

Land Lord assurance information request form

Our Ref: Premises Hire Questionnaire

Date: 1st Jan 2021

REQUEST FOR INFORMATION

Dear Sir/Madam,

We are currently in the process of carrying out safety audits to ensure the Health and Safety of people who attend your premises at our invitation.

As the Landlord you will be aware of certain responsibilities regarding Health and Safety compliance. St John Ambulance has responsibilities towards its people and others who may be affected by the activities of our organisation and as such, I am therefore requesting that you complete the attached questionnaire and return it to me with any supporting documentation to spot-hires@sjambulance.org.uk

Thank you for your time in completing this document.

Yours faithfully,

ST JOHN AMBULANCE HOST ORGANISATION/VENUE LANDLORD ASSURANCE INFORMATION REQUEST FORM

Purpose of the questionnaire:

This form enables the host to demonstrate that they are complying with the duty of care placed on them by the relevant Health and Safety legislation. The senior person with overall responsibility for Health and Safety in the host organisation should sign the declaration.

NAME AND ADDRESS OF ORGANISATION / VENUE		N/A	No	Yes
Premises Address	Name of Contact			
	Telephone Number			
1	Can you confirm you have Public Liability Insurance and this covers the activities carried out by SJA staff? (Note: St John Ambulance carry their own insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you ever been prosecuted under Health and Safety legislation or been served prohibition or improvement notices by an enforcing authority e.g. HSE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you complying with, all relevant Health and Safety legislation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH AND SAFETY POLICY		N/A	No	Yes
4	Do you have a Health and Safety policy (statement, organisation and arrangements)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have competent assistance for Health and Safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are Health and Safety responsibilities made clear for your employees and SJA staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have effective arrangements for communicating Health and Safety matters to them, including emergency evacuation procedures, and how to summon emergency assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have effective arrangements for the consultation and participation of employees and SJA staff in Health and Safety matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RISK ASSESSMENTS		N/A	No	Yes
9	Have you assessed the risks to the Health and Safety of your employees and others affected by your work including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legionella?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gas Safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reviewing your risk assessment to take account of SJA people and their work activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are copies of your Risk Assessments available to SJA personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are copies of your COVID 19 Risk Assessment with control measures available on site and accessible to SJA people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you implemented effective control measures/precautions as a result of all your Risk Assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you review risk assessments to take account of significant changes in risks/accidents /incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures			No	Yes
14	Attach a copy of your emergency evacuation procedure	<input type="checkbox"/>	<input type="checkbox"/>	
15	Attach where appropriate, the location of gas, electricity and water shut offs are	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH AND SAFETY TRAINING AND SUPERVISION		N/A	No	Yes
16	Do you ensure your people and SJA people receive all appropriate Health and Safety information, instruction and training including what to do in an emergency (including site induction)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND SAFETY REVIEWS		N/A	No	Yes
17	Will you inform SJA of circumstances where conditions change significantly (e.g. layout changes are proposed, new equipment is introduced, any new work processes, tenants or activity affecting SJA staff is introduced)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Will you inform SJA of any serious accident / incident affecting SJA people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPORTING DOCUMENTATION (Please identify here any document that you attach to this submission)	

Notes:

RESPONSIBILITY FOR HEALTH AND SAFETY			
Please supply contact details of the senior person within your organisation with overall responsibility for Health and Safety matters.			
Name		Address	
Telephone number			

Contact details of person responsible for day to day Health and Safety issues that SJA should liaise with if different from the above.			
Name		Contact Telephone number	

DECLARATION OF NAMED SENIOR PERSON			
I hereby confirm the information supplied on this questionnaire is correct and I undertake to inform SJA immediately of any significant changes.			
Signed		Position	
		Date	

SJA USE ONLY					
Accepted by (line manager's name)		Signature		Date	
Health and Safety Review Signature		Signature		Date	

