could the effect of the worker's disability impact their health and safety or others in the workplace?	

## Risk Assessment – Disabilities or long-term health conditions (2 of 3)

What reasonable adjustments (to reduce health and safety risks and to ensure the worker has equal opportunities in applying for and staying in work) could be made to:

<p><b>Working arrangements e.g.</b></p> <ul style="list-style-type: none"> <li>• changing working hours</li> <li>• arranging home working</li> <li>• time off for treatments</li> </ul>	
<p><b>The workplace e.g.</b></p> <ul style="list-style-type: none"> <li>• moving tasks to more accessible areas</li> <li>• improved layout</li> <li>• building alterations</li> </ul>	
<p><b>The job e.g.</b></p> <ul style="list-style-type: none"> <li>• Giving some duties to another person such as a temp</li> <li>• Getting new or adapting existing equipment, tools or furniture</li> <li>• Modifying instructions or procedures such as larger text or Braille</li> <li>• Providing additional training and/or supervision</li> <li>• Providing alternative work (last resort)</li> </ul>	

# Risk Assessment – Disabilities or long-term health conditions (3 of 3)

**ACTION PLAN**

Further Action Required	Person to action	Date completed	Signature

Assessor		Signature		Date		Review date	
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Approved by:

Name		Signature		Date		Review date	
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# Health and safety training record (1 of 2)

Complete and keep up-to-date for all staff and managers (insert additional training if needed)

**NAME:**

**START DATE:**

TRAINING	DATE	SIGNATURE OF TRAINEE CONFIRMING UNDERSTANDING	TICK IF JOB REQUIRES IT
<b>Induction</b>			
Site specific health and safety policy			
Health & safety responsibilities			
Key risks and controls on site			
<b>Health and safety qualifications</b>			
Level 1 Award in Health & Safety			
Level 2 Award in Health & Safety			
Level 3 Award in Health & Safety			
<b>Fire safety</b>			
Fire prevention			
Use of fire extinguishers			
Level 1 Fire Safety			
<b>First aid</b>			
Emergency First Aid at Work Course			
3 day First Aiders Course			
<b>COSHH &amp; DSEAR</b>			
Cleaning & chemicals			
Dangerous substances			
Flour and ingredient dust controls			
Personal protective equipment			
<b>Manual handling (insert task)</b>			

# Health and safety training record (2 of 2)

Complete and keep up-to-date for all staff and managers (insert additional training if needed)

**NAME:**

**START DATE:**

Work equipment			
Knives and sharps			
Dough dividers			
Dough moulders			
Forklift trucks			
Fryers & cooking oil use & storage			
Ladders and working at height			
Lifts and lifting equipment			
Mixers			
Ovens, grills and heat sources			
Peelers and processors			
Slicing machines			
Waste compacters			
Other training			
Confined spaces			
Contractors and visitors			
Electricity and gas safety			
Night working			
Noise at work			
Pressure systems			
Safe lifting and carrying			
Slips, trips and falls			
Security and safety of premises & staff			
Storage of goods			
Stress at work			
Vehicles on site			
Work related driving			



## Health and safety training list

NAME OF EMPLOYEE	START DATE	DATE INDUCTION TRAINING	DATE RELEVANT SAFE METHODS	DATE LEVEL 2 TRAINING	DATE LEVEL 3 TRAINING

### TRAINING TARGETS:

JOB ROLE	TRAINING	WHEN DONE
All staff and agency staff	Induction training	Prior to starting work
All staff	Safe methods relevant to job role	Within 3 months
Managers risk assessing	Level 2 in Health and Safety	Within 3 months
Responsible HS Manager	Level 3 in Health and Safety	Recommendation only
All staff	Health and Safety Refresher Training	Every 3 years



# Accident investigation (2 of 3)

DID THE INJURED PERSON GO TO HOSPITAL? IF SO, GIVE DETAILS	IF STAFF, WERE THEY ABLE TO CONTINUE TO WORK? IF NOT, WHERE DID THEY GO?

