

## Client Health & Safety Checklist

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 Health & Safety Policy?	Please give details of how this will be communicated to temporary workers:
YES NO	workers.
Do you conduct regular risk assessments of your operation?	Please provide the date the last risk assessment was carried out:
YES NO	
New Staff	
Have you conducted a Control of Substances Hazardous to Health Regulations (COSHH) assessment and are instructions provided for	Do you carry out a Health & Safety Induction with new staff?
the safe usage of materials, if applicable?	
YES NO N/A	YES 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 Equipment required?	What is required?
YES NO	Who will provide this?
Do you have accident reporting and RIDDOR reporting procedures in	Do you conduct DSE (Display Screen Equipment) assessments?
place?	, , , , , , , , , , , , , , , , , , , ,
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:	