WORK EXPERIENCE PLACEMENT ASSESSMENT FORM



PLACEMENT EMPLOYER'S DETAILS					
Employer's Name	Number of				
	employees				
Main contact	Job Title				
Nature of	Health and Safety				
business:	contact:				
Student					
supervisor:					
Address					
(Tel / Fax / Email)					
Type of work					
carried out:					
Occupational					
activities assessed:					

1	Basic health and safety requirements	Y / N	Comments
1.1	Is the employers' liability insurance policy current and is other insurance cover in place as appropriate to the business' undertaking (e.g. public liability and vehicle insurance)? Has the insurance company been	.,	Insurer's name: Policy number: Expiry date:
	informed?		
1.2	Has the employer registered with the appropriate enforcing authority for health and safety (OSR1 / F9 Form)?		
1.3	How does the employer keep up to date with the requirements of health and safety legislation?		
1.4	Does the employer display appropriate health and safety signs and notices?		
1.5	Child protection: Have child protection issues been considered and appropriate actions implemented to safeguard young people?		
2	Health and safety policy	Y / N	Comments
2.1	Is there a current health and safety policy in place?		
2.2	Does the policy include arrangements for the health and safety of young persons?		
3	Risk assessment and control	Y/N	Comments

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3.1	Have suitable and sufficient risk assessments been carried out to identify risks and put adequate risk control		
	measures in place?		
	When was the fire risk assessment reviewed?		Date:
4	Accidents, incidents and first aid	Y/N	Comments
4.1	Have adequate arrangements for first aid equipment and / or facilities been made?		
4.2	Have adequate arrangements for first aiders / appointed persons been made?		
4.3	Are accidents, incidents and first aid treatment appropriately recorded?		
4.4	Are or will all RIDDOR reportable events be reported to the enforcing authority and work experience organisation, and will the employer investigate them and take suitable remedial action?		
5	Supervision, information, instruction and training	Y/N	Comments
5.1	Are employees adequately supervised?		
5.2	Is initial induction and ongoing health and safety and fire safety information, instruction and training given to all employees?		
6	Work equipment and machinery	Y / N	Comments
6.1	Is machinery and work equipment provided to the appropriate standards, including appropriate guards and other control measures?		
6.2	Is machinery and work equipment adequately maintained?		
6.3	Are safe electrical systems and electrical equipment provided and maintained?		
7	Personal protective equipment & clothing	Y/N	Comments
7.1	Is PPE/C provided, free of charge, to employees / learners as determined through risk assessment?		
7.2	What arrangements are in place to ensure that PPE/C is used properly and effectively?		

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	8 Fire and emergencies		Y/N	C	omments		
	8.1 Has a suitable and sufficient fire risk						
	assessment been carried out?						
8.2		Are adequate arrangements in place for dealing with fires and other					
		emergencies?	res and oth	er			
		emergencies					
	9	Safe and heal	thv workin	a environment	Y/N	C	omments
	9.1	Safe and healthy working environment Are premises and the working			,		
		environment safe and healthy?					
	9.2	Are adequate v		lities and			
		arrangements	provided?				
	0.2	A	:l				
	9.3	risks presented		ensure that the			
		and travel are properly controlled?					
				2. ASSESS	MENT OUT	COME	<u> </u>
Reco		mmendation: Suitable		Suitable with conditional		Unsuitable	
					action plan		
D:el		Catagomu	High		Madium		Low
KISI		Category:	High		Medium		Low
Δεςρς		ssment type: Initial		Re-assessment		Other	
	Assessment type:		Illicial		Ne ussessment		Other
	Date of next assessment						
	The Employer or representative - Please sign to agree that this is an accurate record of the assessment:						
	Signed:	Signed: Name:		Job title	:	Date:	
	Work E	Experience organisation:					
	Name: Job title: Date:						
		ACTION PLAN					
	Ref					Confirmation of	
				(,,		1 2. 9 2. 2.2.2	completed actions
_							
			FOR O	FFICE USE ON	NLY – Qual	ity assured by:	
	Name: Job title: Date:						

PLACEMENT EMPLOYER RISK ASSESSMENT FOR YOUNG PERSONS			
Learning activities:			

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		Leicester
Learner's name & school (if appropriate):		
 Take into account to awareness of risks. Give consideration conditions. Consider the young basis. Consider the need of child protection pure. Result in adequate supervisor. Determine the need. Result in the provision person. 	to young people, the employer should be young person's age, inexperience, is any other learning difficulties, disable person's aptitude, ability and attitude or adequate supervision and, where necess. Control measures that are explained to for any personal protective equipmer on of adequate information, instructionary prohibitions or restrictions relating	immaturity and lack of ilities or medical / health initially and on an ongoing ecessary, suitability checks for the young person and their of the young for the young
Key tasks. locations areas	Hazards and significant risks	Risk control measures
Prohibited or restricted	tasks, areas or work equipment:	
	ning / behavioural difficulties, dis restrictive or require special consi	

Use additional paper if necessary.