INVESTIGATION CARRIED OUT FOLLOWING THE COMPLAINT WITH ANY ACTION TAKEN (START INVESTIGATION AS SOON AS POSSIBLE AND WITHIN 24 HOURS)

EVIDENCE LOG (E.G. CCTV, PHOTOS, WITNESS STATEMENTS, TRAINING RECORDS, MAINTENANCE RECORDS)	DATE GATHERED

POSSIBLE CAUSES (E.G. HORSEPLAY, SAFE METHOD NOT FOLLOWED)	ACTION NEEDED	DATE COMPLETE

## Accident investigation (3 of 3)

TRAINING NEED IDENTIFIED (IF ANY)	PEOPLE TO BE TRAINED	DATE COMPLETE

SAFE METHOD AND RISK ASSESSMENT REVIEWED (IF NECESSARY)	ACTION NEEDED	DATE COMPLETE

COMMUNICATION TO INJURED PERSON FOLLOWING THE INVESTIGATION

Completed by (Investigator)		Signature		Date	
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Approved by:

Name		Signature		Date	
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# Near misses and concerns

CONCERNED PERSON'S NAME AND ADDRESS	TELEPHONE NO. AND E-MAIL

EXPLANATION OF WHEN AND WHAT HAPPENED (NEAR MISS) OR THEIR CONCERN

INVESTIGATION CARRIED OUT WITH ANY ACTION TAKEN

Completed by (Investigator)		Signature		Date	
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Approved by:

Name		Signature		Date	
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# Fire drill record

Fire evacuation drills should be undertaken and recorded at least every six months

DATE OF FIRE DRILL	
TIME FIRE ALARM ACTIVATED	
TIME ALL PERSONS ACCOUNTED FOR	
FIRE MARSHALS IN ATTENDANCE	
NO. OF STAFF PRESENT	
NO. OF VISITORS PRESENT	
NO. OF PUBLIC PRESENT	

STANDARD OF FIRE DRILL	UNSATISFACTORY	SATISFACTORY	GOOD
TICK (✓):			

COMMENTS	ACTION REQUIRED & BY WHOM	DATE COMPLETED & BY WHOM

Completed by		Signature		Date	
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Approved by:

Name		Signature		Date	
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## Contractor safety (1 of 2)

**Contractors** – we need to know that you will work safely on our premises. Please complete this form and return to be added to our Contractor List. We also require a safety method statement for any works you will be completing on our site.

CONTRACTOR NAME & ADDRESS	CONTACT NAME, TEL.NO. E-MAIL
<b>EXPERIENCE</b>	
What experience do you have of our type of business?	
How familiar are you with the hazards in our business?	
Have you done this sort of job before? What are the main problems?	
Can you provide existing risk assessments or safety method statements e.g. for a similar job? If so, please attach.	
Can you supply references? If so, please attach.	
<b>HEALTH AND SAFETY POLICY AND PRACTICE</b>	
Do you have a health and safety policy? If so, please attach.	
Has HSE ever taken action against your activities?	
Do you plan to use any subcontractors?	
What safety checks do you make on equipment and materials?	



## Contractor safety (2 of 2)

TRAINING AND COMPETENCE	
Are you a member of a trade/professional body? If so, which one?	
How do you ensure your subcontractors are competent?	
How do you prepare any subcontractors for working safely while on site?	
What health and safety training do you provide?	
How is information about health and safety passed on to staff and subcontractors?	
Can you show us your training programmes and records? If so, please attach.	
SUPERVISION	
Who will be responsible for supervision on site?	
How are changes which arise during a job dealt with?	
How will you liaise with us?	
Will you report incidents/accidents to us?	
Are you prepared to abide by our rules?	

<b>Completed by (Contractor)</b>		<b>Signature</b>		<b>Date</b>	
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Approved by:

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
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## Permit to work (1 of 3)

A Permit-to-Work should always be issued to the contractor where the work involves: working in confined spaces, hot works, high and low voltage electrical work, working with asbestos, excavations, work on roofs, scaffold towers.

