**Global MUPHPA**

**Health and Safety Welfare Profile**

*Practical Placement Providers & Subcontracted Training Establishments*

***Practical Placement Providers & Subcontracted Training Establishments***

Company Name:

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Contact Name: ………………………………………………………………………………………………………………………………………..

Tel No: …………………………………………………………………… Email: ……………………………………………………………………..

Fax No: ………………………………………………………………….. Date of Visit: …………………………………………………………..

***To be completed following the completion of this report, in accordance with the Health & Safety Risk Banding Document***

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| **Organisational Risk Level** – **Please do not mark this matrix. The risk banding should be recorded below in the Employer Risk Banding Category.** | **Occupational Risk Level** |
| LOW | LOW / |
| MEDIUM | MEDIUM |
| HIGH | HIGH |
|  | Unsatisfactory until improvements are made |

**Employer Risk Banding Category**

 **  **

 **HIGH MEDIUM LOW**

***To be completed following the completion of this assessment document***

**Health and Safety Review Dates**

**……………………………………………………………………….. ………1St April 2023…………………………………………………….**

**Low risk – as we are renting the rooms**

**There is a separate secure entrance for students**

**……………………………………………………………………….. …………………………………………………………………………………**

**………………………………………………………………………… ………………………………………………………………………………..**

**Part 1 Insurance**

Cover must be held for both public and Employer’s Liability. These may be covered jointly by a combined policy. Certificates must be displayed at the place of work. Global PLACEMENTS – SO UNDER Global INSURANCE.

It has been confirmed that the type of insurance as indicated is held (tick box)

  **Public Liability** **Employer Liability**

 **Yes**  **No**

1.1 Certificate seen? /  

1.2 Certificate displayed? /  

1.3 Does it cover learners? /  

1.4 Certificate Number ………………14684567………………………………………………………………..

1.5 Expiry Date ……………………23/4/21 AUTO RENUE ………………………………………………………………………

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**Part 2 Registration of Premises**

All organisations must be registered with the appropriate authority. For a business defined as a factory, this should be with the Health & Safety Executive (F9) and for a business defined as a shop or office, with the local authority (Form OSR1).

 **Yes No**

2.1 Is the business registered with the appropriate authority? /  

2.2 State the name & address of the registration authority

Global make up Hair & Productions Academy ltd

54 Saint James Street

Liverpool

L10AB

………………………………………………………………………………………………………………………………………………………………………

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**Part 3 Policy Statement**

Any placement provider employing more than 5 or more persons must have a written statement of policy on Health & Safety. This must be brought to the attention of all employees.

 **Yes No**

3.1 Is a written policy necessary? /  

3.2 Has it been seen? /  

3.3 Are employees aware of it? /  

If ‘No’ issue appropriate free *HSE Guidance Note* (HSC 6)

3.4 How will participants be made aware of this policy? …………………………………………………………

3.5 Who has overall responsibility for Health & Safety? …………………………………………………………

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**Part 4 Statutory Notices**

There are a number of statutory notices which should be displayed in premises where appropriate

4.1 Health & Safety Law Poster / **Yes No**

4.2 List any other statutory notices ……………………………………………………………………………………………………………

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**Part 5 Supervision & Induction**

It is the policy of Global that learners should have access to competent supervision at all times.

5.1 Supervisor …………… STAFF Global …………Victoria Farrelly ………………

5.2 2nd Superviser Katrina Jones

5.3 Has the learner completed a company Health & Safety induction **Yes / No**

5.4 If ‘NO’ when will this take place? ………………………………………………………………………………………………………

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**Part 6 Hours of Work**

6.1 Learner’s hours of work at this placement are ………………………………. per week. The learner is entitled to

…………………………………………………………… annual leave

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**Part 7 Fire Precautions**

Fire escape routes and exits should be clearly marked and free of all obstructions. Fire extinguishers of the correct type should be readily available.

 **Yes** **No**

7.1 Fire Risk Assessment carried out and documented? /  

7.2 Risk Assessment seen? /  

7.3 Fire drill carried out regularly? /  

7.4 Fire drills recorded? /  

7.5 Fire exits marked/unlocked? /  

7.6 Doors/exits unobstructed? /  

7.7 Fire routes unobstructed? /  

7.8 Fire extinguishers? /  

If ‘Yes’ please state type: ……………………………………………………………… Date last checked: ……………………..

