

No. 066/2024

14 February 2024

Our Ref: C1/24

To: All Branches

Dear Colleagues,

Royal Mail Group Safety, Health & Environment Team - Integrated Audits – Involvement and Consultation with CWU Area Health & Safety Representatives (ASRs):

Further to LTBs 105/21 and 215/22 this is to remind all ASRs and to reinforce the agreed position in respect of full engagement and involvement of Area Health & Safety Representatives (ASRs) in the RMG Safety, Health and Environment 'Integrated' Audits process.

The agreed position with the Royal Mail Group Chief Legal Officer Matthew Newman and former Safety Directors (Shaun Davis and Phil Graham) and the current Safety Director Liz Lloyd is that every ASR is invited to every audit across their constituency and ASRs should be given notice of audit dates, afforded an invitation to participate and both sides fully encourage attendance and input.

Indeed, ASRs can add value to the audits by way of information sharing from the ASR's periodic workplace safety inspections and investigations, as they are likely to visit the Unit more often than the Auditor/SHE Advisor.

ASRs can signpost the auditor to issues from their safety inspections, accident investigations and near misses, remedial actions that are outstanding in the Unit and not actioned or issues that could be overlooked as well as pointing out to auditors any related off-site issues, ORA (Offsite Risk Assessment) issues etc.

ASRs can take the opportunity in conjunction with the auditor to meet and discuss matters with the PiC (Person in Control) and his team whilst on-site during the audit to jointly reinforce safety messages and actions plus, very importantly engage and speak to front-line workforce members about health and safety issues they may be experiencing.

ASRs can hold safety and health conversations with front-line workforce members at the workstations/prep sorting frames with as many people as they can during the audit to raise awareness of safe working practises and get valuable feedback. ASRs can discuss hazards and risks that individuals may face out on their collection and delivery rounds, e.g., dogs, low level letterboxes, access and egress issues etc., footwear, clothing, PPE, road risk, safe driving, yard safety etc., gaining good insight from the frontline. ASRs can carry out evidence checks on frontline training, delivery of SHE Flashes, Safety Huddles and briefings etc. ASRs can also

get pointers from individuals of safety issues, risks, hazards that may need follow up inspection/investigation at customers' premises. ASRs can also look at the Unit ORAs (Offsite Risk Assessments) and test whether it's working or not, talking to the ORA lead/champion and asking how they manage hazards etc., and log any problems that need addressing as well as assisting by dealing with hazards and risks that the workforce encounter.

ASRs can also check on Occupational Health and Wellbeing issues with frontline staff, including work stress risk assessments and ensure that they are utilising the RMG Wellbeing Hub and employee wellbeing and occupational health services, ensuring the workforce are fully aware of the new '**Moments that Matter Guides**', and the important role of all the services, resources and tools available on offer to assist the workforce e.g. **RMG 'Help@Hand'** which gives employees/members and their family access to fast, free, wellbeing support, resources and services.

The audits are delivered by the RMG SHE Team Safety Advisors and all units will be audited once a year. The audits will assess the level of safety and health compliance with key instructions, policies and legal/regulatory requirements as detailed within the SHEMS (Safety, Health, Environment Management System), Security, Compliance and Ethics policies. The 'Integrated Audit' will be conducted on site and compliance will be assessed through a combination of:

- Data analysis and validation;
- Document review; and
- Discussion and observation.

A full list of evidence requirements will be available on the SHE Management System. NB: An auditor will review electronic records (where available) from various systems, there will be no need to print out paper hard copies.

All units will receive an audit notification e-mail at least 5 working days prior to the audit taking place. The average audit should require 1 or 2 days on site. The relevant CWU Area Safety Representative (ASR) will be copied into the e-mail circulation/notification. The auditor will then contact the unit manager to agree the exact date and time of the visit. The ASR will also be notified of the date and time arrangements to confirm the arrangements in order to attend, be consulted and give input.

Initial onsite feedback will be given to the unit managers and then an Action Plan will be issued via e-mail to the unit within five working days. Unit managers will be required to monitor and close out actions. Actions must be completed by the required date as set out in the Action Plan. Update reports on the audit actions will be given to the joint health and safety committee relevant to the Unit where there can be a discussion on progress.

The audit will be transparent with an overall percentage score given for each audit. Audit results will be shared with ASRs by e-mail. Any issues and Audit Action Plan progress can be discussed at joint health and safety committee meetings at a Unit or Regional level basis.

ASR Action:


All ASRs are requested to give Safety, Health and Environment 'Integrated Audits' priority and ensure they attend and input into the process.

Emma Tranter RMG SHE Head of Safety (North and Wales) and Jayne Callaghan-Jarvis Head of Safety (South):

Emma Tranter RMG SHE Head of Safety (North and Wales) and Jayne Callaghan-Jarvis Head of Safety (South) have committed to their teams informing their respective ASRs when an audit

is going to take place. The SHE safety advisors will and do share the Unit safety audit dates with both the CWU and Unite CMA ASRs so they can be in attendance and be engaged. The CWU HQ Health, Safety and Environment Department and RMG SHE HQ are jointly encouraging involvement and good input conversations with ASRs which should also happen at unit level with the WSRs in the wash-up with the PiC/manager, so ASRs and WSRs can help support what needs to be done in the unit to keep it safe and healthy for our members and workforce.