**Contractors** – we need to know that you will work safely on our premises. Be aware that you cannot do anything unless this permit-to-work has been authorised by our nominated site contact.

CONTRACTOR NAME & ADDRESS	CONTACT NAME, TEL.NO. E-MAIL
Permit title	
Permit number (reference to other relevant permits)	
Job location	
Plant identification	
Description of work to be done and its limitations	
Hazard identification (including residual hazards and hazards introduced by the work)	
Precautions necessary	
Protective equipment	

Permit to work (2 of 3)

Permit number	
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**PERSON RESPONSIBLE (CONTRACTOR)**

**I am the person responsible for carrying out the identified precautions, e.g. isolations, and I confirm that these have been carried out.**

Signed:	Name in capitals:	Date:	Time:
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**AUTHORISATION (SITE CONTACT)**

**I confirm that the identified precautions, e.g. isolations, have been carried out (except where these can only be made during the work) and I authorise the work to commence.**

Signed:	Name in capitals:	Date:	Time:
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Date & time Permit-to-work will expire:	
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**ACCEPTANCE (CONTRACTOR)**

**I understand the work to be done, hazards involved and precautions required. I have explained the permit information to all workers involved.**

Signed:	Name in capitals:	Date:	Time:
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**EXTENSION/SHIFT HAND OVER**

**I confirm that checks have been made and that the plant remains safe to be worked upon. Permit information has been explained to all new workers involved.**

Signed (Contractor):	Name in capitals:	Date:	Time:
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Signed (Site Contact):	Name in capitals:	Date:	Time:
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Date & time Permit-to-work will expire:	
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Permit to work (3 of 3)

Permit number	
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**HAND BACK**

**I confirm that the work is now complete and plant is ready for testing and re-commissioning.**

Signed (Contractor):	Name in capitals:	Date:	Time:
Signed (Site Contact):	Name in capitals:	Date:	Time:

**CANCELLATION**

**I certify the work has been tested and plant satisfactorily re-commissioned.**

Signed (Contractor):	Name in capitals:	Date:	Time:
Signed (Site Contact):	Name in capitals:	Date:	Time:

Enforcement officer visit

OFFICER NAME, JOB TITLE, TEL.NO, E-MAIL	ENFORCEMENT BODY E.G. WHICH COUNCIL
DATE OF VISIT	PERSON SEEN BY THE ENFORCEMENT OFFICER

REASON FOR VISIT	YES / NO	ACTION TO BE TAKEN	YES / NO
Routine inspection		Report left	
Complaint investigation		Letter to be sent	
Revisit to check works carried out		Enforcement notice	
Other – give details		Other – give details	

DOES THE ENFORCEMENT OFFICER INTEND TO RE-VISIT? IF SO, WHEN

ACTION TAKEN AND WHAT IS PLANNED AS A RESULT OF THE VISIT

Completed by		Date	
Site name		Date sent to Safer Food Scores	

# Visitor log

Please read our visitor rules and let us know if there is anything that you do not understand.

DATE	NAME	COMPANY	TIME IN	TIME OUT

# Health questionnaire – night working

All staff must be offered this form as soon as they have been determined to be night workers and on an annual basis thereafter.

A referral should be made to the Company's Occupational Health Provider if there are any 'yes' answers in Question 2.

This form must be stored on the employee's personnel file and confidentiality maintained. Health questionnaires must be retained for 2 years.

QUESTION		YES	NO
1.	Do you regularly work for more than three hours during the period 11pm-6am?		
2.	Do you or have you ever had any of the following:		
(a)	Diabetes		
(b)	Heart or circulatory disorders		
(c)	Stomach or intestinal disorders		
(d)	Any condition which causes difficulty sleeping		
(e)	Chronic chest disorders, especially at night		
(f)	Any medical condition requiring medication to a strict timetable		
(g)	Any other health factors which might affect fitness for night work		

I confirm that the responses given by me are correct and I have received a copy of the completed questionnaire.

