



geo

COMBINED  
LIABILITY  
HEALTH AND  
SAFETY

QUESTIONNAIRE

## Combined Liability Health and Safety Questionnaire

1. Do you have a formal written Health & Safety policy?	Yes	No
If yes, what date was it originally prepared?		
What is the date of the last review?		
2a. Is there a trained / certified person within the business responsible for Health & Safety issues?	Yes	No
2b. Are the services of external Health and Safety Consultants used?	Yes	No
3a. Have you carried out formal Risk Assessments (RAs), documented with relevant Safe Systems of Work?	Yes	No
3b. Do you have a formal plan for review of Risk Assessments	Yes	No
4. Do you have a documented Health and Safety training plan for employees?	Yes	No
5a. Do you have a formal plan for the provision of Personal Protective Equipment (PPE)?	Yes	No
5b. Do employees sign for PPE and are records kept?	Yes	No
6. Have you documented procedures for high risk activities and do you operate a formal "permit to work" scheme for high risk activities?	Yes	No
7. Do you have a formal inspection and maintenance programme in place for all machinery/plant?	Yes	No
8. Do you have a documented fire emergency plan?	Yes	No
9. Do you have a formal Health & Safety monitoring plan?	Yes	No
10. Do you have a formal occupational health plan (e.g. noise assessments, vibration, substances hazardous to health)?	Yes	No
11. Do you have a formal documented accident investigation plan?	Yes	No
12a. Do your operations or processes involve actual or potential exposure of your employees to respirable crystalline silica (RCS)? This includes situations where exposure to RCS is properly controlled.	Yes	No
12b. If yes, has the risk to your employees of exposure to RCS been specifically assessed and have suitable control measures been put in place? Please provide full details.		

13. Any processes involving use, carriage, storage, transport or exposure to harmful materials (e.g. asbestos, gases, chemicals, materials giving rise to dust, fumes or vapours)? If yes, please provide full details.	Yes	No
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14. Any instances of occupational disease(s) within the last 5 years (e.g. noise related, asthma, skin disease, RSI, lung disease)? If yes, please provide full details.	Yes	No
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