Yours sincerely



Dave Joyce
National Health, Safety & Environment Officer

SHE Standard	SHE Instruction		Question Number	Compliance Question	Action Required	Yes/No/NA
SHEMS 1.0	1.1	SHE Policies, Roles & Responsibilities	1.1.1	Is the current Safety and Health Policy on display?	Display the current Safety & Health Policy in a prominent position - ideally on the SHE Noticeboard.	
SHEMS 1.0	1.6	Sustainable Behavioural Based SHE Programmes	1.6.1	Is there evidence that First Class Safety Conversations are being conducted at the relevant frequency, the manager understands the areas of risk and conversations are based on the risk?	Ensure the areas of risk are identified and first class safety conversations are focussed on these risks. Assign and complete the FCSC e-learning (if not completed). Have a plan to ensure the assigned frequency of undertaking the FCSC is met going forward.	
SHEMS 2.0	2.1	Competency & Capability	2.1.1	Is there evidence that all managers have received all mandatory training?	Identify all mandatory training that needs to be completed (refer to the SHE Training Matrix). Ensure all outstanding training is completed. Ensure signatures have been captured where identified as required in the training matrix.	
SHEMS 2.0	2.1	Competency & Capability	2.1.2	Is there evidence that any new starters and/or temporary workers within the last 12 months have received induction training?	Speak to any new starters (w/n last 12 mths) or temporary workers currently on site. Check to see if they have any concerns over how to complete the tasks associated with their role and if they would benefit from any training/coaching. Ensure any training/coaching identified is completed.	
SHEMS 2.0	2.1	Competency & Capability	2.1.3	Is there evidence that all employees have been briefed on the Safe Systems of Work/Safe Working Instructions and key risk controls?	All staff to be briefed on any changes to SSOW (signatures captured) and key risks/controls.	
SHEMS 2.0	2.2	Communication	2.2.2	Are the mandatory notice board items on display?	Ensure any missing mandatory noticeboard items are displayed.	
SHEMS 2.0	2.3	Consultation & Participation	2.3.1	Is there evidence that SHE Committee meetings are taking place?	Ensure that a SHE Committee is held within the next 28 days and a monthly schedule is in place.	
SHEMS 3.0	3.1	OHW Risks & Benefits	3.1.1	Is there evidence that all managers know how to support and signpost mental health in the workplace?	Ensure that you (and your management team where applicable) are familiar with all of the mental health support available and where it is located on the Wellbeing Hub.	
SHEMS 3.0	3.1	OHW Risks & Benefits	3.1.2	Is there evidence that the manager knows how to support and signpost employees to prevent or manage musculoskeletal disorders?	Ensure that you (and your management team where applicable) are familiar with all of the musculoskeletal information available and where it is located on the Wellbeing Hub.	
SHEMS 3.0	3.2	OHW Services & Support	3.2.1	Is there evidence that the managers are aware of the Occupational Health Services available?	Ensure that you (and your management team where applicable) are familiar with the Occupational Health Services available and the process for referral and are able to locate the OH Guidance Notes.	
SHEMS 3.0	3.2	OHW Services & Support NEW	3.2.2	Is there evidence that the manager knows about the Wellbeing Ambassador programme and has taken action to recruit a site ambassador?	Ensure that you (and your management team where applicable) are familiar with the Wellbeing Ambassador programme and where they can find more information on the Wellbeing Hub.	
SHEMS 3.0	3.4	OHW First Aid	3.4.1	Is there evidence that the First Aid Risk Assessment (FARA) has been completed/reviewed in the last 12 months?	Complete/review the First Aid Risk Assessment (FARA). Ensure that there is evidence to confirm the date of completion.	

