

General Liability Health & Safety Questionnaire

We really appreciate your completion of this form as it will help us to give you our best possible terms

PROPOSER:

BUSINESS:

Health and Safety

- Do you have a written and signed Health and Safety policy in force? Yes / No
- How is it communicated to your employees?
.....
- When was it last reviewed?
.....
- Is there a trained Safety Officer or a named Principal, Partner or Director responsible for Health and Safety issues? Yes / No
- Is a record kept of all Health and Safety training given to staff? Yes / No
- Are there procedures to record and follow up accidents and obtain witness statements? Yes / No

Risk Assessments and Method Statements (RAMS)

- Do you carry out risk assessments in the workplace? Yes / No
- Is a competent person appointed to carry out risk assessments? Yes / No
- Do you record all risk assessments? Yes / No
- Are reviews carried out following incidents or potential incidents? Yes / No
- Do you issue Method (safe system of work) Statements in the workplace ? Yes / No

Personal Protective Equipment (PPE)

- Do you supply and enforce the use of Personal Protective Equipment? Yes / No
- Is there a trained person responsible for identifying and issuing PPE? Yes / No
- Is the equipment kept in efficient working order and maintained in accordance with the Personal Protective Equipment at Work Regulations 1992? Yes / No

SIGNATURE:

POSITION:

DATE:

This form must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary.