

No: 149/25

18th July 2025

Dear Colleague,

RMG (SHE) Integrated Audits – Involvement and Consultation with CWU Area & Field Safety Representatives

The purpose of this LTB is to remind all CWU Area Safety Reps (ASRs) and relevant Field Safety Representatives of the need to engage and be fully involved in the Royal Mail Group, Safety, Health and Environment (SHE) Integrated Audits process.

As previously communicated to Branches and Safety Reps, most recently in LTB 066/24, the Integrated Audits are an annual activity which covers the majority of operational sites across Royal Mail Group including Parcelforce, Fleet, Customer Experience etc.

The agreed position with RMG is that every ASR and relevant Field Safety Rep covering specific business functions will be invited to every audit across their constituency and should be given notice of audit dates and afforded an invitation to participate.

Royal Mail Group and the CWU have agreed that involvement from our CWU ASRs and relevant Safety Reps can add value to the audits by way of information sharing from previous and separate workplace safety inspections and investigations, as they are likely to visit the workplace more often than the Auditor/SHE Technician.

ASRs and Field Safety Reps' direct involvement in the Integrated Audits can:

- Support the 'signposting' of issues from their previous safety inspections and highlight remedial actions that are outstanding in the workplace and issues that could be overlooked.
- Review the ORAs (Offsite Risk Assessments) and test whether it's working or not, log any problems that need addressing, assist in dealing with hazards and risks that are encountered locally as well as supporting suitable controls to reduce these risks. Also ensuring that local hazard warnings are up to date, accurate and communicated/displayed.
- Check on any Occupational Health and Wellbeing issues with individuals. This can include work stress risk assessments and ensuring that individuals are aware of the RMG Wellbeing Hub and available services including RMG 'Help@Hand', which gives individual employees and their family access to fast, free, wellbeing support and services.

- Make sure that local safety committee meetings are taking place with the Workplace Safety Representative (WSR) and that any agreed actions are being undertaken and have been completed with all onsite alongside confirming that the bi-monthly local inspections are taking place.
- Check to ensure all staff are aware of the yard rules and have received yard awareness training and that the managerial controls are in place.
- Check that the colleagues performing deliveries and collections are aware of the dog attack and attack prevention controls and that necessary actions are being undertaken.
- Check that fire evacuations have been conducted with employees.
- Check the required PPE (Personal Protective Equipment) is provided.
- Check to see if there is any faulty equipment on site.
- Check managerial control around daily safety checks.
- Check with new starters to see that their safety training has been completed.

The above is not an exhaustive list and the Integrated Audits offers a further opportunity to engage with WSR and the manager/PiC (Person in Charge) when onsite. Importantly, the audit can offer additional opportunities to discuss health and safety issues with staff and CWU members in the workplace/location to secure extra feedback from individuals on safety issues, risks, hazards and any need for follow up inspections including investigations at customers' premises for members who work on delivery and collections.

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

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

All locations/workplaces will receive an audit notification email at least 2 weeks before the audit takes place but, in some cases, a longer notice period will be given. The average audit should require 1 or 2 days onsite. The relevant ASR and Field Safety Rep will receive the invite email at the same time as the location manager/PiC and if the audit can't be accommodated, it will be rearranged, again, allowing 2 weeks' notice.

Initial onsite feedback will be given to the location managers and then an 'Action Plan' will be issued via email to the unit. Location/workplace managers/PiCs will be required to monitor and close down 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 location, where there can be a discussion on progress.

The audit will be transparent and shared with the relevant ASR and Safety Reps by email. The audit file will remain with the manager onsite to ensure that the correct version of the file is maintained. Any issues and Audit Action Plan progress can be discussed at joint health and safety committee meetings at the workplace/location or at Regional level.

Attached below is the link to 11.1 SHE Management System Audit:

[11.1 SHE Management System Audit](#)

Also attached is the Integrated Audit (version 7.1) and guidance in Excel File format.

ASR/Relevant Safety Reps Action:

- All ASRs and relevant Field Safety Reps are asked to give these Integrated Audits priority and ensure they attend and input into the process.
- These Integrated Audits are not and should not be seen as a replacement for the regular safety inspections required.
- The end date for this year's Integrated Audits cycle is 31st March 2026.

In setting out the above, Royal Mail have confirmed that Safety Technicians will and do share the workplace safety audit dates with both the CWU and Unite/CMA Safety Reps so they can be in attendance and engaged. However, if any issues or concerns arise in terms of providing such audit dates at least 2 weeks in advance or the ability to be fully involved in line with the agreed and joint position between RMG and the CWU, these should, in the first instance, be raised directly with the relevant SHE Technician or the Field Safety Team. Where issues remain, these should be referred to the DGS(P) Department directly.

Any enquiries in relation to the content of this LTB should be addressed to the DGS(P) Department.

Yours sincerely,



Martin Walsh
Deputy General Secretary (Postal)

Auditors Name :

BU / Func :

Site / Unit :

Site/Unit Manager:

Date :

Start Audit

Summary

Unit Action Plan

Submit Report

Audit Guidance

Audit Guidance and Notes

Standard 1 - Management of SHE		Scoring Information	Auditors Guidance	Auditors Notes
1.5	SHE Planning and SHE Calendar			
1.5.1	Is there evidence that tasks confirmed as complete in the MyOffice Calendar are accurate and activity has been completed?	Yes = Tasks confirmed as complete are done. No = Tasks confirmed as complete but activity not taken place.	Look at the most recent quarter showing tasks confirmed as complete and review a sample against activity that should have taken place.	The following tasks were showing as complete but the activity had not been completed.
1.6	Behavioural Based SHE Programmes			
1.6.1	Is there evidence that Safety Conversations are being conducted at the relevant frequency, the manager understands the areas of risk and conversations are based on the risk and where appropriate the 3C process is being used where the manager is finding unsafe behaviour?	Yes = SCs are being conducted at the correct frequency, the manager understands the risks, has conversations based on the risks and is using the 3C process where appropriate. No = SCs are not being conducted at the correct frequency, the manager doesn't understand the risks, conversations are not based on the risks and the 3C process is not being used where appropriate.	Review Qlikview for the last 3 months to determine if the managers at the site are completing Safety Conversations to the correct frequency (in most cases this is one per fortnight). Calculate the number of Safety Conversations that should have been completed based on the number of managers on site and considering any absence. Ensure the manager(s) understand the process, including focusing on the risk areas.	X Safety Conversations had been conducted over the last three months. The conversations were not focused on the risk areas. The 3C process was not being used where appropriate
Standard 2 - Competence, Communication and Engagement		Scoring Information	Auditors Guidance	Auditors Notes
2.1	Competence and Capability			
2.1.1	Is there evidence that all managers and substituting managers (including COSM, CORM) have received all mandatory training?	Yes = All managers and substituting managers have received all mandatory training. No = All managers and substituting managers have not received all mandatory training.	The SHE Training Matrix indicates the mandatory training that each level of manager should have completed and how often they should be completed. Check the data to confirm that mandatory training is up to date for each manager. The percentage should be calculated as the number of mandatory training items up to date divided by the total number of mandatory training items applicable to that manager. An answer should be a score more than 1 manager. For example, if there are 4 managers the score as follows: 3/4, 10/14, 4/14 and 14/14, the total would be 31/56 which is 55%. The percentage should be recorded in the audit tool. Exclude any long term absence in your calculation. Please exclude the following course/training: MHE 1 day course Mental Health Workshops Suspect Parcels NE, Work Equipment, Workplace Transport (including MHE), Abseilos and driver training is covered separately in sections 6.2, 8.1, and 8.2 and should not be included in the score for this question. New starter training is covered as a separate question.	XX% Compliance. 2 managers - no evidence of Xk training. 1 manager - no evidence of Xk training.
2.1.2	Is there evidence that any new starters and/or temporary workers within the last 12 months have received the appropriate training/instruction?	Yes = All new starters/temporary workers within the last 12 months have received the appropriate training/instruction. No = All new starters/temporary workers within the last 12 months have not received the appropriate training/instruction.	Ask the manager if there have been any new starters or temporary workers within the last 12 months (use the month prior to the audit as the end of the sample period e.g. for a May 2024 audit, the sample would be May 2023 to April 2024). If yes, check that they have received the appropriate training/instruction relevant to their role and location. As a minimum this should include: <ul style="list-style-type: none">• Site specific fire emergency procedures e.g. where to go if they hear the fire alarm• Site specific yard rules and hazards• Correct use and storage of PPE• Core and role specific SSOV/SWI• Drivers - how to complete pre-use vehicle checks• Drivers - driver training• All other training by role type as per the Safety Training Matrix Induction instruction/training is not optional so must be completed to achieve a "yes"	There was no evidence that induction instruction/training had taken place for Xk new starters or temporary workers.
2.2	Communication			