SHE Standard	SHE Instruction	Question Number	Compliance Question	Action Required	Yes/No/NA	
SHEMS 3.0	3.4	OHW First Aid	3.4.3	Is there sufficient First Aid provision on site?	Make a request for First Aider volunteers. If anyone volunteers, update the FARA with this information and submit. If no-one volunteers complete Appointed Person training. Ensure all training has been completed.	
SHEMS 3.0	3.4	OHW First Aid	3.4.4	Is there evidence that monthly checks of the AED (where one exists) are being completed?	Download a copy of the monthly AED check template. Complete a monthly check and ensure plan is in place going forward.	
SHEMS 4.0	4.2	Energy & Carbon Management & Reporting	4.2.2	Is there evidence that vehicle emissions, fuel efficiency and related behaviours are managed at the site/unit? NB: Only applicable to sites with vehicles tagged to the site/unit that are <3.5t.	Ensure that you (and your management team where applicable) are familiar with the idling information available in the telemetry reports (where telemetry is applicable). Brief/re-brief all employees on fuel efficiency and related behaviours. Retain evidence to confirm that this has been completed.	
SHEMS 4.0	4.3	Water Management	4.3.1	Is there evidence (where required) that the site/unit holds a Trade Effluent Discharge Consent (TEDC)	Address any unauthorised vehicle washing immediately. If vehicle washing is to continue on site ensure that you obtain the relevant Trade Effluent Discharge Consent (TEDC) or suitable alternative (e.g. a Low Flow Agreement).	
SHEMS 4.0	4.4	Waste Management & Resource Minimisation	4.4.1	Is there evidence that all internal bins have the correct signage and correctly coloured bags.	Ensure all internal bins are free from contamination. Ensure all internal bins display the correct signage (refer to the Environment section of the SHE Management System Database). Ensure bin bags used are of the correct colour. Brief/re-brief employees on correct use of internal waste bins if appropriate (retain evidence to confirm that this has been completed).	
SHEMS 4.0	4.4	Waste Management & Resource Minimisation	4.4.2	Is there evidence that hazardous waste documentation is being managed appropriately?	Ensure you (and your managers where appropriate) are aware of how to manage hazardous waste. The requirement that hazardous waste documentation should be completed in full as follows: <ul style="list-style-type: none"> • There is a Standard Industrial Classification reference number to reflect Royal Mail or RMPFS Ltd; • There is a Waste Description and European Waste Code (EWC); and • There is a signature and date for both the carrier and producer. • Copies should be sent to Property Records for storing on CRD. 	
SHEMS 4.0	4.4	Waste Management & Resource Minimisation	4.4.3	Are external waste areas kept tidy with no waste escaping or overflowing the containers?	Waste area to be made suitably tidy and staff briefed as appropriate. If current waste containers are unsuitable order replacements or additional containers.	
SHEMS 5.0	5.1	Workplace On-Site Risk Assessment	5.1.1	Is there a suitable and sufficient Workplace Onsite Risk Assessment?	Complete/review the workplace onsite risk assessment (ensure that there is evidence to confirm the date of completion); and/or Ensure all risks have been identified; and/or Ensure all actions have owners, have been given suitable timescales and the risks. Ensure all significant risks and controls have been communicated.	
SHEMS 5.0	5.1	Yard Risk Assessment	5.1.2	Does the unit have a Yard?	If no, go to question 5.1.8	
SHEMS 5.0	5.1	Yard Risk Assessment	5.1.3	Is there a suitable and sufficient Yard Risk Assessment?	Complete/review the yard risk assessment (ensure that there is evidence to confirm the date of completion); and/or Ensure all risks have been identified; and/or Ensure all actions have owners, have been given suitable timescales and the risks. Ensure all significant risks and controls have been communicated.	
SHEMS 5.0	5.1	Yard Risk Assessment	5.1.4	Is there evidence that the site specific Yard Safety Rules have been deployed?	Complete the Yard Rules template (if none exists), brief employees on yard rules and display yard rules in a prominent position and/or ensure a process in place for third-parties.	

