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

at least one month before the Professional Internship for PhD Students (PIPS) is due to start.

This must be completed in conjunction with the PIPS Memorandum of Understanding (MOU).

Due to COVID restrictions, additional risk assessment document may be required.

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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?  | Yes / No |
|  | **Please give details of your insurance policies:** |  |
|  | 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 |
| 2. | Please detail any risks identified and how these will be mitigated or resolved: |  |

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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 Universities within the White Rose DTP – Leeds, Sheffield and York – are committed to a policy of equal opportunities and advocate 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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| **COVID-related safety measures** |
| This placement will be (delete as applicable):  | Remote working only / Based on-site only / A combination of remote-working and on-site (dependent on any lockdowns) |
| For remote-working placements or combined placements, will you provide specific training and support around safe working and wellbeing?  | Yes / No / N/A |
| For placements that will be on site or combined placements, do you have additional, COVID-related risk assessments and procedures in place to ensure a safe working environment? *If yes, please submit documents with this form.*  | Yes / No / N/A |

Note: During the COVID pandemic, on-site placements may require additional health and safety verification by the student’s home university, covering the nature of the intended work on placement, plus travel and accommodation arrangements.

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| **Declaration** |  |
| The above statements are true to the best of my knowledge and belief. |  |
| Name: | Position: |
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| Signature: | Date: |
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Thank you for completing this questionnaire. Please return it to the relevant University contact as below:

University of Leeds – Catherine Liddle email: c.m.liddle@leeds.ac.uk

University of Sheffield – Emily Goodall email: e.goodall@sheffield.ac.uk

University of York – Phil Lang email: phil.lang@york.ac.uk