



**CORPORATE HEALTH & SAFETY ANNUAL/QUARTERLY
REPORT FORMAT**

PERIOD: FROM.....TO.....

(see note below before proceeding)

1. Introduction including an overview of the corporate position on where we are at (ie. the big picture)
2. Statement from Unison
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.	Comment
11	To be completed by you
12	To be completed by you
13	To be completed by you
14	To be completed by you
15	To be completed by you
16	To be completed by you
17	To be completed by you
18	To be completed by you
19	To be completed by you
20	To be completed by



you

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):	
a	Back injury	
b	Broken bone/s	
c	Burn / scald	
d	Cut / sprain / graze / bruise	
e	Eye injury	
f	Head injury	
g	Miscellaneous ie. Fainting, dog bite	



h	Slip / trip / fall	
	Physical abuse	
	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)	
10a	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.	
11a	Number of staff whose training remains valid	
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	



	Manual Handling safety training within this reporting period	
13	Number of staff whose training remains valid	
a		
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?	



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

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



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