

Newport City Council Public Protection

Business Self-Assessment Questionnaire



The Public Protection group of services has a wide remit, covering some of the many and diverse Council regulatory functions of Environmental Health, Licensing, Trading Standards, Animal Health and Community Safety.

By completing this questionnaire you enable us to keep our business records accurate as well as allowing some teams to risk-rate your premises. It is written primarily to assess your compliance with Health and Safety at Work legislation but we have also written it in such a way to gather information for other service areas. Completing this questionnaire reduces the burden placed on your business because it is likely that each of our teams of inspectors will not need to visit you to conduct separate and full inspections.

This information will also enable us to provide you with follow-up guidance that is specifically tailored to your needs should you require this.

PLEASE COMPLETE THE QUESTIONNAIRE WITHIN 21 DAYS AND RETURN TO THE ADDRESS DETAILED BELOW

This form is also available electronically at www.newport.gov.uk (search for Business Self Assessment Questionnaire); or request one by email from environmental.health@newport.gov.uk You may also email back the completed form or direct any queries to this address.

Which language would you prefer Newport City Council to use in correspondence?

English Welsh

**For advice on Public Protection laws and any queries regarding the questionnaire, contact:
(Also return address for completed questionnaire)**

Civic Centre/Canolfan Ddinesig
Newport/Casnewydd
South Wales/De Cymru
NP20 4UR
Tel: (01633) 656656

Or email:
Environmental Health: environmental.health@newport.gov.uk
(Food Safety, Pollution, Health & Safety at Work)

Licensing: environment.licensing@newport.gov.uk

Trading Standards and Animal Health & Welfare: trading.standards@newport.gov.uk

Section A – Business Details

Trading Name:	
Full Name(s) of Owner(s): (if Ltd or PLC –please ALSO complete A1)	
Trading Address:	
Post Code:	Tel No:
E-Mail:	
Please advise if we may correspond with you electronically:	
	YES NO
Manager or person in charge of business	Position:
Nature of Activity at the Premises: (Please include details such as office/shop/warehouse e.g. clothes shop, etc. Please also include level of distribution i.e. Local, Regional, National, Export, Import, etc)	
Number of Employees at this premises (Full or Part Time):	
Female:	Male:
Does your business currently receive independent business advice? If yes, please provide details	

Section A1: Company Details *If Limited Company (Ltd) or Public Limited Company (Plc)*

Company Name:	
Registered Office Address:	
Post Code:	Tel No:
E-Mail:	

DECLARATION

I certify that the information provided in this questionnaire is accurate and complete to the best of my knowledge.	
Signed	Date
Name (please print)	Tel:
Health and Safety at my premises is enforced by :	
Newport City Council	<input type="checkbox"/> (complete all sections)
Health and Safety Executive	<input type="checkbox"/> (go to feedback section)
If a food business, you MUST complete Appendix A also	

Section B: Health and Safety

Topic	Assessment question	YES	NO	N/A
Health and Safety Policy	Do you have a Health and Safety Policy? (must be documented if you have 5 or more employees)			
	Is the policy brought to the attention of employees?			
Risk Assessments	Have you carried out and recorded, if necessary, risk assessments? (written record of your significant findings is required if you have 5 or more employees)			
	Do you review your risk assessments regularly?			
Training	Do you have in place staff training / induction programme?			
Personal Protective Equipment	Is personal protective equipment (PPE) required for specific tasks?			
	Have you provided PPE that is suitable and provides adequate protection?			
	If yes, please give an example:			
Law Poster	Is the poster entitled "Health and Safety Law – What You Should Know" displayed where staff can see it?			
Employers Liability Insurance	Do you have employers' liability insurance?			
Contractors	Do you ensure contractors visiting your site are suitably competent to undertake works?			
Accidents	Are you aware of your duty to report certain incidents in line with the Reporting of Injuries Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)?			
Welfare	Are suitable and sufficient welfare facilities e.g. toilets provided?			
	Please provide details:			
Manual Handling	Do any of the work tasks involve lifting / carrying of heavy / awkward items?			
	If yes, do you have systems in place to reduce the risk of injury from manual handling?			
	Do any of the jobs involve the use of a computer at a Workstation?			
	If yes, are suitable assessments carried out and changes made where necessary? Please give example:			
Working at Height	Do you or your employees ever work at height (e.g. accessing high level storage, cleaning windows)?			
	Give examples of what and where work at height takes place at your workplace:			
Prevention of slips, trips and falls	Are floor surfaces including walkways kept clear of obstructions?			
	Are measures in place to prevent persons slipping on floors?			

