### Health and Safety Assurance Questionnaire for Students and University Staff on UK Placement

### Purpose of this questionnaire

The University of Greenwich seeks assurance, from organisations where our staff and students are located, that suitable and sufficient health and safety arrangements are in place. The University requires this questionnaire to be completed and returned as part of this assurance.

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| Organisation name: |  |
| Address: |  |
|  |
| Contact name and position held: |  |
| Contact details: | Phone |  | Mobile |  | Email |  |

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| --- | --- | --- |
|  | **Yes** | **No** |
| **1** | **Policy**Do you have a written Health and Safety policy? | ☐ | ☐ |
| **2** | **Training**Do you have procedures regarding health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the Placement Student? | ☐ | ☐ |
| 3 | **Insurance** 1. Is Employers’ and Public Liability Insurance held?
 | ☐ | ☐ |
|  | 1. Will your insurances cover any liability incurred by a Placement Student as a result of his/her duties as an employee? *(Check with your Insurer)*
 | ☐ | ☐ |
| **4** | **Risk Assessment**1. Have you carried out risk assessments of your work practices to identify risks to employees or others within your undertaking?
 | ☐ | ☐ |
|  | 1. Are there effective control measures in place as a result of the risk assessment findings?
 | ☐ | ☐ |
|  | 1. Are your risk assessments kept under regular review?
 | ☐ | ☐ |
| **5** | **Accidents and Incidents**1. Is there a formal procedure for recording and reporting accidents and incidents in accordance with the requirements of RIDDOR?
 | ☐ | ☐ |
|  | 1. Are there written procedures to be followed in the event of serious and imminent danger to people at work in your undertaking?
 | ☐ | ☐ |
|  | 1. Will you report to the university all recorded accidents involving Placement Students?
 | ☐ | ☐ |
|  | 1. Will you report to the university any sickness involving Placement Students which may be attributable to the work?
 | ☐ | ☐ |
| **6** | **Are there any health limitations associated with the work being undertaken?**(If yes, please provide details on the second page) | ☐ | ☐ |

The statements given above are true to the best of my knowledge and belief:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date**:** |  |
| Name (Block Capitals): |  |
| Position: |  |

**Please indicate if there are any health restrictions or medical fitness requirements associated with the envisaged activities for this placement and any other relevant information.**

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### Thank you for completing the questionnaire. Please return it as soon as possible to:

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| --- | --- | --- | --- |
| Placement Officer: |  | Address: |  |