

Health and Safety Annual Audit (HSAA)

Audit Carried out by:		Downloaded:	
Job Title:		:	
Department/Location:		Name:	

Objectives

1. Review of Health and Safety system, identification of areas for improvement.
2. Identification of employee training needs to create a safe working environment.
3. Assessment of key hazards within the workplace, which will be covered by the audit.
4. Effectiveness of existing audits and management controls.
5. Recommendation for improvement actions for senior management.

Ref No.		Yes/No	Action Required
1. GENERAL POLICY AND ORGANISATION			
1.1	Does the statement express a commitment to health and safety and are the obligations towards employees made clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
1.2	Does the policy say which senior manager will be responsible for seeing that its contents are implemented and for keeping it under review and how will this be done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
1.3	Is the Statement signed and dated by a senior Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
1.4	Have the views of managers and supervisors, safety representatives and of the safety committee been taken into account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	

Ref No.		Yes/No		Action Required
1.5	Are the duties set out in the policy clearly defined and have they been discussed with the people concerned in advance and accepted by them, and do they understand how their performance is to be assessed and what resources they have at their disposal?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
1.6	Does the policy make it clear that cooperation on the part of all employees is a vital to the success of the health and safety policy?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
1.7	Does it say how employees are to be involved in health and safety matters, for example, by being consulted, by taking part in inspections, and by sitting on a safety committee?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
1.8	Does the policy show clearly how the duties for health and safety are allocated and are the responsibilities at different levels described?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
1.9	Does the policy say who is responsible for the following matters (including deputies where appropriate)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
a)	Reporting investigations and recording accidents	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
b)	Fire precautions, fire drill, evacuation procedure	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
c)	First aid	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

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Ref No.		Yes/No		Action Required
d)	Safety inspections	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
e)	The training programme	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
f)	Ensuring that legal requirements are met, for example regular testing of lifts and notifying the health and safety inspector	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
1.10		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

2. ARRANGEMENTS TO BE CONSIDERED

2.1	Keeping the workplace, including staircases, floors, ways in and out, washrooms etc. in a safe and clean condition by cleaning, maintenance and repair	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
2.2		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

3. PLANT AND SUBSTANCES

3.1	Maintenance of equipment such as tools, ladders etc. Are they in a safe condition?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.2	Maintenance and proper use of safety equipment such as helmets, boots, goggles and respirators etc.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

Ref No.		Yes/No		Action Required
3.3	Maintenance and proper use of plant, machinery and guards	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.4	Regular testing and maintenance of lifts, hoists, cranes, pressure systems, boilers and other dangerous machinery, emergency work, and safe methods of doing it.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.5	Maintenance of electrical installations and equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.6	Safe storage, handling and, where applicable, packaging, labelling and transport of dangerous substances.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.7	Controls of work involving harmful substances such as lead and asbestos.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.8	The introduction of new plant, equipment or substances into the workplace by examination, testing and consultation with the workforce.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
3.9		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
4. OTHER HAZARDS				
4.1	Noise problems – wearing hearing protection, and control of noise at source.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

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Ref No.		Yes/No		Action Required
4.2	Preventing unnecessary or unauthorised entry into hazardous areas.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
4.3	Lifting of heavy and awkward loads.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
4.4	Protecting the safety of employees against assault when handling or transporting the employer's money or valuables.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
4.5	Special hazards to employees when working on unfamiliar sites, including discussion with site manager where necessary.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
4.6	Control of works transport, e.g. fork lift trucks, by restricting use of experienced and authorised operators or operators under instruction (which should deal fully with safety aspects).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
4.7		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

5. EMERGENCIES

5.1	Ensuring that fire exits are marked, unlocked and free from obstructions.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
5.2	Maintenance and testing of fire-fighting equipment, fire drills and evacuation procedures	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

Ref No.		Yes/No		Action Required
5.3	First aid, including name and location of person responsible for first aid and deputy and location of first aid box.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
5.4		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

6. COMMUNICATION

6.1	Giving your employees information about the general duties under the Health and safety at Work Act and specific legal requirements relating to their work.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
6.2	Giving employees necessary information about substances, plant, machinery, and equipment with which they come into contact.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
6.3	Discussing with contractors, before they come on site, how they can plan to do their job, whether they need equipment of yours to help them, whether they can operate in a segregated area or when part of the plant is shut down and, if not, what hazards they may create for your employees and visa versa.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
6.4		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

7. TRAINING

7.1	Giving all employees a general and specific health and safety induction relating to their specific role.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
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Ref No.		Yes/No		Action Required
7.2	Ongoing training of employees, supervisors and managers to enable them to work safely and to carry out their health and safety responsibilities efficiently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
7.3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		

8. SUPERVISION

8.1	Supervising employees so far as necessary for their safety – especially young workers, new employees and employees carrying out unfamiliar tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
8.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		

9. KEEPING CHECKS

9.1	Regular inspections and checks of the workplace, machinery appliances and working methods.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
9.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		

10. CONSIDERATION OF GENERAL RISKS IDENTIFIED

REQUIRING A RISK ASSESSMENT

10.1	Risk of slips and trips	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
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Ref No.		Yes/No		Action Required
10.2	Asbestos	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.3	Hazardous substances	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.4	Working at heights	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.5	Manual handling	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.6	Noise	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.7	Vibration	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.8	Electrical safety	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.9	Is your equipment right for the job?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.10	Building maintenance work and subcontractors	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

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Ref No.		Yes/No		Action Required
10.11	Transport in the workplace	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.12	Pressure systems	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.13	Prevention of fire and explosions	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.14	Harmful effects of radiation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.15	Effects of stress on employees	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.16	What to do if an accident occurs at work	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
10.17		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

11. GENERAL OBSERVATIONS

11.1	Do all employees understand their role in relation to health and safety?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
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Ref No.		Yes/No		Action Required
a)	Directors	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
b)	Senior Managers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
c)	Managers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
d)	Supervisors	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
e)	Health and Safety Officer	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
f)	Fire Officer	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
g)	First Aider	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
11.2	Is there evidence of ongoing Risk Assessments?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		
11.3	Is there evidence of a regular maintenance and inspection program?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N		

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Ref No.		Yes/No		Action Required
11.4	Is there evidence of COSHH assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
11.5	Are accidents reported in accordance with RIDDOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
11.6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		

12. FIRE PRECAUTIONS AND OBSERVATIONS

12.1	Has the Fire Risk Assessment Checklist been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
12.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		

If the answer to any of these questions is “**No**”, the issue must be recorded in the Safety Annual Audit Action Plan.

Auditor Name:		Name:	
Signature:			
Date:			