**[practice name]**

**Health and Safety at Work Audit**

This audit to be completed annually by the Health and Safety Co-ordinator, as part of the annual review of the practice health and safety system.

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|  | Audit Questions  | Yes | No | N/A |
| 1. | Does your practice have a current health and safety policy? |  |  |  |
| 2. | Has the policy been approved by the business owner/s (Person Conducting the Business Undertaking (PCBU))? |  |  |  |
| 3. | Has a person/s been appointed to co-ordinate health and safety in the practice? |  |  |  |
| 4. | Has the health and safety co-ordinator received education related to the responsibilities associated with the role? |  |  |  |
| 5. | Is there a process in place to orientate / induct new staff to the health and safety processes? |  |  |  |
| 6. | Does the practice have a process in place for staff/ visitors / contractors to report hazards (risks)? |  |  |  |
| 7. | Does the practice have a risk (hazard) register that is current?  |  |  |  |
| 8. | Does the practice have a process in place for staff/ visitors / contractors to report incidents / accidents, including near misses? |  |  |  |
| 9. | Does the practice have an incident register that also records health and safety related accidents / incidents? |  |  |  |
| 10. | Has a health and safety audit been undertaken and completed at least annually?  |  |  |  |
| 11. | Is health and safety an agenda item on all meetings in the practice? |  |  |  |
| 12. | Does the practice have a Fire Service approved Evacuation Scheme? |  |  |  |
| 13. | Have evacuation drills been held every six months? |  |  |  |
| 14. | Are there clear instructions to the assembly point (in the event of an evacuation)? |  |  |  |
| 15. | Does the practice have a designated fire warden? |  |  |  |
| 16. | Does the practice have an up to date Emergency Response/ Business Continuity Plan? |  |  |  |
| 17. | Does the practice have emergency procedures and equipment in place? |  |  |  |
| 18. | Has the practice put in place the requirements of the Hazardous Substances Regulations Dec 2017? |  |  |  |

Identify and list the improvements and actions as result of the **Health and Safety at Work Audit**

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| Item | Quality Improvement Plan / Actions Required | Responsibility | Timeframe |
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Completed by Health and Safety Co-ordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_