

A. General details

Name of Company to be Assessed	Registered Address	Town	Postcode
Workforce:	Position:	Fax:	
Contact Person:		Email:	Telephone:

B. Accidents in the Workplace (last two years)

Fatal accidents (last two years)	<input type="checkbox"/> Yes	Serious or very serious accidents (last year)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No

C. Managing Occupational Hazard Prevention

Is the Prevention System Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:	Auditing Organisation	
*Does the company have the HS Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Designated Prevention Officer at workplace		
	Mr./Ms:	HS Training:	
*Has the company performed the risk assessment and does it review the assessment periodically? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last assessment:		
*As a result of the assessment, has the company a Planning of Prevention Activities for the prevention measures to be implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last planning:		
*Does the company inform workers of the risks and the prevention, protection and emergency measures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Does the company provide staff with the personal and collective protective equipment that is needed, and is it appropriate for the risks faced? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Is the work equipment certified and does it receive suitable maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Does the company provide workers with training according to the risks involved in their work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the company guarantee workers necessary health monitoring depending on the inherent risks of their work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Observations			

D. Rating

Rating Manager: <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center;">(Signature)</p>	Assessment (*Mandatory fields)	
	Positive	<input type="checkbox"/>
	Negative	<input type="checkbox"/>
	Date:	

F. Company

Manager of the Company to be Assessed
II. (Signature and Stamp)