2.2.2	Are the mandatory notice board items on display?	Yes = All items are on display and in date where applicable. No = Not all items are on display or there are out of date items.	Check the following items are displayed (ideally on a dedicated SHE noticeboard): 1. Health and Safety Policy 2. HSE Law Poster. 3. Employee Liability Insurance Certificate. 4. Risk Organisational Poster (or PPE equivalent). 5. Risk Safety Roles & Responsibilities poster. 6. First Aid Kit List. 7. Fire Evacuation Plan. 8. Environmental Policy. 9. Yard Rules	The following items were not displayed on the Notice Board: X X X
2.3	Consultation and Participation			
2.3.1	Is there evidence that SHE Committee meetings are taking place?	Yes = SHE Committee Meetings taking place (or there is a periodic 1-2-1 meeting in a singleton site/unit). No =SHE Committee Meetings cannot be confirmed (or there is not a periodic 1-2-1 meeting in a singleton site/unit).	The site/unit must be able to prove compliance to each of the points below (or the alternate point if a singleton manager (or equivalent) unit)). From review of the last 3 SHE Committee Meetings minutes determine: 1. SHE Committee Meetings take place to the correct frequency (in most cases monthly except December). 2. The invited attendees match those listed on the SHE Committee Structure & Suggested Attendees (Appendix 1), and 3. Agreed action points are recorded on completion of the meeting and are being monitored/closed appropriately. Or: In a singleton manager site/unit the manager has a 1-2-1 meeting with the Safety Workplace Rep. or Safety ASR periodically. NB: SHE Committees can now be recorded on the PowerApp so there may not be hard copies held on site for all meetings.	There was no evidence that SHE Committee meetings were taking place.
Standard 3 - Occupational Health and Wellbeing				
3.1	Wellbeing		Auditors Guidance	Auditors Notes
3.1.1	Is there evidence that the manager knows where to go either personally or to support someone else, for wellbeing support at work?	Yes = the manager was able to demonstrate where an employee/colleague would go for wellbeing support. No = the manager not was able to demonstrate where an employee/colleague would go for wellbeing support.	COACHING QUESTION ONLY Coaching points - check that managers know: • how to navigate to the Wellbeing Hub (available via People App, and MY Royal Mail (link on front page intranet)) • where to go for Help@hand information (available via Wellbeing Hub Wellbeing Hub v2 - Help@hand) • the PIN to register for Help@hand: 164003 • where to go in the Wellbeing Hub to access different areas of support - 'Your Body', 'Your Mind', 'Your Money and Your Life' (such as careers, gambling, addiction, bereavement support) as follows: o Wellbeing Hub v2 - Health o Wellbeing Hub v2 - Mind o Wellbeing Hub v2 - Money o Wellbeing Hub v2 - Life • how to access the Employee Assistance Programme where individuals can access confidential support 24/7 (via Wellbeing Hub v2 - Help@hand or by calling 0345 566 5060). Managers can also use this service for 1:1 coaching to help with any challenging situation they are managing. • how to access wellbeing check-in information and guided conversation support. This is available through the Line Manager 'zone on Wellbeing Hub v2 - Manager • how to access the new digital mental health programme (launched in Q4 24/25) and the support it offers including what is mental health, spotting signs of poor mental health, how to have a conversation, self-care and back to work meeting.	
3.1.4	Is there evidence that the manager knows about the Wellbeing Ambassador programme and is there a Wellbeing Ambassador on site?	Yes = the manager knows about the Wellbeing Ambassador programme and who that is on site. No = the manager does not know about the Wellbeing Ambassador programme and who that is on site.	COACHING QUESTION ONLY Coaching points - check that managers: • know that ambassador programme information available in the Ambassador Zone on the Wellbeing Hub v2 - Ambassador • understand how to support a Wellbeing Ambassador registration link is on the Wellbeing Hub) • have a 'Your Wellbeing' noticeboard on site, updated by the Wellbeing Ambassador • confirm 2 hours release time per month for their Wellbeing Ambassador	
3.4	FIRST AID			
3.4.1	Is there evidence that the First Aid Risk Assessment (FABA) has been completed/reviewed in the last 12 months?	Yes = There is evidence that the FABA has been completed/reviewed by the manager within the last 12 months. No = There is no evidence that the FABA has been completed by the manager within the last 12 months.	The manager is responsible for ensuring that an assessment is completed/reviewed annually. The date can be checked based on the date field within the assessment or where this has not been updated (i.e. is showing a date that is not within the last year) the date within the file name can be used. Clickview can also be checked. Where the audit is being carried out for part of a site only, there may be one FABA completed for the whole site. It is expected that the manager in the part of the site being audited should be aware if the FABA for the whole site has been completed even if they are not responsible for completing it.	The last FABA was completed on xx/xx/xx.

3.4.3	Is there sufficient first aid provision on site?	Yes = There are sufficient trained first aiders for the site. No = There is not a sufficient number of trained first aiders for the site.	There must be sufficient trained first aiders for the site based on minimum provision (e.g. 1:50 employees) NB: Where the audit is being carried out for part of a site only, there may be one PRAA completed for the whole site. It is expected that the manager in the part of the site being audited should be aware if there is sufficient first aid provision to cover the whole site.	The unit had X trained first aiders, but X are required.
3.4.4	Is there evidence that monthly checks of the AED (where one exists) are being completed?	Yes = Evidence of monthly checks in place No = No evidence of monthly checks in place	Check last 12 months. If one check has been missed in last 12 months - understand reason for missed check and coach. If no check in the last 12 months, to ensure the AED is working properly, then no action needs to be generated. However, if the AED is not working properly, then action needs to be generated. NB: The monthly check form is now available as a Power App so the entry need not be hand copied into site.	X/12 Monthly AED checks evidenced.
Standard 4 - Environment Management				
Scoring Information		Auditors Guidance		
4.2 Energy and Carbon management and Reporting		Auditors Notes		
4.2.2	Is there evidence that vehicle emissions, fuel efficiency and related behaviours are managed at the site/unit?	Yes: There is evidence that vehicle emissions, fuel efficiency and related behaviours are managed at the site/unit. No: There is no evidence that vehicle emissions, fuel efficiency and related behaviours are managed at the site/unit. N/A - there are no vehicles at the site being audited or there are no Telemetry Reports available for the site.	COACHING QUESTION ONLY. Only applicable to sites with vehicles tagged to the site/unit. Managers must ensure vehicles are not left idling whilst on or off site (on delivery/ collection) and must take action to reduce the idling time associated with the vehicles from their site. Idling on the public highway can incur a fine for the driver from the Local Authority. Check Telemetry Reports where available (Clickview – Fleet Analysis) for that site in relation to vehicle idling performance. Use the summary tab and use the search facility to identify the site being audited. Compare the weekly idling time for the site with the M103 weekly average and score accordingly. Tribble data is also covered in the road safety question 8.2.8.	
4.3	Water Management			
4.3.2	Is there evidence that vehicle washing takes place in the correct designated area?	Yes = Vehicles are washed through an automatic washer or washed in a designated area where the pressure washer is fixed in position. No = There is evidence that vehicle washing is not taking place in the designated area	Vehicles should be washed through an automatic washer or in a designated area which is commonly a concrete rectangle with a central large drain in the middle. The high pressure washer should be fixed in position. Designated vehicle wash areas are highlighted on site drainage plans.	Vehicle washing is undertaken at the unit in the incorrect area. The pressure washer was not fixed in position.
4.4	Waste Management and Resource Minimisation (Raw Materials and Packaging)			
4.4.1	Is there evidence that all internal bins have the correct signage and correctly coloured bags?	Yes = All bins tested have the correct signage and bags. No = Not all bins tested have the correct signage and/or bags.	Under take a physical observation to check internal waste bins and waste signage (a sampling approach is acceptable). This should include all bins in the site, including the canteen, rest areas, admin/ office space as well as the operational floor and external areas (loading and rest areas). Anything that deviates from this is classed as unauthorised and should be scored as such. Internal bin bags should be: • BLACK for General Waste • CLEAR for dry Mixed Recycling (DMR) Note any contamination and provide coaching (do not fail based on contamination). Contamination is defined as: where a single piece of waste or more does not match the waste identified on the signage. For food waste sites in England (see Integrated Audit Sharpoint site) check for food waste contamination and correct use of a food caddy. NB: Managers should be advised that in most cases issues with signage will not require new bins to be ordered.	Correct signage on bins was not observed during the visit in the XX. Bins noted as being contaminated Incorrect coloured bags observed in the XX.
4.4.3	Are external waste areas kept tidy with no waste escaping or overflowing the containers?	Yes = Waste areas appear tidy with no signs of overflowing or waste left outside waste containers. No = Waste has escaped containers or is left near the containers rather than placed inside them.	Observation - Check that external waste areas and any locations where waste is being stored are suitably tidy. Checks for littering (including elastic bands and cigarette butts)	From observations on the day, the waste areas are not kept tidy with waste escaping from containers.

Standard 5 - Risk Management		Scoring Information		Auditors Guidance		Auditors Notes	
5.1 Risk Management		Workplace (On-site) Risk Assessment		Auditors Guidance		Auditors Notes	
5.1.1	Is there a suitable and sufficient Workplace Online Risk Assessment?	<p>Yes = There is a suitable and sufficient risk assessment.</p> <p>No = There isn't a suitable and sufficient risk assessment.</p>		<p>Ask for a copy of the latest risk assessment. Have a look around the site with the manager, are the risks we see included in the workplace online RA?</p> <p>To be suitable and sufficient (for the purposes of this audit) the following requirements need to be confirmed:</p> <ol style="list-style-type: none"> 1. The risk assessment has been completed/reviewed within the last 12 months (or following an incident or change etc.); and 2. All actions have owners, have been given suitable timescales and the risks are being managed. 3. All significant risks are adequately reflected in the risk assessment (based on your observation - if there are gaps provide coaching); and 4. All significant risks and controls have been communicated. (signatures not required) <p>NB Is there any risk that are not tolerable or below, check that the manager has completed actions within their control to pass this question (there may be outstanding works which have been requested and/or authorised but not completed yet.)</p>		<p>The Workplace On-Site Risk Assessment was not dated within the last 12 months. (xx/xx/xx).</p> <p>The Workplace On-Site Risk Assessment Action Plan did not contain owners and timescales.</p> <p>The Workplace On-Site Risk Assessment Action Plan had overdue actions.</p> <p>There was no Action Plan available for the Workplace On-Site Risk Assessment.</p> <p>The risk assessment was not completed by an appropriately trained person.</p> <p>Ensure all significant risks and controls have been communicated.</p>	
5.1.2	Does the unit have a yard?	Yard Risk Assessment		If the unit doesn't have a yard then a risk assessment and suitable controls are not required.		Intentionally Blank	
5.1.3	Is there a suitable and sufficient Yard Risk Assessment?	<p>Yes = There is a suitable and sufficient risk assessment.</p> <p>No = There isn't a suitable and sufficient risk assessment.</p>		<p>Ask for a copy of the latest risk assessment.</p> <p>To be suitable and sufficient (for the purposes of this audit) the following requirements need to be confirmed:</p> <ol style="list-style-type: none"> 1. The risk assessment has been completed/reviewed within the last 12 months (or following an incident or change etc.) by an appropriate trained manager; and 2. All actions have owners, have been given suitable timescales and the risks are being managed. 3. All significant risks are adequately reflected in the risk assessment (based on your observation - if there are gaps provide coaching); and 4. All significant risks and controls have been communicated. (signatures not required) <p>NB Is there any risk that are not tolerable or below, check that the manager has completed actions within their control to pass this question (there may be outstanding works which have been requested and/or authorised but not completed yet.)</p> <p>Where customers access the site are control measures suitable and sufficient and reflected in the yard risk assessment and subsequent yard rules.</p>		<p>The Yard Risk Assessment was not dated within the last 12 months. (xx/xx/xx).</p> <p>The Yard Risk Assessment Action Plan did not contain owners and timescales.</p> <p>The Yard Risk Assessment Action Plan had overdue actions.</p> <p>There was no Action Plan available for the Yard Risk Assessment.</p> <p>The risk assessment was not completed by an appropriately trained person.</p> <p>Ensure all significant risks and controls have been communicated.</p>	
5.1.4	Is there evidence that site specific 'Yard Safety Rules' have been displayed?	<p>Yes = The 'Yard Safety Rules' have been displayed, briefed and there is a process for third-parties.</p> <p>No = The 'Yard Safety Rules' have not been displayed and/or briefed and/or there is no process in place for third-parties.</p>		<p>Ask to see a copy of the 'Yard Safety Rules'. Are they on display, have they been briefed and can the manager confirm there is a process in place for third-parties?</p> <p>Do the 'Yard Rules' reflect the yard and activity that takes place. For example where there are reversing GDOs are we segregating pedestrians when this activity is happening?</p> <p>When calculating the percentage of signatures captured, exclude staff who are long term absent e.g. mat, leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditors comments.</p> <p>If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool.</p>		<p>The 'Yard Rules' were not displayed.</p> <p>There was no evidence that the 'Yard Rules' had been briefed to employees.</p> <p>There was no process in place for third-parties.</p> <p>The 'Yard Rules' did not reflect activity in the yard.</p>	
5.1.5	Are employees following the controls and yard rules?	<p>Yes = The controls and 'Yard Rules' are being followed.</p> <p>No = The controls and 'Yard Rules' are not being followed.</p>		Observe against yard rules and controls.		The yard risk assessment controls and yard rules were not being followed	
5.1.6	Is there evidence that the manager at the site is managing and monitoring the yard, including the dock area?	<p>Yes = There is evidence that the manager is managing and monitoring the yard, including the dock area.</p> <p>No = There is no evidence that the manager is managing and monitoring the yard, including the dock area.</p>		Evidence of safety conversations, 3c, and observation. Is there evidence that vehicle movement is being controlled and managed?		There was no evidence that the yard was being managed and monitored	
5.1.7	Where there has been significant yard changes or incidents in the last 12 months, was the yard risk assessment reviewed as part of that change/incident/near miss?	<p>Yes = The yard risk assessment was reviewed as part of the change/incident/near miss.</p> <p>No = The yard risk assessment was not reviewed as part of the change/incident/near miss.</p>		If there have been changes or incidents, e.g. additional fleet over peak, has the yard risk assessment been reviewed, taken account of the issue and addressed by control measures introduced?		The yard risk assessment was not reviewed following changes/incidents in the last 12 months.	
5.1.8	Are there suitable controls in place to prevent driveway incidents?	<p>Yes = There are suitable controls in place to prevent driveway incidents.</p> <p>No = There are not suitable controls in place to prevent driveway incidents.</p>		Look at key control i.e. key on the bay door whilst being loaded/unloaded, is the red light system working, do staff understand the process?		Suitable controls were not in place to prevent driveway incidents	
				In delivery units, check that the manager is aware of the driveway risk in a shared van i.e. where one of the pair is loading/unloading from side/rear and the driver moves the vehicle.			

