

# Soltec UK Ltd Health and Safety Procedure

<b>Title: Health &amp; Safety Performance Monitoring</b>			
Document Number:	<b>Soltec – SP12</b>	Revision <b>1</b>	Date of Issue: <b>15/03/2007</b>

This procedure is written and issued in accordance with Soltec UK Ltd Safety Management System Framework and Protocol. The responsibility for upkeep and amendment of this procedure rests with the company Health & Safety Manager. All requests for modification should be made to Soltec UK Ltd Head office.

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### **1. Policy**

In order to gauge the success of the Soltec UK Ltd Safety Management System and to ensure that Soltec UK Ltd remains compliant with its legal duties it is necessary to introduce a programme of safety performance monitoring.

Soltec UK Ltd recognises the need to introduce Active and Reactive monitoring tools into its Safety Management System and this procedure outlines the arrangements in place to support this requirement.

Health & Safety performance will be monitored in line with Soltec UK Ltd financial year, i.e. From April 1st to Mar 31st.

### **2. Procedure**

#### 2.1 Scope

2.1.1 In line with Soltec UK Ltd Accident / Incident reporting procedure (Soltec UK Ltd SP06) the following elements will be Reactively monitored:

External (RIDDOR) Internal (Soltec UK Ltd)  
Fatal Injuries Minor Injuries  
Major Injuries Intermediate Injuries  
Occupational Diseases Property Damage Incidents  
Dangerous Occurrences Acts of Violence  
Over 3 day Injuries Threats of Violence  
Verbal Abuse Incidents

2.1.2 Based on the issued Soltec UK Ltd safety procedures, a range of Active safety performance indicators is established and will be used to assess compliance with the requirements of the procedures.

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Note: Active monitoring performance indicators will be reviewed (and may be changed) as procedures are issued or modified.

## 2.2 Organisation

2.2.1 The Managing Director is responsible for ensuring the implementation of the Company monitoring programme.

2.2.2 The Health and Safety Manager is responsible for coordinating responses and providing reports to the Managing Director.

2.2.3 The Health and Safety Manager is responsible for the practical application of the Health and Safety Management System and providing annual reports to the Managing Director.

2.2.4 The Health and Safety Manager will complete the “Performance Monitoring Form” (see appendix A). Overall company performance on each of the criteria will be ranked as one of the following:

- 4 = 'High standard' (80% - 100% compliance)
- 3 = 'Acceptable' (60% - 80% compliance)
- 2 = 'Weak' (40% - 60% compliance)
- 1 = 'Not acceptable' (less than 40% compliance)

The results will also be used to identify areas and priorities for improvement and the actions and assistance required to improve performance. These actions will then be included in the Company's Annual Health and Safety Report and Action Plan.

2.2.5 The Annual safety performance report will be presented to the Management group for discussion and analysis at each group meeting and will be available for scrutiny by all interested parties including enforcement agencies, internal / external auditors and other stakeholders.

## 3. Definitions

### 3.1 Active Monitoring.

A process for measuring compliance against legal standards and achievement of company objectives and targets for Health & Safety.

### 3.2 Reactive Monitoring.

The measurement of Accidents, Incidents and cases of Ill Health.

### 3.3 RIDDOR.

The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Duty to report certain events to the enforcement authority. See CAF/CASS SP06 procedure for full details.

## Appendix A Performance Monitoring Form

### Premises/Section Monitoring Form

<b>Company:</b>	<b>Premises/Section:</b>
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Question/criteria	Tick relevant box (where provided)		Further information, comments or details of action to be taken
<b>Training and Communication</b>			
1. What health and safety training have managers, team leaders and supervisors received?			Please provide details of training received below.
2. Are health and safety issues covered as part of employee induction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe arrangements below.
3. Do temporary employees receive the same level of H&S training, Personal Protective Equipment, etc. as permanent employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No temporary employees) <input type="checkbox"/>
<b>Policies and Manuals</b>			
4. Is the departmental H&S manual accessible to staff within the premises/section? (Electronic or paper copy.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. If the manual is a paper copy, does it contain the latest amendments?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	* Amendments to the H&S Manual can be accessed via 'Manual Contents' of the Health and Safety section of Education Esinet.

