Health and Safety Policy

This is the health and safety policy statement of **(Insert Business Name).** Our health and safety policy is to prevent work related accidents and work-related ill health and manage all risks and reduce hazards. **(Insert Business Name)** will provide clear instruction, information, and adequate training to all employees. This will ensure that they are fully competent to carry out their work. Due to the nature of the work carried out within **(Insert Business Name)** we will provide all employees with personal protective equipment. We will consult with our employees on matters affecting their health and safety. We will provide safe plant and equipment, ensure safe handling, and use of substances and maintain safe and healthy work conditions. **(Insert Business Name)** will also implement emergency procedures, including safe evacuation in case of fire or other incidents that require evacuation of the premises.

Overall responsibility for health and safety in the Group will be **(Insert Business Owner Name).**

Day to day responsibility for health and safety will be **(Insert Business Health and Safety Lead Name).**

To ensure health and safety standards are maintained/improved, the following people have responsibility in the following areas.

**(Insert Business Health and Safety Advisors/Co-ordinators/Reps Name).**

* Accident/ incident investigation.
* Risk assessments.
* Employee consulting.
* First aid & fire marshal training.
* Accident and ill health monitoring.
* Emergency procedures.
* Fire risk assessment.
* Emergency evacuation.
* Maintaining equipment, information, instruction, and supervision.

Arrangements for health and safety will be made through completion of risk assessments, that will be completed and reviewed, as necessary. Training will be provided to all staff and contractors as appropriate.

All employees should: co-operate with supervisors and managers on health and safety matters take, reasonable care of their own health and safety; and report all health and safety concerns to an appropriate person (as detailed above).

Signed by: **(Insert Business Owner Name).**

Signed by: **(Insert Business Health and Safety Lead Name).**

Date: **(Ideally at start of year or when a change in position of either of the named above)**