Completed by		Signature		Date	
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Approved by:

Name		Signature		Date	
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## Initial health questionnaire – flour dust

All staff must be offered this form prior to commencing work for the first time if they will be working in a dusty environment. A referral should be made to the Company's Occupational Health Provider if there are any 'yes' answers.

This form must be stored on the employee's personnel file and confidentiality maintained. Health questionnaires must be retained for 40 years.

QUESTION		YES	NO
1.	<b>Do you believe that your chest has suffered as a result of any previous employment?</b>		
2.	<b>Do you or have you ever had any of the following? Do not include isolated colds, sore throats or flu.</b>		
(a)	Recurring soreness of or watering of eyes		
(b)	Recurring blocked or running nose		
(c)	Bouts of coughing		
(d)	Chest tightness		
(e)	Wheezing		
(f)	Breathlessness		
(g)	Persistent coughing		
(h)	Any other persistent or history of chest problems		
(i)	Eczema or psoriasis		
(j)	Redness, itching, scaling or blistering of skin on your hands or forearms		

In this workplace substances are in use that have been known to cause allergic chest problems and occupational dermatitis. Following the risk assessment under Regulation 6 of the COSHH Regulations 2002, management have decided to carry out a programme of pre-exposure and periodic health surveillance.

**I understand that a programme of health surveillance is necessary in this employment and will form part of my management health record. I confirm that the responses given by me are correct and I have received a copy of the completed questionnaire.**

Completed by		Signature		Date	
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Approved by:

Name		Signature		Date	
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## Follow up health questionnaire – flour dust

All staff working in a dusty environment must be offered this form six weeks and twelve weeks after employment commences and annually thereafter. A referral should be made to the Company's Occupational Health Provider if there are any 'yes' answers.

This form must be stored on the employee's personnel file and confidentiality maintained. Health questionnaires must be retained for 40 years.

QUESTION		YES	NO
<b>1.</b>	<b>Since starting your present job have you had any of the following symptoms either at work or at home? Do not include isolated colds, sore throats or flu.</b>		
(a)	Recurring soreness of or watering of eyes		
(b)	Recurring blocked or running nose		
(c)	Bouts of coughing		
(d)	Chest tightness		
(e)	Wheezing		
(f)	Breathlessness		
(g)	Persistent coughing		
(h)	Any other persistent or history of chest problems		
(i)	Eczema or psoriasis		
(j)	Redness, itching, scaling or blistering of skin on your hands or forearms		
<b>2.</b>	<b>Have you consulted your doctor about chest or skin problems since the last questionnaire?</b>		

In this workplace substances are in use that have been known to cause allergic chest problems. Following the risk assessment under Regulation 6 of the COSHH Regulations 2002, management have decided to carry out a programme of pre-exposure and periodic health surveillance.

**I understand that a programme of health surveillance is necessary in this employment and will form part of my management health record. I confirm that the responses given by me are correct and I have received a copy of the completed questionnaire.**

Completed by		Signature		Date	
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Approved by:

Name		Signature		Date	
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## List of test certificates

Tick if required and add any additional test certificates.

CERTIFICATE	APPLICABLE */✓	RENEWAL TIMES	RENEWAL DUE DATE
Asbestos survey		Building alterations	
Legionella risk assessment		Building alterations	
Fire risk assessment / review		Every year	
Fire detection & alarm (system inspection)		Every year	
Fire extinguishers (maintenance inspection)		Every year	
Emergency escape lighting (drain down inspection)		Every year	
Fire suppression system test		Every year	
Electrical installation test		Every 5 years	
PAT tests (portable appliances only)		Every year	
Gas installations test		Every year	
Gas appliance tests		Every year	
Gas boiler tests		Every year	
Pressure systems tests		Every 14 months	
Passenger lift test		Every 6 months	
Goods lift test		Every year	
Employers liability insurance		Every year	
Public liability insurance		Every year	
Full ventilation duct clean		Every 6 months	
Contractor safety questionnaires		Every year	
Contractor method statements		Every year	
Local exhaust ventilation test		Every 14 months	
Forklift truck tests		Every 6 months	