SHE Standard	SHE Instruction	Question Number	Compliance Question	Action Required	Yes/No/NA	
SHEMS 5.0	5.1	Yard Risk Assessment	5.1.5	Is there evidence that where a Yard Marshal/Banksman operates they have been adequately trained?	Advise employees to cease marshal and/or banksman activity until fully trained. Arrange training if use of Yard marshal/Banksman appropriate.	
SHEMS 5.0	5.1	Yard Risk Assessment	5.1.7	Is there evidence that all employees have received yard safety awareness training?	Schedule an appropriate date(s) for yard safety awareness training. Deliver training. Identify any employees not present at training session and arrange a wash-up session. Retain evidence that training has been delivered to all employees (signature mandatory).	
SHEMS 5.0	5.1	Workplace Off-Site Risk Assessment	5.1.8	Is the site/unit currently performing off-site duties, walks, routes?	If no, go to question 5.1.11 If yes and not using ORA go to question 5.1.9 If yes and using ORA go to question 5.1.10	
SHEMS 5.0	5.1	Workplace Off-Site Risk Assessment	5.1.9	Sites not using offsite risk assessment (ORA): Where the site/unit has off-site duties, walks, routes, or network runs but does not use ORA is there an alternative (suitable and sufficient) Off-site Risk Assessment? NB: Not applicable to PFW or RMSS.	Complete/review the third party risk assessment (ensure that there is evidence to confirm the date of completion); and/or Ensure all risks have been identified; and/or Ensure all actions have owners, have been given suitable timescales and the risks are being managed. Ensure the risk assessment is communicated.	
SHEMS 5.0	5.1	Workplace Off-Site Risk Assessment	5.1.10	Is the Offsite Risk Assessment suitable and sufficient? NB: Applicable to Delivery Offices only.	Ensure the expected number of routes have been assessed in ORA. Review any due hazards. Review any substantial risks that are older than a month. Ensure all significant hazards have been added to the route. Ensure controls are appropriate to reduce the risk rating. Ensure multiple hazards have not been added to a single address inappropriately.	
SHEMS 5.0	5.1	Task Risk Assessment	5.1.11	Is there evidence that the combined Task Risk Assessment has been fully completed within the last 12 months?	Ensure that the combined risk assessment file has been fully completed (all applicable risk assessments have been selected, additional tasks or hazards have been added if required and all of the actions in the action plan are closed).	
SHEMS 5.0	5.1	Severe Weather Risk Assessment	5.1.12	Is/are there suitable and sufficient Severe Weather Risk Assessment(s)? NB: Not applicable in PFW.	Ensure that you (and your management team where applicable) are familiar with the Severe Weather Risk Assessment process. Complete a risk assessment based on a hypothetical severe weather event.	
SHEMS 5.0	5.1	COSHH	5.1.13	Are there suitable and sufficient CoSHH Risk Assessments? NB: Not applicable to Workshops.	Complete the relevant functional COSHH risk assessments and/or an additional risk assessment for any substances not covered by the functional risk assessment. Ensure that the risk assessments have been communicated.	
SHEMS 5.0	5.1	Display Screen Equipment	5.1.14	Is there suitable and sufficient Display Screen Equipment Assessments (DSE) for all DSE users on site?	Ensure that any outstanding DSE Assessments are completed. Discuss any outputs from the assessment with the user authorising any equipment identified as required.	
SHEMS 5.0	5.1	Persons Specifically At Risk	5.1.16	Are there suitable and sufficient risk assessments for all employees considered to be specifically at risk?	Complete any outstanding person specifically at risk assessments. Discuss with the individual. Order any reasonable adjustment furniture and/or equipment required. Implement any other outstanding control measures. File the assessment(s).	
SHEMS 5.0	5.2	Fire Safety Management	5.2.1	Have all due PiC actions in the Technical Fire Risk Assessment been actioned?	Ensure any outstanding actions in the Technical Fire Risk Assessment are actioned, raising work requests with the National Service Centre where required.	
SHEMS 5.0	5.2	Fire Safety Management	5.2.2	Is there evidence that the Premises Fire Evacuation Plan is being kept up to date and uploaded to the Compliance Records Database?	Update the Fire Evacuation Plan; and/or Communicate the plan to all (or any outstanding) employees (retain evidence to confirm that this has been completed); and/or Ensure a copy is sent for uploading to the CRD.	

SHE Standard	SHE Instruction		Question Number	Compliance Question	Action Required	Yes/No/NA
SHEMS 5.0	5.2	Fire Safety Management	5.2.3	Is there evidence that yearly fire evacuation drills are taking place?	Complete a fire evacuation drill if still outstanding ensuring that it covers all shifts. If the drills are carried out by another part of the site contact the responsible manager to arrange the drill. Ensure your SLB is updated.	
SHEMS 5.0	5.2	Fire Safety Management	5.2.4	Is there evidence that monthly emergency lighting checks are carried out?	Complete an emergency lighting check if still outstanding. If the checks are carried out by another part of the site contact the responsible manager to arrange the check. Ensure the records are updated and a schedule with an owner is in place to complete this task monthly.	
SHEMS 5.0	5.2	Fire Safety Management	5.2.5	Is there evidence that weekly fire alarm checks are carried out?	Complete a weekly fire alarm check if still outstanding. If the checks are carried out by another part of the site contact the responsible manager to arrange the check. Ensure the records are updated and a schedule is in place to complete this task weekly.	
SHEMS 5.0	5.2	Fire Safety Management	5.2.6	Is there evidence that the firefighting equipment (e.g. extinguishers/blankets/hoses etc.) has been checked in the past 12 months?	Arrange for the fire fighting equipment (e.g. extinguishers/blankets/hoses etc.) to be checked.	
SHEMS 5.0	5.2	Fire Safety Management	5.2.7	Is there evidence that a personal Emergency Evacuation Plan is in place where required?	Complete a Personal Emergency Evacuation Plan. Provide a copy for the employee and file a copy.	
SHEMS 5.0	5.2	Fire Safety Management	5.2.8	Is there evidence that all employees have received fire safety training in the last 12 months?	Ensure that a plan is in place to complete any outstanding fire safety training. Ensure the training is completed in line with the plan. Retain evidence to confirm that this has been completed.	
SHEMS 5.0	5.2	Fire Safety Management NEW QUESTION	5.2.9	Is there evidence that the Operational Fire Risk Assessment has been completed and have all actions been addressed?	Ensure that the Operational Fire Risk Assessment is appropriately completed, remedial actions addressed where necessary and the assessment is communicated.	
SHEMS 5.0	5.2	Fire Safety Management NEW QUESTION	5.2.10	Is there evidence that a sufficient number of fire wardens have been appointed to sweep all areas of the building in the event of an evacuation?	Ensure that a sufficient number of fire wardens are nominated to carry out a sweep of the building.	
SHEMS 5.0	5.2	Fire Safety Management NEW QUESTION	5.2.11	Is there evidence that weekly refuge stations checks are carried out?	Complete a weekly refuge area check if still outstanding. If the checks are carried out by another part of the site contact the responsible manager to arrange the check. Ensure your SLB is updated and a schedule with an owner is in place to complete this task weekly.	
SHEMS 6.0	6.1	Dog Attack Controls	6.1.1	Are the dog hazard controls applicable to the site/unit/area?	If no, go to question 6.1.7	
SHEMS 6.0	6.1	Dog Attack Controls	6.1.3	Is there evidence that the manager is using the USO Suspensions and Exceptions process in relation to significant dog/animal hazards?	Ensure that you (and your management team where applicable) are using the USO Suspensions and Exceptions site, process and documentation. Update the USO SharePoint site if there are any outstanding addresses that have not been recorded. Send any outstanding correspondence if appropriate.	
SHEMS 6.0	6.1	Dog Attack Controls	6.1.4	Is there evidence that Posting Pegs are taken out on delivery?	Ensure all employees have a Posting Peg. Brief/remind all employees that Posting Pegs should be used where appropriate. Carry out a check prior to confirming that the action is complete.	
SHEMS 6.0	6.1	Dog Attack Controls	6.1.5	Is there evidence that the manager is aware of the requirement to report applicable dog attacks to the RM Security Helpdesk?	Ensure that you (and your management team where applicable) are familiar with the requirement to report all attacks that are level 3+ to the RM Security Helpdesk.	
SHEMS 6.0	6.1	Manual Handling	6.1.7	Are lifting and handling aids available and utilised by staff where required?	Ensure lifting aids are available. Brief/re-brief employees that the lifting aids should be used where required. Retain evidence to confirm that this has been completed.	

