Client Health & Safety Checklist

CAREER TEACHERS

The information requested below is required in order to comply with the Conduct of Employment Agencies and Employment Businesses 2003.

Client Information									
Client Name:					Name of Health & Safety Officer:				
Address:					Tel No:				
					Email:				
Post Code:									
Name of Designated Safeguarding Lead:									
Name of Child Protection Officer:									
Name of Designated First Aider on site:									
General Health & Safety Information									
Do you have a documented H	Please give details of how this will be communicated to temporary workers:								
YES	YES NO				workers.				
Do you conduct regular risk as	Please provide the date the last risk assessment was carried out:								
YES NO									
New Staff									
Have you conducted a Contro Regulations (COSHH) assess	Do you carry out a Health & Safety Induction with new staff?								
the safe usage of materials, if		e? 		YES		NO			
YES U	NO		N/A	TEG		NO			
Are all temporary staff made aware of the schools Discipline / Behaviour Policies?				Are all temporary Staff made aware of any evacuation procedures or fire drill arrangements?					
YES	NO			YES		NO			
Other									
Please provide details of any outstanding risks in the workplace:									
Is any Personal Protective Eq	What is required?								
YES NO				Who will provide this?					
Do you have accident reporting and RIDDOR reporting procedures in place?				Do you cor	iduct DSE (Displa	ay Screen E	Equipment) assessr	nents?	
YES	NO			YES		NO			
On behalf of the client detailed above, I hereby confirm the details provided above are full and accurate. We hereby undertake and agree to ensure the health, safety and welfare at work of all candidates whilst on assignment. We hereby acknowledge that all supply of services are made subject to the terms of the supply contract previously agreed.									
Signed:									
Print Name:									
Position:									
Date:									
Date.									

May 2020

Page: 1