If you intend to employ any person or persons to work in shop or office premises you are required by Section 49 of the Offices, Shops and Railway Premises Act 1963 and the Notification of Employment of Persons Order 1964, to complete this form and send it to:

Tameside MBC Environmental Services Department
Environmental Health and Consumer Services Division
Council Offices
Wellington Road
Ashton-under-Lyne
Tameside OL6 6DL

Notice in form prescribed by the Secretary of State for Employment, or employment of persons in office or shop premises

Part I
Notice is hereby given that on the \( \text{insert date} \) \( \text{______________} \) the employer specified in Part III of this notice, will begin to employ persons to work in the premises described therein.

Part II
Notice is hereby given that the employer specified in Part III of this notice is employing persons to work in the premises described therein.

Part III

<table>
<thead>
<tr>
<th>1 (a) Name of employer</th>
<th>( \text{________________________} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Trading name, if any</td>
<td>( \text{________________________} )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 (a) Postal address of the premises</th>
<th>( \text{________________________} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Telephone No.</td>
<td>( \text{________________________} )</td>
</tr>
<tr>
<td>(c) e-mail address:</td>
<td>( \text{________________________} )</td>
</tr>
</tbody>
</table>

| 3. Nature of business | \( \text{________________________} \) |

<table>
<thead>
<tr>
<th>4. How many persons are or will be employed by the employer in office or shop premises at the above address in the following types of workplace? (see notes 3-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Office</td>
</tr>
<tr>
<td>(b) Shop (retail)</td>
</tr>
<tr>
<td>(c) Wholesale department or warehouse</td>
</tr>
<tr>
<td>(d) Catering establishment open to public</td>
</tr>
<tr>
<td>(e) Staff canteen</td>
</tr>
<tr>
<td>(f) Fuel storage depot</td>
</tr>
</tbody>
</table>

Total
Of the total, how many are females?
\( \text{________________________} \)

<table>
<thead>
<tr>
<th>5. How many of the total are or will be employed on floors other than the ground floor?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Of the total stated in reply to question 4, are any (or will any be) housed in separate buildings?</th>
</tr>
</thead>
</table>

\( \text{Answer Yes or No} \)

<table>
<thead>
<tr>
<th>7. Is the employer the owner of the building(s) (or part of the building(s)) containing the premises?</th>
</tr>
</thead>
</table>

\( \text{Answer Yes or No} \)

<table>
<thead>
<tr>
<th>8. If not, state the name and address of the owner(s) or person(s) to whom rent is paid</th>
</tr>
</thead>
</table>

Signature of employer or person authorised to sign on his behalf
\( \text{________________________} \)

Date
\( \text{________________________} \)
Part IV: Health and Safety

If you are an EMPLOYER, please answer ALL questions below. If you are SELF-EMPLOYED, go straight to QUESTION 5.

(Please CIRCLE the appropriate response)

1. Are you displaying a current Certificate of Employers' Liability Insurance? Y/N
2. Are you displaying the approved poster “Health and Safety Law – What You Should Know?” Y/N
3. Do you employ 5 or more people? Y/N
   If YES, do you have a written Health and Safety Policy Statement? Y/N
4. About your Workplace:
   a) Do you have hot and cold running water to your washing facilities? Y/N
   b) How many w.c. cubicles do you have? 
5. Have you carried out any Risk Assessments of hazards at your workplace or arising from your work activities? Have you considered the following?
   - Slips and trips in the workplace Y/N
   - Working at Height Y/N
   - Use of hazardous substances (labelled as toxic, harmful, irritant, corrosive) Y/N
   - Employment of Children or Young Persons Y/N
   - Lifting or movement of heavy or bulky loads Y/N
   - Use of computers and associated workstations Y/N

   Please underline the topic that you require additional information on

6. Do you or any of your employees operate or use any of the following:
   Fork Lift Truck Y/N
   Welding Equipment Y/N
   Lifting Equipment Y/N
   Pressurised Equipment Y/N
   Stepladders Y/N
   Have you completed Risk Assessments on these activities? Y/N

7. Do you have procedures in place to identify and manage asbestos that may be present in the building? Y/N

8. Do you arrange for a competent person to check all gas appliances (e.g. gas boilers, Calor gas heaters, space heaters)? Y/N
   If YES, do you keep written reports? Y/N

9. Has the electrical installation checked by a competent person within the last 5 years? Y/N
   Have the portable electrical equipment (e.g. vacuum cleaner, kettle, desk lamp) been checked on a regular basis to ensure that they are safe to use?
   If YES, have you kept copies of the reports? Y/N

10. Have you got a first aid kit? Y/N

11. a) Do you keep an Accident Book at the premises? Y/N
    b) Do you keep any official Accident Reporting Forms at Work? Y/N

12. Do you have members of the public on your premises? Y/N

13. Has anyone in your workplace had any formal health and safety training? Y/N

**IMPORTANT**

These questions are designed to allow the Local Authority to make an initial assessment of the risk category appropriate to your premises. You will incur NO LIABILITY for your answers, so please be open and realistic. You will suffer no detriment by answering the questions honestly!

envdocs/OFFICES ACT 1963