5.1.9	Is there evidence that where a Yard Marshal operates they have been adequately trained?	Yes = There is evidence to confirm that the Yard Marshal has been fully trained. No = There is no evidence to confirm that the Yard Marshal has been fully trained. NA = Yard Marshal not in use.	Ask the managers and staff if anyone acts as a Yard Marshal. Where it is identified that a Yard Marshal operates at the unit check that they are fully trained (in accordance with the skills matrix and SHE2.1.).	There was evidence that an untrained Yard Marshal was operating in the Yard.
5.1.10	Is there evidence that where a Banksmen operates they have been adequately trained?	Yes = There is evidence to confirm that the Banksmen has been fully trained. No = There is no evidence to confirm that the Banksmen has been fully trained. NA = Banksmen not in use.	Ask the managers and staff if anyone acts as a Banksmen. Where it is identified that a Banksmen operates at the unit check that they are fully trained (in accordance with the skills matrix and SHE2.1.).	There was evidence that an untrained Banksmen was operating in the Yard.
5.1.11	Is there evidence that all employees have received yard safety awareness training?	Yes = All training is up to date (and signature captured where mandatory). No = Not all training is up to date (and signatures captured where mandatory).	Check that there are records to confirm that mandatory yard safety awareness training is up to date for each employee. As this is delivered by content on demand a signature is mandatory. NB Managers should not be included in the calculation as managers training is covered in section 2. When calculating the percentage exclude staff who are long term absent e.g. mat. leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditor's comments. If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool. Where there is 0% compliance, ask the manager why the task has not been completed and make a note of the root cause of non-compliance (e.g. time - covering more than one site, knowledge - didn't know task needed to be done, technology - plasma screen not working etc).	Evidence that XX% of employees had received Yard Safety Awareness training
5.1.24	Is there evidence that, where the manager has reduced a risk level on their action plan, the new risk rating is appropriate based on the controls and considerations in place?	Yes = The new risk rating is appropriate. No = The new risk rating is not appropriate.	Check the risk assessment action plan. Where the manager has reduced a risk rating based on controls that have been implemented, determine if the control is appropriate to reduce the revised risk rating.	The control is not appropriate and does not reduce the level of risk sufficiently.
Workplace (Office) Risk Assessment				
5.1.12	Is the site/unit currently performing off-site duties, walks, routes?	Yes/No	If the site does not perform off-site duties then they do not need to complete off-site risk assessments.	Intentionally blank
5.1.13	Sites not using office 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?	Yes = There is a suitable and sufficient risk assessment. No = There isn't a suitable and sufficient risk assessment.	This question does not apply to PTV or RMSS. Ask for a copy of the latest risk assessment(s) (this could include a Third-Party Site Assessment and/or Third-Party Site Rules) To be suitable and sufficient (for the purposes of this audit) the following requirements need to be confirmed: 1. The risk assessment has been completed/reviewed within the last 12 months; (or following an incident or change etc.); 2. All actions have owner, have been given suitable timescales and the risks are being managed 3. The risk assessment has been communicated (signatures not required)	The assessment was not dated within the last 12 months. (xx/xx/xxxx) or The Assessment Action Plan did not contain owners and timescales. or The Assessment Action Plan had overdue actions. or There was no Action Plan available for the assessment or The risk assessment was not communicated.
5.1.14	Sites using ORA. Have suitable controls been implemented to reduce the risk?	Yes = Suitable controls have been implemented. No = Suitable controls have not been implemented.	Sample a minimum of 10 hazards (min 8 dog) across different routes in ORA (preferably all different routes but min 5). Check that controls have been implemented to reduce risk - check what? - e.g. risk a flow of the hazard and ask how did you contact customer and how did they respond. What did you change about the route? (they say it's suspended - is that still in place and on the USO Sharepoint?) Where specific instructions need to be given to the individual, are these in the post person instructions section? If the residual risk has been manually changed, it must indicate what controls were implemented to achieve this. If the initial suggested risk rating was lowered, it must be reflective of the hazard description/broadly in line with the principles of the dog matrix.	The risks in ORA are not being reduced by way of suitable control measures.
5.1.15	Sites using ORA. Have hazards been entered correctly against individual delivery points where required?	Yes = Hazards are recorded correctly against the route. No = Hazards are not recorded correctly against the route.	Check the hazards on the ORA front page by scrolling down to see if multiple addresses have been incorrectly assigned to a hazard (this will show in the hazard location field where multiple addresses/whole postcodes will be displayed). Check a minimum of 10 hazards where multiple addresses/whole postcodes are listed to determine if the hazard has been correctly entered (there may be acceptable circumstances where one hazard applies to more than one address e.g. neighbouring properties).	The hazards in ORA are not being recorded correctly.

5.1.16	Sites using O&A: Do the hazards listed in O&A reflect the current actual risks off site?	Yes = The hazards listed in O&A reflect the current actual risks off site. No = The hazards listed in O&A do not reflect the current actual risks off site.	Sample, talk to a minimum of 5 employees to understand there risks on their duties, does this reflect the hazard log/O&A?	The hazards listed in O&A do not reflect the actual risks off site.
5.1.17	Sites using O&A: Is the hazard card printed, up to date and available?	Yes = The hazard cards are printed, up to date and available. No = The hazard routes are not printed, up to date and available.	Sample, minimum 5 duties, are these available?	The hazard cards are not printed, up to date and available.
5.1.18	Is there evidence that the combined Task Risk Assessment has been fully completed within the last 12 months?	Task Risk Assessments Yes = The combined Task Risk Assessment has been fully completed within the last 12 months. No = The combined Task Risk Assessment has not been fully completed within the last 12 months.	Check that the combined Task Risk Assessment file has been fully completed within the last 12 months (i.e. the selected individual TRAs reflect all of the tasks carried out on site and there are none missing, any additional tasks/hazards observed on site have been added and all actions listed in the action plan have been closed).	The combined Task Risk Assessment file was not fully completed. There were individual risk assessments missing and/or Additional tasks or hazards on site had not been added and/or There were actions in the action plan that had not been closed.
5.1.19	Is there evidence that a severe weather assessment has been submitted when expected?	Severe Weather Assessment Yes = There is evidence that an assessment had been completed. No = There isn't evidence that an assessment has been completed.	Within the last 12 months, check that an assessment has been completed and submitted for a severe weather event. Day 2 coaching - ensure that the manager(s) know when a risk assessment applies (including 'hot weather').	There was no evidence that a Severe Weather Assessment had been conducted in the last 12 months. and/or The manager was not aware when a risk assessment applies.
5.1.20	Is there evidence that the tasks within the severe weather preparation checklist have been completed?	Yes = There is evidence that the tasks have been completed. No = There isn't evidence that the tasks have been completed.	Check that the manager is aware of the preparation checklist and what tasks they have completed as part of their severe weather preparation. Check previous 2 months tasks for completion e.g. traction aids in the winter and hats, long sleeve shirts in the summer etc.	There was no evidence that the tasks within the preparation checklist had been completed.
5.1.21	Are there suitable and sufficient COSHH Risk Assessments?	COSHH Risk Assessment Yes = There are suitable and sufficient risk assessments. No = There aren't suitable and sufficient risk assessments.	Ask for a copy of the latest risk assessment. To be suitable and sufficient (for the purposes of this audit) the following requirements need to be confirmed: 1. The risk assessments have been completed/reviewed within the last 12 months (or following an incident or change etc.); 2. The controls have been implemented as confirmed (e.g. disposable gloves are available, access to products is restricted etc.); 3. All significant risks and controls have been communicated. (signatures not required) Note: For workshops these will be individual and not annually refreshed, held in the COSHH manual onsite with relevant safety data sheet: Euro car parts products Fuchs lubricants Ad Blue Individual 'tail' lift paint. NB: A request for a COSHH cupboard should be by exception and only where absolutely necessary based on the products held on site (excluding the cleaners cupboard) e.g. in the majority of delivery offices a COSHH cupboard isn't required.	There was no evidence that a COSHH Risk Assessment had been conducted in the last 12 months. or A COSHH Risk Assessment had been conducted however during the audit the following was observed: X The risk assessment had not been communicated
		Display Screen Equipment (DSE) Risk Assessment		