SHE Standard	SHE Instruction	Question Number	Compliance Question	Action Required	Yes/No/NA	
SHEMS 6.0	6.1	Manual Handling	6.1.8	Is there evidence that all employees have received manual handling training within the last 3 years?	Ensure that any outstanding manual handling training is completed. Retain evidence to confirm that this has been completed.	
SHEMS 6.0	6.1	Environment Pollution Prevention	6.1.9	Is there evidence that the site has a suitable spill kit(s)?	Ensure that Spill Kits are visible, labelled, accessible and fully stocked in all applicable areas. Order any additional kits and/or replacement items required. Ensure all personnel on site know how to deal with a spill and how to report an incident (a content on demand film is available).	
SHEMS 6.0	6.1	Environment Pollution Prevention	6.1.10	Is fuel and chemical storage suitable?	Arrange for suitable secondary containment and/or arrange repair for leaking containment.	
SHEMS 6.0	6.1	Safe Systems of Work and Safe Working Instructions	6.1.11	Are SSOW/SWI that cover the tasks completed at the site/unit, available for reference by employees?	Ensure all applicable SSOW/SWI are available for reference e.g. in a folder in an accessible location.	
SHEMS 6.0	6.1	Personal Protective Equipment	6.1.12	Is there evidence that the correct Personal Protective Equipment (PPE) is being used?	Check appropriate PPE Matrix against non-compliant PPE observed during the audit. Re-brief employees if applicable. Ensure a safety conversation is completed that covers PPE.	
SHEMS 6.0	6.1	Personal Protective Equipment	6.1.13	Is there evidence that a record is kept of PPE issued? NB: Only applicable to Fleet Workshops	Complete/update record of PPE issue.	
SHEMS 6.0	6.2	Asset Management	6.2.1	Is there evidence that employees are trained to use the work equipment relevant to their role?	Ensure that a plan is in place to complete the outstanding work equipment training. Ensure the training is completed in line with the plan. Retain evidence that the training has been completed.	
SHEMS 6.0	6.2	Asset Management	6.2.2	Is faulty equipment being removed from service?	Ensure a process is in place for reporting faults and removing faulty equipment from use. Identify storage area for faulty equipment if none currently exists. Arrange for repair.	
SHEMS 6.0	6.2	Asset Management	6.2.3	Is there evidence that compliance inspections for assets/systems are being carried out to the required schedule?	Ensure that you have access to the CRD. Ensure that you (and your management team where applicable) are familiar with the statutory inspection/testing information available on the CRD. Ensure that arrangements are made for any outstanding tests/inspections. Ensure that all assets/systems are detailed on the CRD. Ensure that tags/labels are in place and current.	
SHEMS 7.0	7.1	Contractor & External Supplier Management	7.1.2	Is there evidence that information in the Site Log Book in relation to engineers/contractors is being completed/kept up to date?	Ensure that you (and your management team where applicable) are familiar with the requirement for contractors to complete the Engineer/Contractor Attendance & Confirmation Register in the SLB. Ensure that you (and your management team where applicable) are familiar with the requirement to file completed sheets for 12 months. Ensure there is a copy of the Contractors Health and Safety Guide Check in section 4 page 43. Ensure that you (and your management team where applicable) are familiar with the requirement for a contractor's Safe System of Work and all other paperwork to be filed in the SLB (section 4 page 44) while the contractor is on-site.	
SHEMS 8.0	8.1	Workplace Transport Risk Management	8.1.1	Is there on-site Workplace Transport in use?	If no, go to question 8.2.1	
SHEMS 8.0	8.1	Workplace Transport Risk Management	8.1.2	Is there evidence that employees who operate Workplace Transport have been trained?	Ensure that a plan is in place to complete the outstanding workplace transport training. Ensure the training is completed in line with the plan. Retain evidence that the training has been completed.	

