



HEALTH AND SAFETY QUESTIONNAIRE

1 General Legal Requirements

Do you have current and adequate insurance cover for the following areas which extends to cover the volunteer:

Employers' Liability Compulsory Insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Public Liability Insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Motor Vehicle Insurance?	Yes	<input type="checkbox"/>	No	N/A

Do you have a policy on health and safety at work? Where there are five or more employees, the health and safety policy and the outcome of the risk assessments should be in writing.	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Do you have arrangements for putting the policy into place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you registered with the appropriate enforcing authority? e.g. HSE, Local Authority, (where this is a legal requirement)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Do you have a person who is competent in health and safety issues?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Will you make the volunteer aware of who the health and safety representative is, their role and responsibilities?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

2 Supervision

Will you make arrangements to give learners/participants appropriate information, instruction and supervision?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Will you appoint someone to have overall responsibility for the supervision of the learner/participant?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Will supervisory standards take into account the experience of the learner/participant and the hazards associated with the tasks undertaken?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Will the supervisor(s) be aware of their health & safety responsibilities in respect of learners/participants?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

3 Accidents and Emergencies

Do you have procedures and personnel in place to deal with any accidents or emergencies which may occur?	Yes	
	No	
Do you have adequate and appropriate equipment and facilities for first aid?	Yes	
	No	
Have you appointed someone to take charge of first aid arrangements?	Yes	
	No	
Do you record accidents in an accident book?	Yes	
	No	
Are you familiar with the accident reporting requirements within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations of 1995 (RIDDOR)?	Yes	
	No	

4 Declaration

I accept the responsibilities as described in this document.

SIGNED: _____

PRINT NAME: _____

ON BEHALF OF: _____

POSITION: _____

EVENT NAME: _____

ADDRESS: _____

POSTCODE: _____

TEL / MOB: _____

E-MAIL _____ DATE: _____

Please return to:
 Manchester Event Volunteers, c/o EDU, Room 302, Level 3, Town Hall, Manchester, M60 2LA