5.1.22	Is there suitable and sufficient Display Screen Equipment Assessments (DSE) for all DSE users on site?	Yes = All sampled users have a suitable and sufficient risk assessments. No = No all sampled users have a suitable and sufficient risk assessments.	Check safety insights tab for desk based employees that report to the manager. To be suitable and sufficient (for the purpose of this audit) the following need to be confirmed: 1. The risk assessment has been completed/reviewed within the last 12 months (or following an incident or change etc.); 2. All actions have owners and have been given suitable timescales; and 3. The outputs of the risk assessment have been discussed between the user and their manager where applicable. The employee sample size should be a minimum of 5 desk based employees (except where the site/unit/area has less than 5 desk based employees in which case the sample will be all desk based employees).	There was no evidence that DSE Assessments had been completed and/or discussed for X/X employees tested
5.1.23	Are there suitable and sufficient risk assessments for all employees considered to be specifically at risk? No = There isn't suitable and sufficient risk assessments for all employees considered to be specifically at risk.	Persons Specifically at Risk Yes = There are suitable and sufficient risk assessments for all employees considered to be specifically at risk. No = There isn't suitable and sufficient risk assessments for all employees considered to be specifically at risk.	Ask for a copy of any current risk assessment(s) for Persons Specifically at Risk (Young Persons, New/Expectant Mothers, and people with Disabilities). To be suitable and sufficient (for the purpose of this audit) the following requirements need to be confirmed: 1. All actions have owners, have been given suitable timescales and the risks have been reduced to adequately controlled; and 2. The risk assessment has been discussed with the employee. Day 2 coaching - ensure that the manager(s) know when a person specific risk assessment applies and that there aren't other employees that a risk assessment applies to.	X/X Risk assessments had not been completed for Person Specifically at Risk and/or The manager was not aware when the risk assessment applies.
5.2 Fire Management				
5.2.1	Have all due PIC actions in the Technical Fire Risk Assessment been actioned? No = Not all due actions have been actioned.	Yes = All due PIC actions have been actioned. No = Not all due actions have been actioned.	Check the technical Fire Risk Assessment on CRO. Identify the actions that are the PIC's responsibility. Have all due actions been actioned. Where there are works outstanding but the PIC has contacted the National Service Centre and raised a work request, this will constitute 'actioned' for the purposes of the audit.	The Fire Risk Assessment Action Plan had overdue actions.
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? No = The Plan is not up to date and/or a copy has not been sent for uploading to the CRO.	Yes = The Plan is up to date and a copy sent for uploading to the CRO. No = The Plan is not up to date and/or a copy has not been sent for uploading to the CRO.	The Fire Evacuation Plan should be: 1. Updated annually; and 2. Uploaded to the CRO.	The Fire Evacuation Plan on CRO was dated XXX/XX/XX. The last copy held was dated XXX/XX/XX. The Fire Evacuation Plan was not uploaded to CRO.
5.2.3	Is there evidence that yearly fire evacuation drills are taking place? No = A drill has not taken place in the last 12 months (or across all shifts where appropriate). Yes = A drill has taken place in the last 12 months (or across all shifts where appropriate) and a drill has not taken place across all shifts.	Yes = A drill has taken place in the last 12 months (or across all shifts where appropriate). No = A drill has not taken place in the last 12 months (or a drill has not taken place across all shifts).	Check the Site Log Book to confirm if a Fire Evacuation Drill has taken place within the last 12 months (across all shifts) and any actions noted have been completed. If the drills are completed by another part of the site/unit that is not being audited you will need to check that the manager has a process in place for confirming/checking that these are being done. (If there is a separate SLB for the area you are auditing you would expect it to be annotated to this effect).	There was no evidence of a fire evacuation drill taking place since XXX/XX/XX.
5.2.6	Is there evidence that the firefighting equipment (e.g. extinguisher/blankets/shoes etc.) has been checked in the past 12 months? No = Fire equipment checks are not up to date on CRO. Yes = Fire equipment checks are up to date on CRO.	Yes = Fire equipment checks are up to date on CRO. No = Fire equipment checks are not up to date on CRO.	Check records held on the CRO to see if they have been inspected within the last 12 months. Check a sample of extinguishers for test dates and signage.	The fire fighting equipment was last tested on XXX/XX/XX (as per CRO records).
5.2.7	Is there evidence that a Personal Emergency Evacuation Plan is in place where required? No = A PEEP is required but is not in place. Yes = A PEEP is required and is in place.	Yes = A PEEP is required and is in place. No = A PEEP is required but is not in place.	Review the Operational FRA to see if it indicates that there should be a PEEP in place. If the Operational FRA indicates a PEEP is not required is this in line with any observation you have made on site? – if not ask the manager if the Operational FRA is correct.	A Personal Emergency Evacuation Plan had not been completed for X/X employees (as identified in the Operational Fire Risk Assessment).
5.2.8	Is there evidence that employees have received fire safety training in the last 12 months? No = Employees have not received fire safety training in the last 12 months. Yes = Employees have received fire safety training in the last 12 months. NA = A PEEP is not required.	Yes = Employees have received fire safety training in the last 12 months. No = Employees have not received fire safety training in the last 12 months.	When calculating the percentage exclude staff who are long term absent e.g. mat. leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditors comments. If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool.	Evidence that X/X% of employees had received fire safety training
5.2.9	Is there evidence that the Operational Fire Risk Assessment/Review has been completed and have all actions been addressed? No = The Operational Fire Risk Assessment/Review has not been completed and/or remedial actions have not been addressed. Yes = The Operational Fire Risk Assessment/Review has been completed. All remedial actions raised from the risk assessment have been addressed.	Yes = The Operational Fire Risk Assessment/Review has been completed. All remedial actions raised from the risk assessment have been addressed. No = The Operational Fire Risk Assessment/Review has not been completed and/or remedial actions have not been addressed.	Check the Operational Fire Risk Assessment/Review has been completed, that the entries in the assessment are all broadly accurate, remedial actions identified have been addressed and the risk assessment has been communicated.	The Operational Fire Risk Assessment/Review had not been completed. The entries were not accurate. and/or No all remedial actions have been addressed. and/or The risk assessment had not been communicated.
5.2.10	Is there evidence that a sufficient number of trained fire wardens have been appointed to sweep all areas of the building in the event of an evacuation? No = A sufficient number of trained fire wardens have not been appointed. Yes = A sufficient number of trained fire wardens have been appointed for each area.	Yes = A sufficient number of trained fire wardens have been appointed for each area. No = A sufficient number of trained fire wardens have not been appointed.	Check that there are sufficient trained fire wardens in place to carry out a sweep of the building in the event of an evacuation. Generally each area should take no more than 2-3 minutes to check and should include areas such as toilets. The number of wardens should also take no account periods of absence.	There is an insufficient number of trained fire wardens.

