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| essex-county-council-logo - familiesincluded : familiesincluded**Work Experience Business Checklist** |
| Company name:  |  |  |  |
|  |  | Tel No:  |  |
| Email:  |  |
| Website: |  |
|  |  |  |  |  |
| Address:  |  |
| No of employees on site:  |  | Shared premises:  | Yes/No. If Yes, state name of shared premises |
| Person responsible for H&S:  |   |
| Will the student be working at a different location?Yes/NoIf Yes, complete details in box opposite | Different building Address (location & Address):Different Site (location & Address)Mobile Service (location/s & Address) |
| **Essential Business Checks**  |
| Please provide a brief outline of the Work Experience being offered: |
| **1. INSURANCE**  |
|    | Insurance company  | Policy No.  | Expiry Date  | Cover |
| Employer Liability: Yes/No |  |  |  | £ million |
| Public Liability: N/A | xxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxx |  |
| Are students covered by these policies?  |  |
| Are students required to travel in company vehicles?  |  |
| If yes, are they covered by the company's Motor Vehicle Insurance policy?  |  |
| Company has business use insurance and experienced driver over 21? |  |
| Confirm you will notify insurer of student |  |
| **2. REGISTRATION AND H&S POLICY**  |
| Which authority has the employer registered with (HSE or LA)?  |   |
| Written H&S Safety Policy (5 or more employees)?  |  |
| Does the policy include arrangements for work experience students? |  |
| How would students be made aware of its contents?  | Induction? Verbally? 1:1? |
| **3. INFORMATION, INSTRUCTION, TRAINING & SUPERVISION**  |
| How will H&S induction and work activity training be provided for students?  | By department? 1:1 ? On first day ? |
| How will the provider keep records of this?  | Records kept ? Yes/No |
| How will the student be supervised and by whom?  | List staff names;  |
| How does the provider deliver H&S training to supervisors?  | Internally? Externally?  |
| Is the H&S Law poster on display or are leaflets given to staff/students?  |  |
| **4. FIRE PRECAUTIONS & EMERGENCY ARRANGEMENTS**  |
| What arrangements are in place to train staff on emergency procedures?  | At Induction?  |
| Does this include fire/evacuation drills?  | Every 6 months?  |
| At the time of visit, were fire exit doors available, & escape routes unobstructed?  |  |
| Are fire risk assessments carried out? |  |
| Are fire safety signs displayed?  |  |
| What fire fighting equipment is available?  | Water/Foam/CO2/Powder/Van/Sand/Water/hose/Blankets |
| Date extinguishers last checked: |  |
| Notes / observations: | Where is the fire assembly point?  |
| **5. ACCIDENT INVESTIGATION & FIRST AID ARRANGEMENTS**  |
| How are accidents reported and by whom?  |  |
| What is the procedure for recording and investigating accidents, ill health conditions & 'near miss' incidents?  Please tick  | Accident form?Investigations by competent person? Corrective actions identified? Risk assessments reviewed? |
| List details of the first aiders' facilities & equipment available  | First aid room?First aid kits?Van kits? |
| Are qualified first aiders available?  Yes/No | List staff names  |
| **6. RISK ASSESSMENT & CONTROL**  |
| Who is responsible for carrying out general risk assessments?  |  |
| How have these been recorded (5 employees +)?  |  |
| How are risk assessments carried out to cover young persons?  | Specific YP assessment/On first day/Ongoing during placement/Requested by school/YPRA will be completed prior to WEX placement start |
| How and when are risk assessments reviewed?  | Annually/6 monthly/After accidents/incidents/Daily/Weekly/Rolling program |
| How has the provider carried out an assessment of substances hazardous to health?  | Specific COSHH assessment/Students not to use chemicals/substances/Student may use mild cleaning chemicals with PPE & supervision/NA |
| **7. PERSONAL PROTECTIVE EQUIPMENT & WORKPLACE ENVIRONMENT**  |
| What PPE does the student need and will it be supplied?  |  |
| Are they supplied free of charge?  |  |
| Who is responsible for provision and maintenance of PPE?  |  |
| Does the student's proposed workplace and working environment appear safe and without risks? |  |
| Points to note about conditions  | Please state clothing and shoe requirements; Please state COVID measures in place;  |
| Welfare facilities available ? please tick | Toilets? Washing facilities?Drinking water?Clothes change and storage? Rest area/eat meals?  |
| **8. CHECKS FOR CORRECT USE OF MACHINERY & EQUIPMENT**  |
| What significant risks has the provider identified as significant in the workplace?  |  |
| What are the prohibited activities at the placement?  |  |
| Which areas are prohibited to student?  |  |
| What tools, equipment, machinery and process will the student use?  |  |
| Does the risk assessment identify any specific needs for training and supervision?  | Depending on capability?After assessing competency? Ongoing with reminders?  |
| Is electrical equipment PAT tested? |  |
| Date of last PAT test: |  |
| **9. CHILD PROTECTION**  |
| What procedures are in place to ensure staff are aware of Child Protection issues?  |  |
| Please provide DBS details for staff supporting the young person (They must be with a member of staff who has been DBS checked at all times): | X |
| **10. DEVELOPMENT ISSUES**   |
| The following points for implementation have been agreed with the organisation's representative:  | X |
| Date for these to be completed by: (please put todays date) | X |
| **REMEDIAL ACTIONS. This need only be completed if there are any issues .**  |
| Following the H&S check at these premises, the following points for implementation have been agreed with the organisation's representative:  |  X |
| Outcome of remedial actions:  |  X |
| Authorised by:  |  X |
| **APPROVAL & DECLARATION**  |
| The WORK BASED LEARNING (Work Experience) placements to which this assessment refers have been approved, based on observations made during the assessment. Corrective actions (if any) have been discussed, and timescales have been agreed for implementation. The responsibility with relevant regulations and codes of practice approved by the HSE is recognised and accepted by the employer.  |
| I confirm I have read the Letter of Understanding and agree to the responsibilities as listed |   |
| Authorised employer's signature:  |  | Authorised ECC signature  |  |
| Name:  |  | Name:  |  |
| Position:  |  | Position:  |  |
| Date:  |  | Date:  |  |