SHE Standard	SHE Instruction		Question Number	Compliance Question	Action Required	Yes/No/NA
SHEMS 8.0	8.1	Workplace Transport Risk Management	8.1.3	Is there evidence that daily safety checks of Workplace Transport are carried out?	Ensure that all applicable employees have been briefed on the requirement to complete daily safety checks. Check that there are log books in place. Check that the log books are being completed. Carry out a FCSC that covers daily safety checks.	

SHE Standard	SHE Instruction	Question Number	Compliance Question	Action Required	Yes/No/NA
SHEMS 8.0	8.1 Workplace Transport Risk Management	8.1.4	Is there evidence that all drivers of on-site workplace transport have completed the Workplace Transport Driver Health Declaration (or equivalent)?	Ensure that any outstanding health declarations are completed and filed.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.1	Does the site/unit employ any drivers of Red or Grey Fleet vehicles?	If no, go to question 9.1.2	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.3	Is there evidence that all drivers have a valid driving licence?	Ensure that all drivers have a valid driving licence. Any driver unable to demonstrate entitlement to drive must be removed from driving.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver) NOW TESTING	8.2.4	Is there evidence that all employees have completed a Health Declaration and the manager has referred any employees with a relevant medical condition to the Occupational Health Service provider?	Ensure that any outstanding health declarations are completed. Ensure OH referrals are made and a record kept of the reference number and any correspondence received.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.5	Is there evidence that all drivers have received appropriate training?	Ensure all outstanding driver training has been completed. Retain training records.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.6	Is there evidence that drivers who have been assessed as high-risk have been removed from driving and not re-instated until they have achieved medium risk or better?	Remove from driving any high risk drivers who have not been re-assessed. Arrange for the drivers to be re-assessed.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.7	Is there evidence that all RTCs are reported and investigated in line with the RTC Procedure?	Ensure that you (and your management team where applicable) are familiar with the relevant RTC Procedure. Issue any outstanding blameworthy/non-blameworthy decisions if required.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver) NEW	8.2.8	Is there evidence that Trimble telemetry data is checked where available and action taken to address poor driving behaviours?	Ensure that you are familiar with accessing and monitoring telemetry data. Ensure you can demonstrate that you have taken action to address under performance (i.e. those drivers who are not meeting the national targets).	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.9	Is there evidence that drivers have received handbrake safety training within the last 12 months? NB: Only applicable to sites with vehicles tagged to the site/unit that are <3.5t.	Ensure that a plan is in place to complete any outstanding handbrake safety training. Ensure the training is completed in line with the plan. Retain evidence to confirm that this has been completed.	
SHEMS 8.0	8.2 Road Traffic and Transport Risk Management (Safe Driver)	8.2.10	Is there evidence that all non-professional drivers hours are being monitored? NB: Only applicable to sites with vehicles tagged to the site/unit that are <3.5t.	Ensure that you calculate (or review if older than 2 years) the driving time for all duties carried out by vehicles 3.5t and under using an appropriate tool.	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.1	Does the site/unit have off-site road vehicles operating from the unit?	If no, go to question 8.3.7	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.2	Is there evidence that drivers carry out pre-use vehicle checks?	Brief/re-brief all drivers on site of the requirement to carry out pre-use checks within 7 days. Retain evidence to confirm that this has been completed. Prepare a plan to cover any absent staff that cannot be briefed within 7 days	

