

CORPORATE HEALTH & SAFETY ANNUAL/QUARTERLY REPORT FORMAT

| PERIOD: FROM | T | ·O |
|--------------|------------------------|-------------|
| | (see note below before | proceeding) |

- 1. Introduction including an overview of the corporate position on where
- 2. Statement from Unison

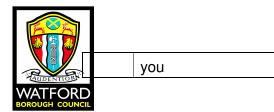
we are at (ie. the big picture)

- 3. Service Profiles
- 4. Appendix
 - Accident statistics in other formats (ie. by type of accident)
 - Alphabetical list of Risk Assessments, including dates, undertaken and by whom to enable sharing of good practice
 - Table of attendance (record of attendance at Corporate H&S Committee)

The table below relates to the Service Profile pro-forma.

| No. | Comment | | | | | |
|-----|------------------------|--|--|--|--|--|
| 1 | Completed for you | | | | | |
| 2 | To be completed by you | | | | | |
| 3 | To be completed by you | | | | | |
| 4 | Completed for you | | | | | |
| 5 | Completed for you | | | | | |
| 6 | Completed for you | | | | | |
| 7 | To be completed by you | | | | | |
| 8 | To be completed by you | | | | | |
| 9 | To be completed by you | | | | | |
| 10 | To be completed by | | | | | |

| No. | Comme | ent | |
|-----|-------|-----------|----|
| 11 | To be | completed | by |
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| | you | | |
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| 19 | To be | completed | by |
| | you | | |
| 20 | To be | completed | by |



| you | | | |
|-----|--|--|--|

Note: As from April 2007 all Service reports will be required on a quarterly basis i.e.

April - June, July - September etc.

The figures must be cumulative - i.e. the second quarter figures should incorporate figures from the first quarter i.e.April - Sept,

and the third quarter should incorporate the figures from the previous 9 months

culminating in the Annual report for the full 12 months.

SERVICE PROFILE

| 1 | Service | |
|---|---|--|
| 2 | Head / Manager of Service (responsible for Health & Safety) | |
| 3 | Total number of staff in service (actual number not Full Time Equivalents) | |
| 4 | Total number of reported accidents / incidents | |
| 5 | Number of accidents reported under RIDDOR | |
| 6 | Number and type of accidents / incidents that were reported (staff only – does not include members of the public or contractors): | |
| а | Back injury | |
| b | Broken bone/s | |
| С | Burn / scald | |
| d | Cut / sprain / graze / bruise | |
| е | Eye injury | |
| f | Head injury | |
| g | Miscellaneous ie. Fainting, dog bite | |

Item 9 Appendix 1a

| <u> </u> | Slip / trip / fall | |
|----------|---|--|
| , D | Physical abuse | |
| AC:IL | Verbal abuse | |
| k | Other | |
| 7 | List the most common reported accident / incident and report this as a percentage of the total number of reported accidents / incidents | |
| 8 | Number of staff designated as a 'user' under the Display Screen Equipment Regulations (NOTE: Please refer to DSE Guidance Note at G:\Corproate Health & Safety\Display Screen Equipment Policy Statement.doc) | |
| 9 | Number of these staff (DSE User) that have received an eye test within this reporting period | |
| 9a | Number of staff whose eye sight tests remain valid | |
| 10 | Number of these staff (DSE User) who have received an assessment carried out on their workstation (ie. undertaken within this reporting period) | |
| 10 a | Number of staff whose assessments remain valid | |
| 11 | Number of these staff that have received Display Screen Equipment (ie. VDU's and/or computer monitors) safety training within this reporting period. | |
| 11 | Number of staff whose training remains valid | |
| а | - | |
| 12 | Number of staff covered by a relevant manual handling risk assessment (It is advisable that all staff receive MH training) | |
| 13 | Number of these staff that have received | |

| _ | | |
|---------|---|--|
| D_ | Manual Handling safety training within this reporting period | |
| 13 a | Number of staff whose training remains valid | |
| 14 | Complete the table on page 5 relating to risk assessments undertaken to date. | |
| 15 | Please list any other health and safety training undertaken within this reporting period together with the number of people who have undertaken it. | |
| 16 | Does the service have a Health & Safety Committee that meets regularly? (ie. at least 4 times a year) | |
| 17 | What has been the key Health & Safety issue for your service during this reporting period? | |
| 18 | Has this issue been successfully actioned? | |
| 19 | If it has what have been the useful lessons learnt and / or how have any difficulties been overcome? | |
| 20 | If it has not been what are the key blockages to successful action being taken? | |

| ATFORIOUGH COUNC | This information is to be signed below off by the Head / Manager of Service as detailed in box 2 above: |
|------------------|---|
| | Signed Date |
| | Print Name |

If you have any problems in completing this form please contact the Corporate Health & Safety Advisor, Geoff Massey, on ext. 8442.

If you have any suggestions for improvements to this form please raise them via your representative.



HEALTH & SAFETY RISK ASSESSMENT REFERENCE LIST

as at March 200X

| Type of Risk Assessment (ie. manual handling) | Service | Contact Name | Date Undertaken | Most Recent Review |
|---|---------|-----------------|--------------------|-----------------------|
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| AUDENTIOR | ı |
|----------------------------|---|
| WATFORD BOROUGH COUNCIL | |
| | 1 |

| Name of Risk Assessment | Type of Risk Assessment (ie. manual handling) | Service | Contact Name | Date Undertaken | Most Recent Review |
|----------------------------|---|---------|-----------------|--------------------|-----------------------|
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