

Facility Management Operations 4

Compliance Declaration Checklist

Issue 7



The signatory of the current Health and Safety Policy will confirm that the facility being assessed meets the **Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, Regulatory Reform (Fire Safety) Order 2005, other current legislation** and has procedures, so far as reasonable practicable, for the health, safety and welfare of those who may be affected.

The Facility / Organisation will have, as a minimum:

- 1. Health and Safety Policy:** - a current signed policy containing commitment to providing a safe and healthy working environment, with both effective systems and procedures that influence the organisation, arrangements, premises and equipment.
- 2. Risk Assessments:** - that are current, suitable and sufficient with all significant hazards recorded and effective control measures are in place.
- 3. Staff Competency:** - in accordance with the Management of Health and Safety at Work Regulations 1999 confirming a named competent person, at the facility being assessed, appointed to advise on preventative and protective measures; identify health and safety training requirements, including the vetting, monitoring of staff, as well as specific skills.
- 4. Working Environment:** - which is safe, healthy and has adequate welfare facilities.
- 5. Arrangements for equipment, materials and safe systems of work:** - demonstrating
 - Training is delivered that is suitable for the purpose
 - Materials, including chemicals, have been risk assessed for use, storage and transportation purposes, and appropriate control measures are in place
 - Safe systems of work are documented and understood by staff
 - Personal protective equipment and clothing is provided.
- 6. Accident Investigation and Reporting Procedures:** - documented for the investigation and reporting of accidents, diseases and dangerous occurrences.
- 7. Emergencies:** - emergency procedures i.e. first aid and fire, in place and maintained at all times.
- 8. Vetting:** The facility has systems to ensure that appropriate disclosure screening and vetting of staff with regard to children and vulnerable adults has been completed.

This compliance declaration should be completed for all facility management assessments in conjunction with the 'Operation 4 – Compliance Declaration' Guidance notes that can be found on the Quest/ NBS website www.questnbs.org.

This is English best practice if you have the equivalent in your country/ island please tick yes or no. If you do not have the equivalent please tick N/A and the assessor will discuss this with you during the assessment.

Once completed please send to your assessor prior to the assessment date

Essential Pre-Assessment Questionnaire

(Questions scored as 'No' will result in NOT achieving Quest registration)

	Yes	No	N/A
Health & Safety Management System: <ul style="list-style-type: none"> Health & Safety Management Date of last review: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Policy Statement: <ul style="list-style-type: none"> Signed by Chief Executive, Managing Director or Chairman Date Signed: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers & Public Liability Insurance Certificate: <ul style="list-style-type: none"> Expiry Date: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Electrical Installation Inspection Certificate: <ul style="list-style-type: none"> The certificate will describe if the test is satisfactory or unsatisfactory. An 'Unsatisfactory' certificate will list the actions to be addressed. All 'Priority/ Code 1' actions should be addressed or a plan should be in place to address these actions, with evidence held with the original report. Date: <input type="text"/> Dry Facilities Date: <input type="text"/> Swimming Pool 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Risk Assessments (Suitable & Sufficient) <ul style="list-style-type: none"> 5 Step Risk Assessment Process 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Risk Assessment (Site-Specific) <ul style="list-style-type: none"> Date: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Action Plan / Procedures <ul style="list-style-type: none"> Date: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting Test Certificate Checks <ul style="list-style-type: none"> Monthly statutory checks As recommended by the fire risk assessment Annual maintenance and service of equipment undertaken by a trained competent person Date: <input type="text"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire Alarm Test Certificate Checks & Service Records <ul style="list-style-type: none"> Weekly and monthly statutory checks Six monthly maintenance and service of equipment undertaken by a trained competent person As recommended by the fire risk assessment Date: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers Inspection Records <ul style="list-style-type: none"> Monthly statutory checks As recommended by the fire risk assessment Annual maintenance and service of equipment undertaken by a trained competent person Date: <input type="text"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Asbestos Survey <ul style="list-style-type: none"> Date: <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legionella Risk Assessment: <ul style="list-style-type: none"> Implementation of Risk Control Measures with appropriate records Risk Assessment in accordance with L8 Date: <input type="text"/> 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

The Assessor will check all elements of this list.

Gas Boiler Service Records: • Date of Inspection: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Lift Examination & Inspection (within last 6 months): • Date of Inspection: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Passenger Lifts, Hoists and Working Platforms Examination and Inspection: • Date of Inspection: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding (Policies, Procedures and Training):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pre-Assessment Questionnaire

This is all statutory legislation that the assessor may view during your assessment

	Yes	No	N/A
Safe Systems of Work and or Methods Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defined Responsibilities: • Clear Chain of Command / Structure • Board / Management Team • Operations / Site-Specific • External Advice & Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractor Assurance / Management Programme: • Contractors Selection/Procurement Process • Contractor Risk Assessments & Method Statements • Signing In & Out process • Permit to Work process • Contractor Monitoring process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Appliance Testing & Inspection Records: • Combined Test & Inspections Date of Inspection: <input type="text"/> • Formal Visual Inspections (without tests) • User Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste Registration: • Registration No: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident & Emergency Management process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations & Maintenance Manuals (H&S Files)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSE Law Poster - What you should know: • Completed with Facility- Specific details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health & Safety Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Training Programme / Identification of Training Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COSHH Assessments & Material Safety Data Sheets (MSDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display Screen Equipment Risk Assessments: • Workstation Assessments • User Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fall Arrest Equipment Inspection Records (within last 6 months): • Date of Inspection: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Handling Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise Evaluation Records & Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Equipment - Checks, Inspections and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's Instructions for High-Risk Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared Premises/Joint Use Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladder Inspection Records: • Ladder Register • Periodic Checks & Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool/Spa Water Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident and RIDDOR Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Monitoring process (Proactive Monitoring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Health & Safety Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The contents of this declaration should be verified by the Centre or General Manager or a person holding a more senior position within the organisation

We , on behalf of , to the best of our knowledge and belief can demonstrate that our organisation's management of health and safety meets, as a minimum, the criteria listed above.

Name (Print):

Signature:

Position:

Tel. No:

E-mail address:

Date of Signature:

(if being posted as a hard copy to the Quest office)

If during the assessment the evidence can not be provided to the assessor or does not meet the desired criteria or standard the centre Quest registration will be 'Suspended'.

The assessment will continue and the centre will have 3 months from the date of the assessment to either obtain the relevant documentation or undertake the work that is required.