5.2.11	Is there evidence that weekly refuge station or safe place checks are carried out?	Yes = Weekly checks have been completed. No = Weekly checks have not been completed.	Check the Site Log Book to confirm if weekly checks have been completed for the last 12 months. Check that any communication methods are working and area is free of hazards such as parked old York containers. If the checks are completed by another part of the site/unit that is not being audited you will need to check that the manager has a process in place for confirming/checking that these are being done. If there is a separate SLR for the area you are auditing you would expect it to be annotated to this effect.	X/50 Weekly refuge area checks evidenced.
5.2.12	Are managers trained to test fire alarms and emergency lighting?	Yes = The manager demonstrates that they know the procedure for testing the fire alarm and emergency lighting. No = The manager cannot demonstrate that they know the procedure for testing the fire alarm and emergency lighting.	Manager/designated person demonstrate to auditor activation of fire alarm test and emergency lighting test. If they cannot demonstrate how to use score as a no and ask the manager to log a request with the helpdesk for ROKICC to attend and train.	The manager was not trained in fire alarm and emergency lighting testing.
Standard 6 - SHE Management Controls				
6.1 Task and Workplace Risk Control Programmes and Procedures		Scoring Information		Auditors Notes
6.1.1 Is this a site that manages dog attacks as a risk?		Dog Attack Controls		
6.1.1	Is this a site that manages dog attacks as a risk?	Yes/No	The dog hazard controls will not apply to all functions.	
6.1.3	Is there evidence that the manager is using the USO suspensions and Exceptions process in relation to significant dog/animal hazards?	Yes = The manager is using the process and reflecting the controls in O&A. No = The manager is not using the process and/or not reflecting the controls in O&A.	Simple some substantial dog hazards on O&A to see if the USO process is being followed. Ask the manager to explain the process in respect of dealing with a significant dog/animal hazard, are they aware they need to: - log the address on the USO suspensions and Exceptions; and - issue a letter to the address.	The manager was not using the dog-related USO process. They were not aware of: XX XX
6.1.4	Is there evidence that employees understand different methods of getting mail through the door without using their fingers?	Yes = There is evidence that staff understand the different methods. No = There is no evidence that staff understand the different methods.	Establish if staff are aware of the different methods to get mail through the letter box such as using the/palm of hand, pin, folded bundle etc and that there is access to posting pegs should anyone require one. Simple minimum speak to 5 employees.	X/X Employees spoken to did not have a posting peg or understand alternative method such as palm of hand, pin, folded bundle.
6.1.5	Has the manager followed the process for level 3 and above dog attacks?	Yes = The manager has followed the process for level 3 and above dog attacks. No = The manager has not followed the process for level 3 and above dog attacks.	In dog attack cases that are level 3+ on the bite scale, the incident must be reported to the NM Security Helpdesk. The incident will be logged and an incident number given to the manager. Ask the manager to confirm if they are aware of this requirement. This question must fail if the manager isn't able to confirm the requirement but the action can be closed down on day 2 coaching.	The manager has not followed the process for reporting level 3 and above dog attacks.
6.1.6	Is there sufficient understanding by staff of dog controls?	Yes = There is sufficient understanding by staff of dog controls. No = There isn't sufficient understanding by staff of dog controls.	Sample, talk to a minimum of 5 employees and ask what they do when approaching a property with an aggressive dog. If there is evidence of lack of understanding then the action should be to be brief on dog awareness film.	There isn't sufficient understanding of the dog controls.
Manual Handling (Ergonomic) Risk Controls				
6.1.7	Are lifting and handling aids available and utilised by staff where required?	Yes = Sack trucks (or other lifting aids) are available where appropriate. No = Sack trucks (or other lifting aids) are not available where appropriate. NA = Use of sack trucks (or other lifting aids) are not applicable to site/unit/area being audited.	Ask the manager if sack trucks e.g. in Delivery, PFW and Relay (or other lifting aid where applicable) are available? NB aids should be available for all staff. Go and ask 5 employees how do you handle oversized items to check they understand that lifting aids are available. Also observe.	No lifting and handling aids (for example Sack Trucks) were available in the unit.
6.1.8	Is there evidence that employees have received manual handling training within the last 3 years?	Yes = Employees have received manual handling training within the last 3 years. No = Employees have not received manual handling training in the last 3 years.	Check that there are records to confirm that mandatory manual handling training is up to date for each employee. Where manual handling training for employees is delivered by content on demand a signature is mandatory. When calculating the percentage exclude staff who are long term absent e.g. sick leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditors comments. If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool.	Evidence that XX% of employees had received Manual Handling training
Environmental Pollution, Prevention and Controls				

6.1.9	Is there evidence that the site has a suitable spill kit(s)?	Yes - Spill kits visible/ labelled, fully stocked and accessible at all applicable areas. Managers/employees know how to deal with a spill and spill kit where appropriate) and how to report an incident. No - Spill kits are either not visible, labelled, fully stocked or accessible at all applicable areas. Managers/employees do not know how to deal with a spill (and spill kit where appropriate) and report an incident. N/A - No applicable areas at the site tested.	Spill kits (usually but not exclusively coloured yellow) must be clearly labelled, fully stocked and visible in the following areas: 1. Fuel Storage Area; 2. Refuelling Station; 3. Engineering & Vehicle Workshop; and 4. Vehicle Operational areas within yard. If none of the above apply then a small spill kit should still be kept at the site to manage any vehicle leaks should they occur (e.g. if there is a third party vehicle spill whilst the vehicle is on site). Check managers and employees know how to use a Spill kit and report an incident.	No Spill kit was available or The Spill kit was not accessible as it was locked in the XXXX.
6.1.10	Is fuel and chemical storage suitable?	Yes - Fuel and chemical storage is suitable. No - Fuel and chemical storage is not suitable. N/A - No fuel or chemicals stored at site.	Observation - Check that all fuels and chemicals are stored suitably with secondary containment e.g. drums of oil are kept on drip trays and covered if exposed to the rain to stop drip trays filling up. Check that there are no signs of secondary containment full of liquid or obvious leaks/spills around the refuelling area. Are any fuel drums or jerry cans kept on suitable drip trays? (i.e. sufficient size and not already full of fuel and not on the floor of the tank or fuel tanks suitable clean?) (i.e. don't contain puddles of fuel that results in those falling fuel across the refuelling area when used). Check managers and employees know how to use a Spill kit and report an incident.	The fuel and chemical storage solution was unsuitable
6.1.11	Is there evidence that all employees have been briefed on any changes to the SSOV in last 12 months, briefed on key risk controls via any other means (e.g. Safety Meetings, Work Safety Briefings, Instructions in the last 12 months, briefed on key risk controls and that all SSOV/SSWI that cover the tasks completed at the site/unit are available for reference by employees?	Safety Systems Of Work and Safe Working Instructions Yes - Employees have been briefed on any changes to the SSOV in last 12 months, briefed on key risk controls via WTLs or huddles and the SSOV/SSWI are available for reference. No - Employees have not been briefed on any changes to the SSOV in last 12 months, briefed on key risk controls via WTLs or huddles and the SSOV/SSWI are not available for reference.	Check for records that any applicable SSOV/SSWI changes (not full content) in the last 12 months have been briefed and signature captured (as of May 2023 these will have been issued as a WTL&L). Check with the manager that supplementary briefings on key risk controls in the last 12 months (e.g. huddles on road safety, dog status, slip/tripped) have taken place. Note qualitative evidence (i.e. based on conversation with the manager and a sample of staff) may be used for evidence of huddles as signatures are not required. Check with a sample of staff that any WTL&L relating to SSOV/SSWI changes has actually been briefed and staff are not being asked to sign without knowing the content of the WTL&L. NB: 'You do not need to check that every applicable SSOV/SSWI has been briefed in full annually and signatures captured. NB: An average should be used to determine the percentage i.e. if there are 2 SSOV changes that should have been briefed and 1 has 50/100 signatures and the other has 60/100 signatures the score would be 110/200 (55%). The percentage should be recorded in the audit tool. Ask where SSOV/SSWI are kept. Are they readily accessible for employees? An office is an acceptable location	The SSOV were not accessible as they were stored in the XXXX. XX compliance. and/or there was no evidence that key risk controls had been briefed.
6.1.12	Is there evidence that the correct Personal Protective Equipment (PPE) is being used?	Personal Protective Equipment (PPE) Yes - All sampled employees are observed to be compliant with the requirements. No - Not all sampled employees are observed to be compliant with the requirements.	Check that the site/unit/area PPE is, as a minimum, in line with the appropriate PPE matrix. Observe employees (frontline and managers) to check if there is compliance to the PPE requirements e.g. protective footwear is worn by drivers of tall lift vehicles or FLT and high visibility clothing is worn in all operational yards. RTW ONLY Check that there are records of PPE issue and signatures are captured.	X/X Employees were observed not wearing the appropriate PPE (Give example of what and where)
6.1.13	Is there evidence that a record is kept of PPE issued?	Yes - There are records of PPE issue. No - There are no records of PPE issue. NA - There are no PPE requirements e.g. admin/office area being audited.	Check training documentation (such as training records, SSOV/SSWI briefing records, PSP, etc.) for a sample of employees to confirm that they have been trained for all work equipment they use to complete their tasks. The employee sample size should be a minimum of 5% (except where the site/unit/area has less than 100 employees in which case the sample must be a minimum of 5 employees). This includes all work equipment except on-site workplace transport (including MHE) and fleet vehicles (which are covered in section 9). If the answer is no the percentage of the number of employees who have been trained should be calculated and recorded in the audit tool. NB: This test excludes LVTs and PDVs. High Capacity Tractor (DO) Mast Working Machine (MP, CSS, PCA, Top 2000, L&SM) (MC& DO if unit is an MPV) Vehicle hoist and tyre changing equipment (WS) Sack Truck (PRV & Relay) Two Finger Scanner (PRV, Relay and Intermodal - known as Hand Terminal) Strapping machine (W&C)	There was no evidence that XX equipment training had been provided to the X/X employees tested.
6.2	Asset Management			
6.2.1	Is there evidence that employees are trained to use the work equipment relevant to their role?	Yes - The manager was able to provide evidence of work equipment training that covered all the equipment used for all employees sampled. No - The manager was unable to provide evidence of work equipment training that covered all the equipment used for all employees sampled.	Check training documentation (such as training records, SSOV/SSWI briefing records, PSP, etc.) for a sample of employees to confirm that they have been trained for all work equipment they use to complete their tasks. The employee sample size should be a minimum of 5% (except where the site/unit/area has less than 100 employees in which case the sample must be a minimum of 5 employees). This includes all work equipment except on-site workplace transport (including MHE) and fleet vehicles (which are covered in section 9). If the answer is no the percentage of the number of employees who have been trained should be calculated and recorded in the audit tool. NB: This test excludes LVTs and PDVs. High Capacity Tractor (DO) Mast Working Machine (MP, CSS, PCA, Top 2000, L&SM) (MC& DO if unit is an MPV) Vehicle hoist and tyre changing equipment (WS) Sack Truck (PRV & Relay) Two Finger Scanner (PRV, Relay and Intermodal - known as Hand Terminal) Strapping machine (W&C)	There was no evidence that XX equipment training had been provided to the X/X employees tested.

