

---

## Health & Safety and Welfare Report

**First visit** Y/N

**Contact: ..**

**Student.**

			Comments
<b>Insurance</b>	Employers Liability Public Liability		Displayed current Yes/No
	No Payment		Agreed with representative Yes/No
<b>Student Supervisory Arrangements</b>	Named Supervisor. Deputy Supervisor		
<b>Health &amp; Safety Induction Information</b>	Before work commences. On the job Policy		Suitable Yes/No
<b>First aid</b>	Trained First Aider Appointed. First aid box.		Suitable for the risk Yes/No
<b>Accident Procedure</b>	Recorded – Investigated		
<b>Risk Assessment</b>	Young Persons		Yes/No. Have they been sent to school
<b>Risk Assessment</b>	Management of H&S COSHH Manual Handling Working at Heights PUWER Others Health and Safety Poster		Risk Assessment Yes/No Risk Assessment Yes/No Risk Assessment Yes/No Risk Assessment Yes/No Risk Assessment Yes/No Yes/No Yes/No
<b>Welfare</b>	Toilets Suitable Washroom. Rest/Dining. Hot drinks Heating/Lighting Ventilation		Yes/No Yes/No Yes/No Yes/No Yes/No Outdoor
<b>Special P.P.E. requirements not provided by employer</b>	Safety Footwear Overalls Outdoor clothing		Yes/No Yes/No Yes/No

Extended W/E: - Yes/No

Report all Accident to the School :-01827 31284

# Kettlebrook Short Stay School

## **Special Risks: - Health and Safety Young Workers**

Fire Safety	Evacuation Procedure		Displayed Yes/No
	Escape Routes		Signed/Posted Yes/No
	Portable Equipment		Suitable for risk Yes/No
	Fire/Safety signs		Yes/No
	Risk Assessment		Yes/No
	Fixed Installation		Yes/No
	Sprinklers/smoke detection		Yes/No

Are there areas, processes or machines from which the student is prohibited, if so will these be notified to the student?

**Specify**


Are any aspects of the work unsuitable for students with an existing health problem?

Asthma, allergies etc.

**Specify**


Are there any significant risks associated with the placement, which will need to be notified to the parents/guardians by the school?

**Specify**


**Health and Safety Assessor notes.**


Assessor Signature \_\_\_\_\_ Date \_\_\_\_\_

Discussed with signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

# Kettlebrook Short Stay School

---

Further Notes by Health and Safety Assessor