Topic	Assessment question	YES	NO	N/A
	Is suitable and sufficient lighting provided to all parts of the premises to provide safe working conditions?			
	Are stairs provided with a handrail?			
	Briefly describe how you deal with spillages:			
Hazardous Substances	Have you assessed the risks to health from hazardous substances / chemicals in your business?			
	If yes, are your findings brought to the attention of employees?			
Noise	Does your business have any noisy activities such as loud music, use of power tools, heavy machinery?			
	Have you undertaken a noise at work assessment?			
Asbestos	Was your premises constructed before the year 2000?			
	Has a survey of the premises been undertaken to determine whether asbestos is present?			
	Is there a system in place to manage the presence of any asbestos in your premises?			
	How is asbestos managed?			
Gas Safety	Are the gas installation and/or appliances maintained e.g. annually by a "Gas Safe Registered" engineer?			
Electrical Safety	Has your fixed wired electrical system been maintained by a competent person on a regular basis?			
	Is there a system in place for portable electrical appliances to be checked on a regular basis (PAT)?			
Workplace Transport (deliveries and receipt of goods)	Are precautions taken to protect persons on your premises from the risks of injury from collision with vehicles?			

Section C: Licensing

Licensable Activities	Do you propose to supply alcohol to employees or members of the public? If yes, YOU MUST complete Appendix A			
	Do you propose to provide live recorded music, dancing, plays, films, indoor sporting events and / or boxing/wrestling (excluding background music)?			
	Do you propose to provide hot food or hot drink between 23:00 and 05:00? If yes, YOU MUST complete Appendix A			

Section D: Food Safety

Food Safety	Do you supply food OR drink to your employees, customers or others? If yes, YOU MUST complete Appendix A			
--------------------	--	--	--	--

Feedback : Was the time taken to complete the survey (please circle)

Too long Just about right Too Short

Please tell us how the survey can be improved:

Further Advice: Would you like an officer to contact you to provide further advice about any of the following? :

Health and Safety

Food Safety

Trading Standards

Food Standards

Licensing

Useful Websites

1. Newport City Council (www.newport.gov.uk) For advice and to apply and pay for licences on line.
2. Health and Safety Executive (www.hse.gov.uk) A wide range of health and safety information is on this site including topical areas for Health and Safety and free leaflets.
3. Workboost Wales (www.gov.uk/workboost-wales) Government-funded service advising small businesses in Wales on workplace health and safety, management of sickness absence and return to work issues.
4. South Wales Fire and Rescue (<http://www.southwales-fire.gov.uk>)
5. Department for Culture, Media and Sport (http://www.culture.gov.uk/what_we_do/alcohol_and_entertainment). This site contains information on the authorisations required to provide licensable activities.
6. www.everythingregulation.org.uk , the one-stop web site for Trading Standards business [retail based] related information, with links to a number of relevant resources on the web. Simply choose your business type and receive tailored advice or enter a keyword in the document search.
7. Food Standards Agency (www.food.gov.uk). A valuable source of information for Food Manufacturers. This site contains information from food safety and hygiene to labelling and packaging.
8. Welcome to GOV.UK a place to find government services and information, including tools and guidance for businesses
9. Public Sector Information (www.legislation.gov.uk) Source for on line copies of UK legislation

Appendix A – Food Registration Form

APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs, Article 6(2))

This form should be completed by food business operators in respect of new food business establishments and submitted to the relevant food authority 28 days before commencing food operations. On the basis of the activities carried out, certain food business establishments are required to be approved rather than registered. If you are unsure whether any aspect of your food operations would require your establishment to be approved, please contact [the Food Authority] for guidance.

1. **Address of establishment** (or address at which moveable establishment is kept)

Post code:

Telephone no.

2. **Name of food business** (trading name)

3. **Full Name(s) of food business operator (Owner(s)):**

4. **Address of food business operator:**

Post code

Telephone no.

E-mail:

5. **Type of food business** (Please tick ALL the boxes that apply):

- | | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Farm Shop | <input type="checkbox"/> | Staff restaurant/canteen/kitchen | <input type="checkbox"/> |
| Food manufacturing/processing | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Importer | <input type="checkbox"/> | Hotel/pub/guest house | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |
| Distribution/warehousing | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> | Market stall | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food Broker | <input type="checkbox"/> |
| Market | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Seasonal Slaughterer | <input type="checkbox"/> | Other (please give details): | <input type="checkbox"/> |
-

6. **Type of business:**

- | | |
|--------------------------------------|--------------------------|
| Sole Trader | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Limited Company | <input type="checkbox"/> |
| Other (please give details) | <input type="checkbox"/> |
-

(If Limited Company, please complete 7. below)

7. **Limited company name**

Company no.

Registered Office address

Post code

8. **Number of vehicles or stalls kept at, or used from, the food business establishment and used for the purposes of preparing, selling or transporting food:**

5 or less 6-10 11-50 51 plus

9. **Water supplied to the food business establishment:** Public (mains) supply Private supply

10. **Full name of manager (if different from operator)**

11. **If this is a new business**

Date you intend to open

12. **If this is a seasonal business**

Period during which you intend to be open each year

13. **Number of people engaged in food business** 0-10 11-50 51 plus (**Please tick one box**)

Count part-time worker(s) (25 hrs per week or less) as one-half

Signature of food business operator _____

Date _____

Name _____

(BLOCK CAPITALS)

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO [THE FOOD AUTHORITY] AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.