**Instructions**

* This document is to be completed and held in unit for 6 years. Completion is **quarterly** as a minimum.
* Completion is the responsibility of the Unit Manager and should cover all Compass operations in your contract / site.
* All actions are to be recorded and closed after each review or carried over.
* Where the **Yes** column is ticked, this indicates 100% compliant, **No** denotes action required. If a question is not relevant to the site, mark as **N/A**

**UNIT NAME: UNIT NUMBER:**

**SITE MANAGER: REGIONAL MANAGER:**

**DATE HSE RECORD COMPLETED: COMPLETED BY:**

# FOOD SAFETY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Is the current Compass Food Safety Management System in place and being used across the site with either the HSE Logbook or relevant Food Safety Forms being completed? |  |  |  | 2 | Hot and Cold running water is available at all sinks and hand wash basins? |  |  |  |
| 3 | All Wash Hand Basins are unobstructed, fully stocked with paper hand towels/driver, antibacterial soap and sink plug or mixer tap? |  |  |  | 4 | The structure of the premises (walls, floor, ceilings etc.) is in good repair and easily cleanable? |  |  |  |
| 5 | The premises are free of pests and suitably proofed against pest access, fly screens, door bristle strips, drain covers etc. The Pest Control Service Record easily accessible and checked regularly? |  |  |  | 6 | The lighting, ventilation and drainage are adequate, and lights in food rooms are covered? |  |  |  |
| 7 | Adequate storage is provided for refuse both inside and outside the catering facility and it is kept clean and tidy? |  |  |  | 8 | All glass items are stored away from food preparation areas and breakages dealt with as per the Glass Breakage guidance? |  |  |  |
| 9 | All heavy equipment (incl. refrigerators and door seals, counters) are in good condition and easily cleanable. |  |  |  | 10 | Are all food containers (incl. storage bins, plastic tubs, etc.) in good condition and easily cleanable? |  |  |  |
| 11 | Is all light equipment and utensils (inc. chopping boards, can openers etc.) in good condition and easily cleanable? |  |  |  | 12 | All service equipment (incl. service dishes, China, glassware, etc.) are in good condition and easily cleanable? |  |  |  |
| 13 | Is the risk of cross contamination between raw and ready to eat foods minimized in line with the Compass E-coli 0157 (HACCP) guidance e.g. separate complex equipment and separate probe thermometers for raw and ready to eat foods? |  |  |  | 14 | Are all ambient foods / dry goods stored off the floor and within their Use by Date? |  |  |  |
| 15 | Is the site following Compass procedures with regard to cleaning & disinfecting work equipment & food contact surfaces to minimize the risks of E-coli 0157 cross contamination e.g. following product dilution & contact times, 2 stage cleaning & sanitizing? |  |  |  | 16 | Does your unit use The Source for creation of menu plans, allergen information reports for customers and where relevant Natasha’s Law Labelling? |  |  |  |
| 17 | Does your unit use and comply with the manual allergen builder (within the Source) if creating bespoke recipes and are the reports readily available? |  |  |  |  |  |  |  |  |

**INCIDENT REPORTING, FIRST AID & EMERGENCY PROCEDURES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Are all incidents, near mises, food complaints & enforcement officer visits reported on the All Incident Reporting System (AIR3) via Compass Connect? |  |  |  | 2 | The Unit Incident Review has been completed for each accident reported by following the link provided in the email notification which comes from AIR3 via [notifications@origamirisk.com](mailto:notifications@origamirisk.com) |  |  |  |
| 3 | Have Incident Investigation Packs been completed and retained for all accidents with a copy uploaded to the AIR3 system or forwarded onto the HSE Dept in Parklands by email [hse2@compass-group.co.uk](mailto:hse2@compass-group.co.uk)? |  |  |  | 4 | Are all first aid boxes fully stocked (incl. blue plasters), free from additional or unnecessary items and are all items in date? |  |  |  |
| 5 | Are all team members aware of their designated first aiders (this could be a First Aider List on a notice board or covered in daily briefing)? |  |  |  | 6 | Is the Unit Managers Emergency Manual complete and up to date and all management teams aware of its location and content including the Crisis Management Process? |  |  |  |