6. Have all employees within the premises/section been made aware of their role and responsibilities under health and safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe how employees have been made aware (e.g. at team meetings, through induction, follow-up actions from incidents, etc.)
<b>Recording and Reporting</b>			
7. Is a copy of the NCC Incident Book available and accessible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where is the incident book kept?
8. Are copies of completed incident forms kept in a secure location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe storage arrangements below.
9. Have employees been made aware of incident reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe how they have been made aware.
10. Are managers, team leaders and supervisors aware of and understand incident reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Are managers, team leaders and supervisors aware of their responsibilities under the RIDDOR Regulations? (i.e. the types of incidents that must be immediately notified to their Dept. Safety Adviser.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe how they have been made aware.
<b>Risk Assessment</b>			
12. Who is responsible for ensuring that risk assessments are carried out within the section/premises and reviewed at appropriate intervals?			Please provide their name and position below.
13. Have risk assessments on the following issues been carried out?			
a) Hazardous substances (COSHH)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No hazardous substances used) <input type="checkbox"/>

b) Display screen equipment workstations (VDUs)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No Display Screen Equipment used) <input type="checkbox"/>
c) Manual handling of inanimate objects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No hazardous manual handling operations undertaken) <input type="checkbox"/>
d) 'Assisting people to move' manual handling tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No 'assisting people to move' manual handling tasks undertaken) <input type="checkbox"/>
e) Potentially violent situations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No exposure to verbal or physical violence) <input type="checkbox"/>
f) Work equipment (tools, machinery, plant)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please give examples of types of work equipment assessed.
g) New and expectant mothers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No new or expectant mothers within the section) <input type="checkbox"/>
h) Young people at work (e.g. on work placement)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No people under 18 in section) <input type="checkbox"/>
i) Lone working tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A (No lone working tasks carried out) <input type="checkbox"/>
<b>Visitors and Contractors</b>			
14. Are formal systems in place in the premises/unit for signing in and out:			
a) Visitors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) Contractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15. Are contractors provided with written information about the site (e.g. location of asbestos, fire assembly point)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Fire</b>			
16. Has a fire risk assessment for the premises been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

17. Is there a written fire procedure for the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18. Have fire drills been carried out in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many fire drills have been carried out in the last year?
<b>First Aid</b>			
19. Has a risk assessment of first aid needs (number of first aiders, first aid facilities) been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20. Are first aiders available at all times at the premises during normal working hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
21. Has a risk assessment of first aid needs been carried out for teams working away from the base/depot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Incident Investigation</b>			
22. Have all reported incidents been investigated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
23. Have all remedial actions been implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Inspections</b>			
24. Is lifting equipment regularly inspected? (Passenger lifts, hoists, slings, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
25. Are inspections of other plant/equipment undertaken on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please give examples of any types of plant/equipment that are regularly inspected.

26. Are inspections of workplaces undertaken on the regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please describe arrangements below.
<b>Control of Contractors</b>			
27. Have written risk assessments been carried out for contractor work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
28. Has contractor's health and safety performance been monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
<b>Advice and Assistance</b>			
29. When did the premises/section last have contact with your department's Safety Adviser?	Please provide approximate date of contact and nature of contact e.g. inspection, accident investigation, training, telephone advice, etc.		

Please use the space provided below to give details of any further guidance, assistance or training required in the section/premises.

30. The person completing the form should sign below to show that they have made best efforts to ensure the accuracy of the information when completing the questionnaire.

Name of person completing the form:

Signature:

Date:

Premises/section manager should sign below to show that it is a correct reflection of current health and safety management within the section/premises.

Name premises/section manager:

Signature:

Date: