



## Health and Safety Annual Audit (HSAA)

Audit Carried out by:	Colin Carruthers – Seguro Management Ltd	Date of Audit:	1 <sup>st</sup> March 2023
Job Title:	Health and Safety Consultants	Duty Holder Name:	Mr Mahmood Abedi
Company:	Urban Construction Management Ltd		

## Objectives

1. Review of Health and Safety system, identification of areas of low/non-compliance.
2. Identification of employee training needs to create a safer working environment.
3. Assessment of key hazards within the workplace, which will require a Risk Assessment.
4. Effectiveness of existing audits and management controls.
5. Recommendation for improvement actions for senior management team.

Ref No.	Yes/No	Comments	Action Required
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### 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The company Health & Safety Manual Document was found to comply with the Legal Requirements of the Health & Safety at Work Act 1974	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
1.3	Is the Statement signed and dated by a senior Director?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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 checked="" type="checkbox"/> N/A		

Ref No.		Yes/No	Comments	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
1.9	Does the policy say who is responsible for the following matters (including deputies where appropriate)?			
a)	Reporting investigations and recording accidents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
b)	Fire precautions, fire drill, evacuation procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c)	First aid	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 3. PLANT AND SUBSTANCES

3.1	Maintenance of equipment such as tools, ladders etc. Are they in a safe condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.2	Maintenance and proper use of safety equipment such as helmets, boots, goggles and respirators etc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Ref No.		Yes/No	Comments	Action Required
3.3	Maintenance and proper use of plant, machinery and guards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Informed, any plant required is hired; equipment used on site mainly consists of hand tools.	
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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
3.5	Maintenance of electrical installations and equipment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.6	Safe storage, handling and, where applicable, packaging, labelling and transport of dangerous substances.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.7	Controls of work involving harmful substances such as lead and asbestos.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Company emergency plan in place, all operatives trained in Asbestos Awareness.	
3.8	The introduction of new plant, equipment or substances into the workplace by examination, testing and consultation with the workforce.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
3.9		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

#### 4. OTHER HAZARDS

4.1	Noise problems – wearing hearing protection, and control of noise at source.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Due to the nature of the business noise is not a significant risk as work mainly consists of hand tools although ear defenders are provided to all employees.	
4.2	Preventing unnecessary or unauthorised entry into hazardous areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
4.3	Lifting of heavy and awkward loads.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	No evidence of Manual Handling Risk Assessments available which include "TILE".	Seguro (SML)
4.4	Protecting the safety of employees against assault when handling or transporting the employer's money or valuables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
4.5	Special hazards to employees when working on unfamiliar sites, including discussion with site manager where necessary.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Site inductions carried out.	
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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	-	
4.7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 5. EMERGENCIES

5.1	Ensuring that fire exits are marked, unlocked and free from obstructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.2	Maintenance and testing of fire-fighting equipment, fire drills and evacuation procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records available.	
5.3	First aid, including name and location of person responsible for first aid and deputy and location of first aid box.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Adequate First aider provided on site and within head office. First Aid / Aider is normally provided by client.	
5.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employee handbook issued to staff	
6.2	Giving employees necessary information about substances, plant, machinery, and equipment with which they come into contact.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provided within site Method Statements and Risk Assessments	
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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
6.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 7. TRAINING

7.1	Giving all employees a general and specific health and safety induction relating to their specific role.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records available	
7.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 9. KEEPING CHECKS

9.1	Regular inspections and checks of the workplace, machinery appliances and working methods.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records available regarding regular inspections	
9.2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 10. CONSIDERATION OF GENERAL RISKS IDENTIFIED DURING THE AUDIT REQUIRING A RISK ASSESSMENT

10.1	Risk of slips and trips	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Site specific risk assessment carried out	
10.2	Asbestos	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Emergency plan in place plus before starting work the supervisor would ask for a copy of asbestos register. Employees trained in Asbestos Awareness.	

10.3	Hazardous substances	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Risk assessment available	
10.4	Working at heights	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Risk assessment available	
10.5	Manual handling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Risk assessment available	
10.6	Noise	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Deemed as minimal risk at best	
10.7	Vibration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Deemed as minimal risk at best	
10.8	Electrical safety	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Risk assessment available	
10.9	Is your equipment right for the job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Mainly consists of hand tools	
10.10	Building maintenance work and subcontractors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	N/A	
10.11	Transport in the workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	N/A	

10.12	Pressure systems	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	N/A	
10.13	Prevention of fire and explosions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Risk assessment available	
10.14	Harmful effects of radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	N/A	
10.15	Effects of stress on employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Deemed as minimal risk at best	
10.16	What to do if an accident occurs at work	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Also covered within site induction	
10.17		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 11. GENERAL OBSERVATIONS

11.1	Do all employees understand their role in relation to health and safety?			
a)	Directors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
b)	Senior Managers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

c)	Managers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
d)	Supervisors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
e)	Health and Safety Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
f)	Fire Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
g)	First Aider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
11.2	Is there evidence of ongoing Risk Assessments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	General company risk assessment manual plus site specific assessments available.	
11.3	Is there evidence of a regular maintenance and inspection program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records available	
11.4	Is there evidence of COSHH assessments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
11.5	Are accidents reported in accordance with RIDDOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Informed the company has had no reportable accidents.	

11.6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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**12. FIRE PRECAUTIONS AND OBSERVATIONS**

12.1	Has the Fire Risk Assessment Checklist been completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Completed, records available	
12.2				

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

Auditor Name:	Mr Colin Carruthers
Signature:	
Date:	1 <sup>st</sup> March 2023

