

Subcontractor Health, Safety and Safeguarding Assessment Record



Subcontractor Details:

Subcontractor Name:
(IN FULL AND AS IT APPEARS ON THEIR INSURANCE POLICY)

Date of Assessment: Initial Assessment.....

Re- Assessment: Number of employees:

Address (including post code):

Company contact e-mail address:

Main Contact Name and Tel No:

Have any enforcement notices been issued to the subcontractor? (If yes provide dates and outcomes)
.....
.....

Name and contact details of person responsible for health and safety:

Name and contact details of person providing competent health and safety advice:

Name and contact details of person responsible for safeguarding

Derby College Details:

Assessors Name:

Assessors Job Title and Department

Assessors E-mail Address:

Health and Safety Management arrangements:

1 Health and Safety Policy

A Is there a written health and safety (H&S) policy statement? (statutory if 5 or more employees) Yes/No
Evidence/comments:

B Are the responsibilities for H&S clearly stated and recorded? (statutory if 5 or more employees)? Yes/No
Evidence/comments

C Are arrangements for H&S clearly stated? (recorded when 5 or more employees) Yes/No
Evidence/comments:

D How are the commitments, responsibilities and arrangements for H&S communicated to employees? Yes/No
Evidence/comments:

E What means are there for employees to communicate any concerns regarding health, safety and welfare or make suggestions for improvements? Yes/No
Evidence/comments:

F Does the employer have a Health & Safety Committee? (Provide details) Yes/No
Evidence/comments:

G Does the subcontractor review H&S at least annually? Yes/No
Evidence/comments:

H Is employer's liability insurance current and other insurance(s) in place as appropriate to the business undertaking?
Yes/No
Evidence/comments:

Insurance Co Name:	Policy No.
Expiry Date:	Insurance Co Name:
Policy No.	Expiry Date:
Insurance Type: (Tick as appropriate)	Employers Public Combined

I How does the subcontractor assess, review, and update their employees' capabilities? (Types of evidence could be performance reviews, training logs and any records of continuous professional development.)

I How does the subcontractor assess, review, and update their employees' capabilities? (Types of evidence could be performance reviews, training logs and any records of continuous professional development.)
Evidence/comments:

J How does the subcontractor manage their employees' work when it is away from the employer's own premises or when employees are placed with another employer/site? Yes/No
Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

2 Risk Assessment and Control

A Does the employer carry out risk assessments? Yes/No
Evidence/comments:

B If 5 or more employees are these recorded? Yes/No
Evidence/comments:

C Have the risk assessments identified any groups as being especially at risk? Yes/No
Evidence/comments:

D Have control measures been identified and put into place as a result of the risk assessments? Yes/No
Evidence/comments:

E How are the contents of risk assessments communicated to employees and others? Yes/No
Evidence/comments:

F What monitoring of risk assessment implementation takes place?

Evidence/comments:

G How often are risk assessments reviewed?

Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

3 Accident, incidents, near misses and first aid

A Is there a risk assessment in place which clearly identifies the requirements for first aid provision? **Yes/No**

Evidence/comments:

B Are accidents/incidents/near misses and first aid treatment recorded? **Yes/No**

Evidence/comments:

C Are investigations undertaken for all accidents/incidents/near misses that occur in the workplace? **Yes/No**

Evidence/comments:

D How are the arrangements for accidents, incidents, ill-health and first aid made known to all employees? **Yes/No**

Evidence/comments:

E Do employees have access to Occupational Health? **Yes/No** If yes, who

Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

4 Supervision, training, information and instruction

A Is initial H&S information, instruction and training given to all new employees? **Yes/No**

Evidence/comments:

B Is on-going H&S information, instruction and training provided to all employees? **Yes/No**

Evidence/comments:

C Is H&S information, instruction and training recorded? **Yes/No**

Evidence/comments:

D How is the effectiveness of H&S information, instruction and training assessed? (Documentary evidence) **Yes/No**

Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

5 Fire and emergencies

A Is there a fire risk assessment in place? Yes/No
If so, when was it undertaken?
Evidence/comments:

B What are the fire safety management arrangements?
Evidence/comments:

C Is fire-fighting equipment, preventative measures and emergency arrangements maintained, including thorough tests and practice drills? Yes/No
Evidence/comments:

D Is a fire log/record book kept? Yes/No
Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

6 Safe and healthy working environment

A What systems does the subcontractor have in place to ensure that the workplace (including welfare facilities) is adequate for its needs and maintained in a clean and tidy condition at all times?
Evidence/comments:

B What welfare facilities (toilets, washing, drinking, eating, changing) does the employer provide?
Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

7 Safeguarding Children and Vulnerable Adults

A Does the subcontractor have a safeguarding policy/procedure in place (including e-safety) for dealing with children, young people and vulnerable adults? Yes/No
Evidence/comments:

B Does the subcontractor appoint new employees in line with the requirements of Safer Recruitment/DBS? Yes/No
Evidence/comments:

C How does the subcontractor ensure that they comply with the requirements of the Childcare (Disqualification) Regulations 2009? (where appropriate) Yes/No
Evidence/comments:

D After undertaking the initial DBS has the subcontractor put in place of any means of checking that their employees are safe to work with vulnerable groups, e.g. annual declaration? Yes/No
Evidence/comments:

E Is induction and on-going safeguarding training provided to all employees commensurate with their role? Yes/No (Documentary evidence)
Evidence/comments:

F Is safeguarding training recorded? Yes/No (Documentary evidence)
Evidence/comments:

G What arrangements are in place for dealing with a safeguarding disclosure? Yes/No
Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

8 Prevent

A Is the subcontractor aware of their Prevent duty under the Counter Terrorism & Security Act 2015? Yes/No
Evidence/comments:

B Is Prevent included within the subcontractor's safeguarding policy as a potential risk factor to vulnerable people? Yes/No
Evidence/comments:

C Does the subcontractor have a Prevent Risk Assessment and supporting action plan in place? Yes/No (Documentary evidence)
Evidence/comments:

D How does the subcontractor raise awareness with employees and learners about Prevent?
Evidence/comments:

E How does the subcontractor embed British Values within the organisation/curriculum? Yes/No
Evidence/comments:

F What action would the subcontractor take if they had concerns about a learner or employee? Yes/No
Evidence/comments:

G How does the employer assess external speakers/ events that occur within the organisation with regards to reducing the risk of people being radicalised/drawn into terrorism? Yes/No
Evidence/comments:

Assessment: (Tick as appropriate) Met Part Met Not Met

Assessment Outcome

Recommendation
(Tick as appropriate) **Accept** **Accept with action plan** **Reject**

Date of next assessment:

Declaration

The signatories below confirm that this is a true and accurate record of the health, safety, welfare and safeguarding standards in place at the stated date.

Upon acceptance the subcontractor has demonstrated a clear commitment to the health, safety, welfare and safeguarding of all employees and learners.

The subcontractor:

Signed: _____ Print: _____ Position: _____ Date: _____

Derby College:

Signed: _____ Print: _____ Position: _____ Date: _____

Action Plan

Ref	Action required	By whom	Target date	Completed Signed

Action plan prepared by: Agreed by:

Signed by Assessor: Subcontractor:

Date: Action Plan Review Date:

Office Use Only

Contents Checked By:

Approved for Database: YES NO Date

Date returned to originator: Reason for return:

Amendments corrected YES NO Date of entry: