

Offices, Shops and Railway Premises Act 1963

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 sent it to:

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

When completing the form, please delete *either* Part 1 or Part II as appropriate.

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 (*insert date*) _____, 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

1 (a) Name of employer _____

(b) Trading name, if any _____

2 (a) Postal address of the premises _____

(b) Telephone No. _____

(c) e-mail address: _____

3. Nature of business _____

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*)

(a) Office _____

(b) Shop (retail) _____

(c) Wholesale department or warehouse _____

(d) Catering establishment open to public _____

(e) Staff canteen _____

(f) Fuel storage depot _____

Total _____

Of the **total**, how many are females? _____

5. How many of the total are or will be employed on floors *other* than the ground floor? _____

6. Of the total stated in reply to question 4, are any (or will any be) housed in separate buildings? (Answer Yes or No) _____

7. Is the employer the owner of the building(s) (or part of the building(s)) containing the premises? (Answer Yes or No) _____

8. If not, state the name and address of the owner(s) or person(s) to whom rent is paid _____

Signature of employer or person authorised to sign on his behalf

Date

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)

If you would like to receive more information on any of the issues listed, please tick the relevant box below.

1. Are you displaying a current Certificate of Employers' Liability Insurance?	Y/N	<input type="checkbox"/>
2. Are you displaying the approved poster "Health and Safety Law – What You Should Know?"	Y/N	<input type="checkbox"/>
3. Do you employ 5 or more people?	Y/N	<input type="checkbox"/>
If YES, do you have a written Health and Safety Policy Statement?	Y/N	<input type="checkbox"/>
4. About your Workplace:		
a) Do you have hot and cold running water to your washing facilities?	Y/N	<input type="checkbox"/>
b) How many w.c. cubicles do you have? <input style="width: 40px; height: 20px;" type="text"/>		
5. Have you carried out any Risk Assessments of hazards at your workplace or arising from your work activities? Have you considered the following?	Y/N	<input type="checkbox"/>
Slips and trips in the workplace Y/N	Working at Height Y/N	<input type="checkbox"/>
Workplace Transport Y/N	Use of hazardous substances (labelled as toxic, harmful, irritant, corrosive) Y/N	<input type="checkbox"/>
Employment of Children or Young Persons Y/N	Lifting or movement of heavy or bulky loads Y/N	<input type="checkbox"/>
Use of computers and associated workstations	Y/N	<input type="checkbox"/>
<i>Please underline the topic that you require additional information on</i>		
6. Do you or any of your employees operate or use any of the following: <i>Please underline the topic that you require further information on</i>		<input type="checkbox"/>
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	<input type="checkbox"/>
8. Do you arrange for a competent person to check all gas appliances (e.g. gas boilers, Calor gas heaters, space heaters)?	Y/N	<input type="checkbox"/>
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	<input type="checkbox"/>
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?	Y/N	
If YES, have you kept copies of the reports?	Y/N	
10. Have you got a first aid kit?	Y/N	<input type="checkbox"/>
11. a) Do you keep an Accident Book at the premises?	Y/N	<input type="checkbox"/>
b) Do you keep any official Accident Reporting Forms at Work?	Y/N	<input type="checkbox"/>
12. Do you have members of the public on your premises?	Y/N	<input type="checkbox"/>
13. Has anyone in your workplace had any formal health and safety training?	Y/N	<input type="checkbox"/>

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!