WORK PREMISES: STATUTORY COMPLIANCE DECLARATION

# UNIT NAME: UNIT No:

CATERING MANAGER: REGIONAL MANAGER:

DATE REPORT COMPLETED: COMPLETED BY:

**A copy of this document should be provided to the Client or person responsible for each aspect of the premises’ maintenance**

**Where Compass is the duty holder in respect of any of these matters and they have not already been included on the HSE Activity Calendar, for planning purposes, please add them to the “Site Specific Activities” section at the bottom of the calendar**

**TO BE COMPLETED ANNUALLY - RETAIN FOR 6 years**

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| **GAS SAFETY – ANNUAL SAFETY INSPECTION** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| *I confirm that all gas supply and appliances are maintained, inspected and certified in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |

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| **ELECTRICAL SAFETY OF PORTABLE APPLIANCES – ANNUAL OR AS APPROPRIATE INSPECTION AND TEST** | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** |
| *I confirm that all portable electrical appliances are maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | |
| **Print Name** |  | **Signature** |  |
| Documents and certificates are held and available for reference at : | |  | |

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| **ELECTRICAL HARDWIRING, INSPECTION, TESTING & MAINTENANCE – 5 YEARLY** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| *I confirm that all electrical hardwiring is maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |

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| **PRESSURE VESSELS INSPECTION – IN ACCORDANCE WITH WRITTEN SCHEME OF EXAMINATION** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| Identify all Pressure Vessels at Unit : | | | | |
| *I confirm that all pressure vessels are maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |
| **LIFT INSPECTIONS – 6 MONTHLY PASSENGER LIFT & ANNUAL GOODS LIFT THOROUGH EXAMINATIONS** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| Identify all Lifts or Lifting Equipment at Unit : | | | | |
| *I confirm that all lifts and lifting equipment are maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |

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| **MECHANICAL EXTRACT VENTILATION DUCTWORK CLEANING – ANNUAL OR MORE FREQUENT AS APPROPRIATE** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| Identify location of all ductwork at Unit : | | | | |
| *I confirm that all ductwork and ductwork for mechanical extract ventilation are maintained, inspected and cleaned in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |

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| **FIRE PRECAUTIONS & PROVISIONS, INSPECTION, TESTING & MAINTENANCE - ANNUAL OR MORE FREQUENT AS APPROPRIATE** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| *I confirm that all fire precautions & provisions are maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |

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| **ASBESTOS MANAGEMENT** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| *I confirm that all asbestos in the premises is managed in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |

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| **WATER SERVICES & SYSTEMS, INSPECTION, TESTING & MAINTENANCE - ANNUAL OR MORE FREQUENT AS APPROPRIATE** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| *I confirm that all water services and systems are maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |
| **AIR CONDITIONING SYSTEMS INSPECTION, TESTING & MAINTENANCE - ANNUAL OR MORE FREQUENT AS APPROPRIATE** | | | | |
| Who is responsible for ensuring and completing this activity  (Please circle as appropriate) | | **Client** | **Compass** | **N/A** |
| *I confirm that all air conditioning systems are maintained, inspected and tested in accordance with the specific regulatory requirements by a competent person. (To be signed by representative of the duty holding organisation)* | | | | |
| **Print Name** |  | **Signature** |  | |
| Documents and certificates are held and available for reference at : | |  | | |