6.1 Learners hours of work at this placement are ………………………………. per week. The learner is entitled to

…………………………………………………………… Annual leave

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**Part 8 Accident Procedure**

 **Yes** **No**

8.1 Does the employer maintain an accident book? /  

8.2 Where is the accident book located? …In class …………………………………………………………………………………….

8.3 Is the employer aware of their responsibilities under *Reporting of Injuries, Diseased and Dangerous* *Occurrence Regulations* (RIDDOR) 1995? **Yes** / **No**

  

8.4 If ‘Yes’ how is this evident? ……………………………………………………………………………….

 If ‘No’ issue appropriate free HSE Guidance Note (HSE31) – *Everyone’s Guide to RIDDOR*

8.5 Who is responsible within the establishment for informing Global of all accidents involving learners?

 Name …………………………………………………………………………………………………………………………

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**Part 9 First Aid Provision** Global

 **Yes** **No**

9.1 Does the employer have a First Aid Kit? /  

9.2 Does this comply with H&S First Aid Kit regulations? /  

9.3 Is there a member of staff qualified in First Aid? /  

9.4 Are the names of qualified staff displayed? /  

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**Part 10 Risk Assessments** Global **Yes** **No**

10.1 Has the employer completed a risk assessment? /  

10.2 If ‘Yes’ request sight of the completed documentation /  

 If ‘No’ issue a free HSE document *5 steps to Risk Assessment* (INDG163)  

10.3 5 *Steps to Risk Assessment* issued  

Agreed target date for completion …………………………………………………………………………………..

 (Transfer this date to the action plan)

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**Part 11 Control of Substances Hazardous to Health-** Global

 **Yes** **No**

11.1 COSHH Assessment has been carried out? /  

11.2 Training is provided and any control measures introduced?  

11.3 Competent supervision is available?  

11.4 Storage is detailed in the control measures?  

11.5 Protective clothing/equipment is provided when necessary?  

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**Part 12 Manual Handling** Global

 **Yes** **No**

12.1 a) Has training been given?  

 b) Details of training equipment used...............................................................................................

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**Part 13 Protective Clothing** Global supplies

 **Yes** **No**

13.1 a) Is protective clothing being worn if required?  

 b) If ‘Yes’ list requirements ..............................................................................................................

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**Part 14 Work Equipment/Prohibitions**

14.1 List any work equipment learner will use …………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………………..

14.2 Who will administer training? ……………………………………………………………………………………………………

 **Yes** **No**

14.3 Are there any work equipment, work areas or tasks learners  

 are prohibited from?

 If ‘Yes’ please list: ………………………………………………………………………………………………………………………………….

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**Part 15 Declaration of Prohibition Agreement**

A prohibition can include any machinery or equipment used in the place of work that the participants is not allowed to use. A prohibition can also include any procedures or tasks that the participants is not allowed to undertake and any areas that the participants is not allowed to enter. If there are prohibitions relating to any of the participants in this workplace provide the details below. The prohibitions should be agreed and recorded individually for each participant in the workplace. The participants and employer must sign declarations below to agree all the prohibitions. Please request additional sheets if there are more than five participants in this workplace.

**Learner’s Name:** ……………………………………………………………………………………………………………………………………….

**Position:** ......................................................................................................................................................

**Prohibitions**: ……………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………….

**I understand that I am prohibited from all the Equipment, Areas, Tasks and Activities listed above.**

**Learner’s Signature:** ……………………………………………………………………………………………………………………………..

**I agree to enforce this prohibition notice.**

**Employer’s Signature:** …………………………………………………………………………………………………………………………….

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**Part 16 Declaration of Completion of Health and Safety Profile**

**COMPANY NAME:** …………………………………………………………………………………………………………………………………….

**Workplace Supervisor Name: (*BLOCK CAPITALS*) ………………………………………………………………………………….**

**Workplace Supervisor Signature: ………………………………….................... Date: ……………………………………**

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**LEARNER NAME: (*BLOCK CAPITALS*)** ………………………………………………………………………………………………………….

**Learner Signature: …………………………………………………………………………..** **Date: ………………………………………**

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**Global STAFF NAME: (*BLOCK CAPITALS*) ………………………………………………………………………………………………**

**Global Staff Signature: ……………………………………………………………………. Date: ……………………………………….**

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