**Health and Safety Checklist**

To help us ensure the health and welfare of our students, we would be grateful if you could provide the following information.

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| **Your Organisation** |
| **Name of your organisation:** |

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| **Health and Safety** | | |
| **1.** | **Do you have a written Health and Safety Policy?** | **Yes/no** |
| **2.** | **Please can you confirm that you will provide all necessary health and safety training for students?** | **Yes/no** |

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| **Insurance** | | |
| **1.** | **Does your organisation hold Employer and Public Liability Insurance?**  **Please give details of your insurance policies:** | **Yes/no** |
|  |  |  |
|  | **Employer Liability insurer:………………………………………………………..** |  |
|  | **Policy number:……………………………………………………………………….** |  |
|  | **Indemnity limit:………………………………………………………………………** |  |
|  | **Expiry date:…………………………………………………………………………….** |  |
|  | **Public Liability insurer:…………………………………………………………….** |  |
|  | **Policy number:………………………………………………………………………..** |  |
|  | **Indemnity limit:………………………………………………………………………** |  |
|  | **Expiry date:…………………………………………………………………………….** |  |
| **2.** | **Will your insurances cover any liability incurred by a student as a result of the planned activities?** | **Yes/no** |

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| **Risk Assessment** | |  |
| **1.** | **Have you carried out any risk assessments of your work practices to identify possible risks, whether to your own employees or to others within your undertaking?\*** | **Yes/no** |

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| **Accidents and Incidents** | |  |
| **1.** | **Do you have a formal procedure for reporting and recording accidents and incidents in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)?\*** | **Yes/no** |
| **2.** | **Do you have procedures to be followed in the event of serious and imminent danger to people at work in your undertaking?** | **Yes/no** |

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| **Equal Opportunities** |  |
| **The University of York is committed to a policy of equal opportunities and advocates that positive measures are taken against discriminatory practices.** |  |
| **Does your organisation have a commitment to equal opportunities?** | **Yes/no** |

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| **Induction** |  |
| **Please confirm that the following items will be covered at a student induction or equivalent:** | **Please tick** |
| **Tour of site** |  |
| **Introduction to supervisor, other volunteers, staff and their jobs** |  |
| **Explanation of what the student will be doing** |  |
| **Explanation of what the student should do if they are unwell or unable to attend** |  |
| **Introduction to working procedures, ie where things are kept, recording work done** |  |
| **Explanation of the support the student will receive and how progress will be reviewed** |  |
| **Explanation of what the student should do if there is an accident** |  |
| **Location of the first aid box** |  |
| **Identify of the trained first aider/appointed person and where they can be found** |  |
| **Use of any special equipment or clothing (if appropriate)** |  |
| **Training in the use of equipment or hazardous substances (if appropriate)** |  |
| **Identity of person(s) responsible for health and safety** |  |

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| **Declaration** | | |  |
| **The above statements are true to the best of my knowledge and belief.** | | |  |
| **Name:** | | **Position:** |  |
|  |  |  |  |
| **Signature:** | | **Date:** |  |
|  |  |  |  |

Thank you for completing this questionnaire. Please return it to the contact for the University your PIPS student is attending:

University of Leeds – Catherine Liddle email: [c.m.liddle@leeds.ac.uk](mailto:c.m.liddle@leeds.ac.uk)

University of Sheffield – Interim contact email: Catherine Liddle: [c.m.liddle@leeds.ac.uk](mailto:c.m.liddle@leeds.ac.uk)

University of York – Amanda Barnes email: [amanda.barnes@york.ac.uk](mailto:amanda.barnes@york.ac.uk)