6.2.2	Is faulty equipment being removed from service?	Yes = There is process for faulty equipment that is being followed and there is no observed faulty equipment in use. No = There is no process for faulty equipment and/or there is faulty equipment in use and/or stacked up out of service. NA = Not applicable to area being audited.	Ask the manager to describe the process for identifying and removing faulty equipment from use. Check around the site/unit to identify any faulty equipment to see if it has been reported for repair and if it has been taken out of service where necessary. This should include all powered and non-powered assets. There should be no faulty assets in use or stacked up out of service.	The manager was unaware of the process. and/or The following equipment was noted as being in need of repair but had not been reported: X
6.2.4	Is there evidence that non-statutory test/inspections are being carried out to the required schedule?	Yes = The certificates are in date and tag/labels are in place and current. No = The certificates are not up to date and/or tag/labels are not in place and/or current.	Check the Compliance Records Database to establish that testing/inspection of assets that are not subject to statutory testing/inspection but are subject to mandatory testing/inspection are in date for the following assets (if applicable): • Portable appliance tests (6 monthly); • Fixed electrical appliances; • Tyre Pressure Gauge; and • Steps and ladder check. Check the assets above have the required tag/labels and that the tag/labels are in date.	The following were noted as having an expired test/inspection X and/or The following were noted as not having the required inspection tags / labels: X
6.2.5	Is there evidence that scheduled maintenance of delivery equipment is up to date?	Yes = The delivery equipment is labelled and there is an up to date maintenance schedule. No = The delivery equipment is labelled and there is an up to date maintenance schedule. NA = There is no delivery equipment in use.	Where there is delivery equipment (Light Weight Trolleys (LWT), High Capacity Trolley (HCT) and e-HCT) in use, check a sample of 5 trolleys: 1. Ensure all trolleys are labelled; and 2. The date of the last service is within the scheduled date (12 month LWT & eHCT / 6 month HCT)	
6.3	Engineering Management			
6.3.1	Is there evidence that where engineers are working on site are being integrated into a safety manager into SHE Management System related activities?	Yes = The engineers are integrated. No = The engineers are not integrated. NA = There are no engineers on site.	Speak to the site/unit manager and the Engineering Manager to establish if the engineers are integrated into the local application of the SHE Management System. Ask them to confirm if the engineers have been consulted/involved in: • Risk assessments such as task, on-site, fire, etc. that cover engineering activities; and • Management meetings e.g. plant manager team meeting, meetings to discuss changes to layout and the introduction of new equipment and SHE committee meeting.	
Standard 7 - Contractor and Supplier Management				
Scoring Information		Auditors Guidance		
7.1	Contractor and External Supplier Management	Auditors Guidance		
7.1.1	Is the site log book being appropriately updated?	Yes = The SLB is being appropriately updated and records are available for the last 12 months. No = The SLB is not being appropriately updated and/or records were not available for the last 12 months. NA = Not applicable to the area being audited.	All Contractor & PRS engineers should have signed the site log book, and countersigned by the PIC. The documentation within the SLB should be the most up to date version, and/or to cross check the CHD. Response is a fail if CHD versions are more than 7 days older than on site versions or multiple versions of report in file.	Auditors Notes In the SLB the following was not completed: X X
Standard 8 - Road Traffic and Workplace Transport Risk Management				
Scoring Information		Auditors Guidance		
8.1	Workplace Transport Risk Management	Auditors Guidance		
8.1.1	Is there on-site Workplace Transport in use?	Yes/No	Not all sites have workplace transport. The following questions will not apply if workplace transport is not in use.	Intentionally blank
8.1.2	Is there evidence that employees who operate or work in areas where Workplace Transport is operating, have been trained?	Yes = All drivers sampled have completed training. No = Not all drivers sampled have completed training.	Ask the manager for the names of the drivers of on-site workplace transport e.g. Shunters, Tugs, Fork Movers and Fork Lift Trucks. Ask for the training records and check for a sample of drivers that they have completed training. The employee sample size should be a minimum of 5% (except where the site/unit/area has less than 100 employees in which case the sample must be a minimum of 5 employees). If there are less than 5 drivers of workplace transport include all drivers. Also check that staff working where powered MHE operates have seen the mandatory MHE Awareness film. When calculating the percentage exclude staff who are long term absent e.b. mat. leave or long term sick leave. The remaining number of staff is your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that his hap needs to be closed.	There was no evidence of workplace transport training for X/X employees tested.
8.1.3	Is there evidence that daily safety checks of Workplace Transport are carried out?	Yes = Pre-use checks are being recorded in the log book. No = Pre-use checks are not being recorded in the log books and/or there are no log books.	All powered on-site workplace transport should be issued with a vehicle log book which should be completed when a pre-use check is completed. Select a sample of powered workplace transport logbooks (minimum of 5 unless the site/unit has less than 5 in which case the sample size will be all), review the log books to establish if pre-use checks are being recorded.	There was no evidence of daily safety checks being undertaken on the workplace transport for the XXXXX.
8.1.4	Is there evidence that all drivers of on-site workplace transport have completed the Workplace Transport Driver Health Declaration (or equivalent)?	Yes = All drivers have an up to date declaration. No = Not all drivers have an up to date declaration.	For the drivers of on-site workplace transport identified above, ask for the records of completed Workplace Transport Drivers Health Declaration, (or equivalent form). The declaration must be dated within the last 6 months.	There was no evidence of health declarations compiled for X/X employees who drive workplace transport.