SHE Standard	SHE Instruction	Question Number	Compliance Question	Action Required	Yes/No/NA
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.4	Is there evidence that managers vehicle checks are being completed to required frequency?	Implement a process (if none exists) for periodically checking all vehicles. If process exists but is not up to date create a plan for completing outstanding checks. Complete checks in line with plan. Record findings and file for evidence of completion.	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.5	Is there evidence that all defects are being accurately reported and the PMT1 process is being followed?	Ensure that the PMT1 process is followed for all defects.	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.6	Is there evidence that the manager presents vehicles in use under their control for inspection/ MOT on time where appropriate?	Arrange for any outstanding inspection/MOTs to be completed. Ensure that there is process in place for vehicles to be released for inspection/MOT.	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.7	Is the unit an O Licence site?	If no, go to question 9.1.2	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.8	Is there evidence that an up to date GVOL2 is on display in the unit?	Obtain a copy of the latest GVOL2 from M5, sign and display this in the unit.	
SHEMS 8.0	8.3 Road Traffic and Transport Risk Management (Safe Vehicle)	8.3.9	Is there evidence that the CPC holder (Traffic Manager) spends sufficient time on site?	Ensure that the CPC holder is aware of the requirements to spend sufficient time on site. Retain evidence of time spent in the unit by the CPC holder.	
SHEMS 9.0	9.1 Property SHE Management	9.1.2	Is there evidence that the site-specific property information has been recorded in section 2 of the Site Log Book?	Ensure any missing documentation is filed in the SLB. Ensure that the Site Information sheet in the SLB have been completed.	
SHEMS 9.0	9.1 Property SHE Management	9.1.3	Has the property hazard information been completed in section 2 of the site log book?	Ensure that you have entered all property hazards relevant to the site such as confined spaces, invasive weeds, external structures, overhead power lines, neighbouring / adjoining premises and any other tenanted locations within the property.	
SHEMS 9.0	9.1 Property SHE Management	9.1.4	Is the PIC able to identify the isolation points for the relevant building services?	Ensure you are aware of all isolation points.	
SHEMS 9.0	9.1 Property SHE Management	9.1.5	Is there evidence that monthly accessible toilet alarm checks are carried out?	Complete a monthly accessible toilet alarm check if still outstanding. If the checks are carried out by another part of the site contact the responsible manager to arrange the check. Ensure your SLB is updated and a schedule with an owner is in place to complete this task monthly.	
SHEMS 9.0	9.1 Property SHE Management	9.1.6	Has the PiC completed all PiC prefixed actions allocated to the site on the CRD?	Check CRD for any outstanding PiC pre-fixed remedial actions. Ensure any outstanding remedial actions are completed.	
SHEMS 9.0	9.1 Property SHE Management	9.1.7	Is there evidence that any tenants onsite are included in the weekly and monthly inspections?	Engage with other tenants within the property and co-ordinate inspections including for fire alarms and little used outlets.	
SHEMS 9.0	9.1 Property SHE Management	9.1.8	Is there evidence that the PiC is managing the use of lifts and risks of overloading have been communicated to staff?	Communicate the risks of overloading lifts to staff.	

SHE Standard	SHE Instruction		Question Number	Compliance Question	Action Required	Yes/No/NA
SHEMS 9.0	9.3	Asbestos Management	9.3.1	Is the site Asbestos Management Plan (or Post-2000 statement) filed in the Site Log Book or on the Compliance Records Database?	Check the CRD for the latest copy of the Asbestos Management Plan or Post-2000 statement. Print a copy and file in the SLB.	
SHEMS 9.0	9.3	Asbestos Management	9.3.2	Is there evidence that employees have been briefed on asbestos related risks they could be exposed to?	Brief employees (or any outstanding employees) on the content of the Asbestos Plan (including location of any asbestos listed). Retain evidence to confirm that this has been completed.	
SHEMS 9.0	9.3	Asbestos Management	9.3.3	Is there evidence that the unit manager has received the asbestos awareness WTL&L briefing within the last 12 months?	Ensure the manager has received the annual Asbestos Management Refresher (or completed the e-learning within the last 12 months). Retain evidence to confirm that this has been completed.	
SHEMS 9.1	9.4	Legionella Management	9.4.2	Has the PiC identified all little used outlets onsite?	Ensure that a review of little used outlets is undertaken regularly especially when changes occur. Ensure all outlets have been identified (external taps, cleaners sinks, showers, toilets, kitchen sinks, water heaters, wash hand basins etc.)	
SHEMS 9.0	9.4	Legionella Management	9.4.3	Is there evidence that the manager is completing weekly flushing of little used outlets?	Ensure that you (and your management team where applicable) are familiar with the requirement to carry out weekly flushing of little used outlets. Carry out a flush of any little used outlets and update the records.	
SHEMS 10.0	10.1	Emergency Incident Planning	10.1.1	Is there evidence that the site/unit Stay Calm plan is accessible and up to date?	Complete/update the Stay Calm Plan. Store in an accessible location. Ensure that you (and your managers where applicable) understand how to use and the circumstances in which the process should be used.	
SHEMS 10.0	10.2	Accident, Incident, Near Miss Reporting and Investigation Systems	10.2.1	Is there evidence that ERICA Part 2 has been completed for all incidents within the last 12 months?	Ensure any outstanding ERICA Part 2s have been completed.	
SHEMS 10.0	10.2	Accident, Incident, Near Miss Reporting and Investigation Systems	10.2.2	Is there evidence that all actions identified in the incident investigation have been closed out in a timely manner?	Complete any outstanding ERICA investigation actions.	
SHEMS 11.0	11.2	SHE Property Inspection	11.2.2	Is there evidence that the manager has completed suitable bi-monthly inspections of the site/unit or area of responsibility?	Ensure that you (and your management team where applicable) are familiar with the requirement to complete bi-monthly inspections and that you are using the correct template. Complete a bi-monthly inspection if one has yet to be completed this month period and diarise future inspections. Ensure you include all observed unsafe conditions. Ensure that the actions identified within the bi-monthly inspection records are being closed and where required raised to the National Service Centre and the works order references are being added to the form to ensure close out.	
Security		Physical Security	12.1.1	Is there evidence that all persons use either electronic access systems or are checked in physically in order to gain access to the site ?	Ensure that you (and your management team where applicable) are aware of the requirements to control all access points. Ensure that these requirements are cascaded to all staff. If applicable arrange repair for any physical access points that are not in working order.	
Security		Physical Security	12.1.2	Is there evidence that all visitors sign in and are issued visitor's passes and relevant safety information where required?	Ensure that you (and your management team where applicable) are aware of the requirements to request visitors to sign in/out of the site and are asked to display ID at all times. Ensure that these requirements are cascaded to all staff. Review procedure for control of visitors. Brief/re-brief applicable employees on procedure. Ensure where required a visitors book, leaflet, DVD etc are in place.	