**COSHH**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Do you have an up to date COSHH Inventory completed with all chemicals in use in your unit? |  |  |  | 2 | Do you have a COSHH Product Assessment and Safety Task Card available for all chemicals listed on the COSHH Inventory? |  |  |  |
| 3 | Are all chemicals stored correctly in the designated area on site? |  |  |  | 4 | Are all chemicals dispensed and diluted correctly using the standard wall mounted dosing systems or the relevant pelican pumps as per the Safety Task Cards? |  |  |  |
| 5 | Is all required PPE available, in good condition and allocated to each employee where relevant? (The PPE Record of Issue should be completed and in the employee’s file) |  |  |  |  |  |  |  |  |

**SLIP, TRIP AND FALL HAZARDS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Have all team members been briefed on Slip, Trip and Fall awareness, using the relevant Safety Conversations? |  |  |  | 2 | Equipment and materials are readily available to clear up spillages and colleagues are trained on how to deal with slip, trip and fall hazards? |  |  |  |
| 3 | Are colleagues wearing the correct footwear for their job role? |  |  |  | 4 | Are “wet floor” signs readily available and used correctly? |  |  |  |

**MANUAL HANDLING**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Are all team members given basic Manual Handling awareness training using the relevant Safety Conversations? |  |  |  | 2 | Do all high-risk manual handling tasks have a Task Specific Risk Assessment in place and have the persons required to carry out those tasks being trained in the control measures? |  |  |  |
| 3 | Are manual handling aids available for team members to use should they be required to assist them and is training in place for there use? |  |  |  |  |  |  |  |  |

**CUT PREVENTION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Have you provided knife safety training for all those team members who use knives? |  |  |  | 2 | Are clear procedures in place for dealing with and clearing up broken items such as glass and crockery? |  |  |  |

**FIRE SAFETY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Are all escape routes free from any obstructions and clearly sign posted? |  |  |  | 2 | Is all Fire Fighting Equipment (incl. fire blankets) available, stored in correct position and inspected by a competent person at least annually (check dates / security tags)? |  |  |  |
| 3 | Are ventilation canopy grease filters and ductwork kept visually clean and free from grease? |  |  |  | 4 | Flammable materials (e.g. paint, white spirit, petrol, LPG, chaffing fuels) are stored in suitable labelled containers in secure storage when not in use) |  |  |  |
| 5 | Electrical cables, switches & plugs are free from signs of damage & scorching and do not become hot |  |  |  | 6 | Are multi-socket adapters & extension leads, where required, not overloaded? |  |  |  |

**EQUIPMENT SAFETY CHECK**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | All storage racks and shelves are stable and are not over-loaded |  |  |  | 2 | Are all trolleys, roll cages, sack trucks, ladders, stepladders and step stools in good repair and suitable for the tasks required? |  |  |  |
| 3 | All defective equipment has been reported for repair, the report followed up (where necessary) & removed from service until the repair has been closed out |  |  |  | 4 | Do all emergency release / escape mechanisms on Walk-In Fridges and Freezers allows for easy release? |  |  |  |
| 5 | Are tables and chairs inspected to ensure they are in good condition, any defects reported, and damaged items removed from use? |  |  |  | 6 | C02 & Mixed Beverage Gas cylinders are stored on their side and prevented from moving or secured (e.g. chained) if upright |  |  |  |
| 7 | Are dangerous machinery signs displayed appropriate equipment? |  |  |  | 8 | Knives are sharp, free from defects and stored safely when not in use. |  |  |  |

