**CORPORATE HEALTH AND SAFETY QUESTIONAIRE**

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| **Company Name** | |  | | | |
| **Your Name** | |  | **Contact Details** |  | |
| **Nature of Business** | |  | | | |
| **Number of Employees** | |  | | | |
| **Q No** | **QUESTION** | | | | **YES/NO** |
| 01 | Do you have a Trade License? | | | |  |
| 02 | Are you registered with OSHAD or any other certified body? | | | |  |
| 03 | Do you have a written Health and Safety Policy? | | | |  |
| 04 | Did the Managing Director/CEO or highest-ranking official sign the policy? | | | |  |
| 05 | Do all management employees have clearly defined health and safety roles and responsibilities? | | | |  |
| 06 | Do your workers understand their health and safety responsibilities? | | | |  |
| 07 | Has your company developed a risk management process? | | | |  |
| 08 | Are there documented working practices / safety instructions to address significant hazards/risk? | | | |  |
| 09 | Are these working practices/ safety instructions documented and regularly reviewed? | | | |  |
| 10 | Have personnel who perform high risk work received formal training? | | | |  |
| 11 | Do you have an emergency evacuation plan? | | | |  |
| 12 | Is a system or procedure available to identify potential emergency situations and how to respond to likely emergency situations? | | | |  |
| 13 | Are essential emergency services regularly maintained? | | | |  |
| 14 | Have responsibilities for emergency control been established and communicated to staff? | | | |  |
| 15 | Do you have trained and appointed first aiders? | | | |  |
| 16 | Do you have trained and appointed fire wardens? | | | |  |
| 17 | Do you have an accident /incident register? | | | |  |
| 19 | Do you Plan and set health and safety performance standards? | | | |  |
| 20 | Have you identified reasonably foreseeable hazards associated with your work? | | | |  |
| 21 | Do you investigate Health and Safety incidents? | | | |  |
| 22 | Do you have a register to record hazardous substances? | | | |  |
| 23 | Do you conduct health and safety management system audits? | | | |  |
| 24 | Do you have a health and safety Legal register? | | | |  |
| 26 | Can you prove that you comply with all health and safety legal requirements? | | | |  |
| 27 | Has an health and safety training programme been established? | | | |  |
| 28 | Do you have a management of change procedure? | | | |  |
| 29 | Has health and safety been considered in the purchasing of goods and equipment? | | | |  |
| 30 | Has a management review programme been implemented for health and safety? | | | |  |
| **SCORE** | | % | | | |

Please send completed Gap Analysis in for scoring to:  
[enquiries@corporateohs.com](mailto:enquiries@corporateohs.com)