



HEALTH AND SAFETY

REQUEST FOR INFORMATION

Date: \_\_\_\_\_ Contact Tel Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Select any box you require information on

General

Health and Safety Policy  First Aid Provision

Accident Records/Report Forms  In-house Safety Audits

Risk Assessments  Competent Persons

COSHH Assessments  Safety Representative

Noise Assessments  Safety Committees

Manual Handling Assessments  Specific – Please Indicate

Computers/Visual Display Screens  \_\_\_\_\_

Emergency & Evacuation Procedures  \_\_\_\_\_