**WORKING PRACTICES**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Sinks do not have sharp objects left in them? |  |  |  | 2 | Is suitable and sufficient hand protection available and used when working with hot equipment, chemical products & knives / sharp surfaces etc. as per Company & Business Sector requirements? |  |  |  |
| 3 | Are all sharp items (e.g. tin lids, broken glass and crockery, other discarded sharps) disposed of correctly? |  |  |  | 4 | Is the unit kept tidy and organized throughout? |  |  |  |

**STATUTORY EQUIPMENT INPSECTION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Are all gas fired equipment in good working order and periodically (minimum annual) checked by a GAS SAFE Engineer? |  |  |  | 2 | Has the electrical installation been inspected by a suitably qualified electrical engineer within the last 5 years? |  |  |  |
| 3 | Has Portable Appliance Testing (PAT) been carried out by a suitably qualified person within specified intervals (ideally annually)? |  |  |  | 4 | Have pressure vessels (e.g. boilers, steamers, coffee machines) been inspected by a suitably qualified person within the last 12 months? |  |  |  |
| 5 | Have lifts (used by colleagues) been inspected by a suitably qualified person within the last 6 months (passenger) and 12 months (goods)? |  |  |  | 6 | Has ventilation ductwork been periodically maintained, inspected and cleaned by a suitably qualified person (minimum annual)? |  |  |  |
| 7 | Has the Work Premises: Statutory Compliance Declaration been completed and signed by both the Client and Compass representatives in the last 12 months? |  |  |  |  |  |  |  |  |

**ENVIRONMENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Has the Environmental Toolkit been completed and reviewed annually? |  |  |  | 2 | All electrical and gas equipment is switched off when not required, lights turned off when the area is not in use, heating / cooling used efficiently. |  |  |  |
| 3 | Refrigerator and freezer operating temperatures are within the required ranges i.e. not warmer or colder than required |  |  |  | 4 | Where we operate site vehicle(s), vehicle history is held, driver licenses checked, and an authorized user list is available. |  |  |  |
| 5 | Food wastage is recorded |  |  |  | 6 | Waste is properly segregated into correctly labelled general waste and recycling containers |  |  |  |
| 7 | Waste storage areas are clean and tidy |  |  |  | 8 | Water is being conserved e.g. taps not left running, no dripping taps, leaks reported for prompt repair |  |  |  |
| 9 | Used cooking oil (and other potentially polluting liquids) are stored securely in a ‘bunded’ area – preferably indoors or undercover to protect from the elements if outdoors |  |  |  | 10 | Spill kits are available in all appropriate locations |  |  |  |

**SIGNAGE TEAM HSE MEETINGS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Are notice boards tidy with the following displayed: Health & Safety Law Notice, Certificate of Employers Liability Insurance, HSE & Quality Policy Statements, First Aid Notice |  |  |  | 1 | Is an HSE Meeting held every 6 months (minimum) and the meeting minutes recorded and displayed on the HSE Notice Board? |  |  |  |

**HEALTH AND WELLBEING**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Do you have the YOU MATTER posters and materials displayed on site and all team members aware of YOU MATTER Campaign? |  |  |  | 2 | Is the AXA Be Supported on Display in the unit and all team members aware of the support available? |  |  |  |

**CUSTOMER / CLIENT FEEDBACK DOCUMENTATION RETENTION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | Is there a process for capturing and reviewing customer comments? |  |  |  | 1 | Are all HSE records filed securely for the required time periods? |  |  |  |

**TRAINING**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | **No** | **N/A** |  | | **Yes** | **No** | **N/A** |
| 1 | All colleagues have completed their on-site Compass induction |  |  |  | 2 | All colleagues are up to date with their HSE e-learning? |  |  |  |
| 3 | All colleagues are trained on COSHH safety using the task cards? |  |  |  | 4 | All colleagues are trained on Risk Assessments relevant to their job role? |  |  |  |

**HSE QUARTERLY RECORD – ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No. & Action** | **By**  **Whom** | **By**  **When** | **Date**  **Closed** | **Notes** |
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