SHE Standard	SHE Instruction	Question Number	Compliance Question	Action Required	Yes/No/NA
Security	Physical Security	12.1.3	Is there evidence that all persons on site, including visitors, display appropriate ID at all times?	Ensure that you (and your management team where applicable) are aware of the requirement for all persons on site to display appropriate ID at all times. Ensure that these requirements are cascaded to all staff.	
Security	Physical Security	12.1.4	Is there evidence that the CCTV system is operating correctly?	Ensure that the appropriate CCTV signage is in place and/or all CCTV users have received the appropriate training. Ensure that you (and your management team where applicable) are familiar with the appropriate use of CCTV images.	
Security	Physical Security	12.1.5	Is there evidence that alarm systems are operating correctly?	Ensure that you (and your management team where applicable) are familiar with the reporting process for Intruder Alarm faults and/or are aware how to investigate alarm activations. Ensure persons using the alarm systems have been trained and that up to date key holder information is held by the Alarm Receiving Centre.	
Security	Physical Security	12.1.6	Is there evidence that all building keys are secure and controlled against signature?	Ensure that you (and your management team where applicable) are familiar with the requirements to keep building keys secure when not in use and/or maintain key control sheets. Retain evidence that key controls sheets are being used.	
Security	Manager Security Checks	12.2.1	Is there evidence that all required Security Checks are undertaken and records kept? NB: Not applicable to Workshops.	Ensure that you (and your management team where applicable) are familiar with the requirements to complete the weekly, monthly and bi-annually security checks. Complete a check or checks as required.	
Security	Mail Integrity	12.3.1	Is there evidence that all staff have received the most recent annual Mail Integrity WTLL brief? (Streetwise Brief - Parcelforce)	Brief employees (or any outstanding employees) on the content of the Mail Integrity WTLL. Retain evidence to confirm that this has been completed.	
Security	Mail Integrity	12.3.2	Is there evidence that Special Delivery Letters / Parcels are never left unattended or unsecure? NB: Only applicable to Delivery Offices and Mail Centres.	Ensure that you (and your management team where applicable) are aware that access to SD mail is controlled. Ensure that these requirements are cascaded to all staff.	
Security	Pipeline input controls	12.5.1	Is there evidence that all PPI mail is processed in line with the Standard Operating Procedures? NB: Only applicable to Processing.	Ensure that you (and your management team where applicable) are aware of the PPI Mail Standard Operating Procedures. Ensure that these requirements are cascaded to all staff.	
Security	Pipeline input controls	12.5.2	Is there evidence that the unit is effectively controlling their PDAs? NB: Only applicable to Delivery Offices	Ensure that you are aware of the PDA Golden Rules. Ensure that you apply the Golden Rules.	
Compliance and Ethics	USPA5 - Postal Regulations	13.4.1	Is there evidence that the manager is aware of the USPA5 requirements in respect of Down Stream Access (DSA) mail? NB: Applicable to Processing only.	Ensure that you (and your management team where applicable) are familiar with the USPA5 requirements in respect of Downstream Access mail. Ensure that these requirements are cascaded to all staff.	
Compliance and Ethics	USPA5 - Postal Regulations	13.4.2	Is there evidence that all staff are aware of the USPA5 requirements in respect of DSA mail? NB: Applicable to Processing only.	Brief employees (or any outstanding employees) on the content of the USPA5 WTLL. Retain evidence to confirm that this has been completed.	
Compliance and Ethics	Whistleblowing Policy	13.6.1	Is there evidence that the manager and employees are aware of the Speak Up process?	Obtain a copy of the Speak Up Poster and display in a prominent position within the unit.	
Compliance and Ethics	Mandatory Training	13.7.1	Is there evidence that all staff are aware of the operational compliance requirements?	Brief employees (or any outstanding employees) on the content of the Compliance WTL&L. Retain evidence to confirm that this has been completed.	