

Coleraine Borough Council
Environmental Health Department
Health and Safety At Work Order 1978

Health and Safety Registration and Premises Details

1. Name of Premises: _____
Trading Name of Company: _____
2. Address of Premises: _____
Postcode: _____
- 3: Tel No: _____ Fax No: _____
4. Address to which correspondence is to be sent (if different to above)

5. Nature of Business: _____
6. Registered Company: Yes No
Limited: Yes No
Company Secretary: _____
7. Name of Owner of property (if different from above):

Address: _____
Tel No: _____ Fax No: _____
8. Property Details:
- | | Tick Correct Box | Contact No |
|------------------|--------------------------|-----------------|
| Property Owned: | <input type="checkbox"/> | Owner: _____ |
| Property Leased: | <input type="checkbox"/> | Landlord: _____ |
9. Responsibility for Structural Works (if not proprietor):

10. Name of Manager: _____

11. **Employee Details** - **Total Number of Employees:** _____

Part-time _____

Full-time _____

How many Male: _____ **How many Female:** _____

How many under 18: _____

Total Number of Employees at busiest time: _____

12. **Opening Days:** _____

Opening Hours: _____

13. **If this is a new business when do you intend to open:**

14. **If this is a seasonal business, period during which you intend to be open each year:**

15. **Are you aware the Council has a role in assisting and ensuring workplaces were safe, healthy and have proper facilities:** Yes No

16. **Are you aware of the need to report certain accidents to Coleraine Council?** Yes No

17. **Are you aware certain details regarding accidents require to be recorded?** Yes No

18. **Have you provided a poster or leaflets to employees under the Health and Safety Information to Employee Regulations?** Yes No

19. **Are you aware of the Health and Safety Consultation with Employee Regulations?** Yes No

20. **Have you made arrangements to consult with your employees?** Yes No

21. **Do you have First Aid facilities:** Yes No

22. What do you perceive to be the main safety or health dangers within this workplace?

23. Have you assessed the risks from these dangers : Yes No

24. Have you recorded the findings: Yes No

25. What information, instruction and training have you given to your employees?

26. What are the barriers which prevent you from addressing these issues?

27. What could we as an enforcing agency do to assist you in complying with your statutory duties?

28. Other Comments:

Signature: _____ **Date:** _____

Name (In block Capitals): _____

Position in Company: _____

Further information can be obtained from www.colerainebc.gov.uk

The completed form should be sent to:

**Director of Environmental Health
Coleraine Borough Council
"Cloonavin"
66 Portstewart Road
Coleraine
BT52 1EY**

**Tel No: 028 7034 7171
Fax No:028 7034 7195**

Registration Reference OSR1/_____

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