8.2 Traffic and Transport (Safe Driver)			
8.2.1	Does the station employ any drivers of red or grey fleet vehicles?	Yes/No	If the site does not have drivers, the following questions are not applicable.
8.2.3	Is there evidence that all drivers have a valid driving licence?	Yes = All drivers have record of a valid driving licence (PSP or Paper) No = Not all drivers have record of a valid driving licence.	Where available, use PSP records/DVA data to confirm that a valid licence is held for all declared drivers. This should include checking that the licence is valid for the type of vehicle driven. - Filter column BH 'Check Date' to show only the most recent licence checks – anyone who does not have a check in the most recent checks must have a manual paper check in place - For drivers who have had a check on PSP, check that their licence status is 'FC' (full current). If it is not then they may not be licensed to drive. - Check in 'entitlements' that their licence covers the vehicle category needed: B – for car/van drivers C or C1 – for 7.5T CE – for articulated vehicles On-site paper records must be held for any drivers who do not have current details on PSP. The Oikilview Vehicle Check PDA data can be used for evidence of driving. There is a guide to using the DVA data report on the audit SharePoint. Units who have not used the Safe Driver Check e.g. PPV, check a sample of 10% (or minimum 10) on site from review of paper issued checks.
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?	Yes = All drivers sampled have a record of a health declaration (PSP or Paper) and referrals have been made where appropriate. No = Not all drivers sampled have record of a health declaration and/or drivers have not been referred to OH.	Using PSP records/DVA data, check column BG to identify whether a declaration has been submitted within the past 12 months. Where this is the case use column AW to identify drivers who have disclosed medical conditions. Where drivers have not submitted People App/PSP declarations in the last 12 months, check 10% for paper declarations. Where drivers have not completed declarations using either method, this test will fail. Where drivers have declared medical conditions there must be record of an OH referral confirming fitness to drive. Where this is not in place the test will fail. If the driver has previously declared the same condition which has not changed and an earlier OH referral confirms fitness to drive then this will pass the test.
8.2.5	Is there evidence that all drivers have received appropriate training?	Yes = All drivers have record of required training (training record or declaration of training received if training pre-dates record). No = Not all drivers have record of required training.	Look for locally held training records to show that drivers have received the required training for the vehicle they are driving. Since October 2014, all driver training for van drivers has been provided by Perennys and electronic training records are available on the audit SharePoint. If they cannot be found at the unit, Self-declarations (by People App/PSP process or on paper declarations) are only acceptable to evidence training which took place before October 2014. NB: in-cab training was suspended during Covid and replaced with eLearning. The sample size should be a minimum of 10 vehicles/drivers, if there are less than 10, all should be tested.
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?	Yes = The correct process was followed for all identified high-risk drivers. No = The correct process was not followed. NA = No high-risk drivers.	Use the high risk driver data to check if any drivers have been assessed as high risk in the last 12 months. If yes, ask the manager for evidence that they were removed from driving, re-assessed and not re-instated until they had been assessed as medium risk or lower. If there was more than one, the process must have been followed for all drivers to score yes.
8.2.7	Is there evidence that all RTCs are reported, investigated and interventions deployed in line with the RTC Procedure?	Yes = All RTCs have been reported, investigated and intervention deployed in line with the RTC Procedure. No = The correct process was not followed. NA = There have been no RTCs in the last 12 months.	Use the RTC detail information from Safety Insights to identify the RTCs that have taken place during the last 12 months (use the month prior to the audit as the end of the sample period e.g. for a May 2024 audit the sample would be May 2023 to April 2024). In line with the RTC procedures (RM & PPV), the RTC should be: 1. reported within 24 hours (if there is an acceptable reason for delay e.g. site/unit closed or fault with PDA then this should still pass); and 2. Manager's blamelessly/non-blamelessly decision made and driver notified. 3. intervention deployed to avoid repeat RTCs. Note: Royal Mail Agreement requires an intervention following every BW RTV C, mandates training following 2 BW in 2 years and assumes removal from driving after 3 BW in 2 years. If no evidence that these interventions have been deployed the test should fail.
8.2.8	Is there evidence that Telemetry data is checked where available and have poor driving behaviours been addressed?	Yes = Telemetry data is checked and action is taken to address poor driving behaviour. No = Telemetry data is not checked and no action is taken to address poor driving behaviour.	Delivery and Collection only: Check Oikilview to identify vehicles with a safety score of less than 95% and/or over 0.6 speeding events per week. (If there are none, the question will be N/A). Check key measures' coaching performance app is being utilised on notes recorded. Check that the manager is able to demonstrate where telemetry data is on the cockpit and/or Oikilview. If the manager isn't able to do this then the test will fail. Check that the manager is able to reference evidence any interventions that are being taken in relation to the drivers of the identified vehicles e.g. conversations with driver, counselling notes, provision of training, removal from driving and possibly conduct action. If there is no evidence of interventions or if interventions have not worked and no further action taken, then the test will fail. The sample size should be a minimum of 10 vehicles/drivers, if there are less than 10, all should be tested.
			Intentionally Blank
			XX% Compliance OR There was no evidence that xx drivers held a valid licence
			XX% Compliance OR X drivers declared they had a medical condition but there was no evidence to confirm that the driver had been referred to the OH service provider.
			XX% Compliance. X drivers have no evidence of training being provided.
			It could not be evidenced that X% high risk drivers had been removed from driving. EXPAND WITH DATES
			X% RTCs were not reported within 24 hours. X% RTCs were not investigated and the driver had not been notified of the outcome in writing. X% BW RTCs did not have an intervention deployed
			Telemetry data was not being accessed/monitored and/or There was no evidence of action taken to address under performance.

8.2.9	Is there evidence that HiT is being applied in parked vehicles?	Yes = All vehicles tested were found to have HiT appropriately applied. No = Vehicles were identified which did not have HiT appropriately applied.	Check 10 vehicles in the yard (or all vehicles if less than 10). All vehicles should have handbrake fully applied, left in gear/park and wheels turned up/ from a kerb where present, or towards a point of safety (which may be straight).	X/X vehicles checked in yard did not have HiT applied correctly
8.3 Traffic and Transport (Safe Vehicle)				
8.3.1	Does the site/unit have off-site road vehicles operating from the unit?	Yes/No	If vehicles do not operate from the site, the following questions are not applicable.	Intentionally blank
8.3.2	Is there evidence that drivers carry out pre-use vehicle checks?	Yes = Drivers are observed to be completing vehicle checks, and any defects noted on visual inspection are recorded on PDA app. No = Drivers are observed taking vehicles without completing checks and/or identified defects on vehicles have not been logged on PDAs.	Observe drivers in the yard to identify whether they complete their vehicle checks. Complete a visual check of a minimum of 3 vehicles. Cross-check against PDA records to ensure that records reflect observed compliance and that any identified vehicle defects have been recorded.	X drivers observed to take a vehicle without completing a vehicle check. X drivers recorded a vehicle check without completing it. X defects identified on inspection which had not been recorded on PDA
8.3.4	Is there evidence that managers vehicle checks are being completed to required frequency?	Yes = Managers checks are being carried out to the required frequency. No = Managers checks are not being carried out to the required frequency.	Ask for a copy of the records of vehicle inspection completed by the manager(s) for the month prior to your visit. The unit should be completing one check per manager each week (NB: for managers operating large goods vehicles 20% of their per week). Therefore if there was 1 manager you would expect to see 4 checks conducted over the month, 2 managers you would expect to see 8 checks conducted etc. Establish if the total volume of inspections have been conducted in the prior month across differing vehicles. Note: if the unit uses the PDA app for completing the Manager Vehicle Checks, the completion of the check can be checked on Qlikview. There is no need to review hard copy inspection records.	Manager vehicle checks were not conducted to the required frequency over the 4 weeks tested.
8.3.5	Is there evidence that all defects are being accurately reported and the PMTI process is being followed?	Yes = Vehicle defects have been reported to the workshop and where unroadworthy, a PMTI exists showing vehicle submitted for repair. No = Vehicle defects have not been reported to workshop or unroadworthy vehicles do not have a PMTI showing submitted for repair.	For a sample of 5 defects, check that the PMTI process is being used correctly to report these defects. You can also check vehicle safety check app in Qlik for current open defects Where a defect has been identified and the vehicle repaired, a blue and pink copy of the PMTI should be held on site. Logbooks or Qlikview records can be used to identify the defects. Note: if the vehicle has not yet been sent to the Workshop for repair there will not be a pink copy.	X/X Defects tested did not have corresponding PMTIs.
Standard 9 - Property and Facilities Management				
9.1 Property SHE Management		Scoring Information		Auditors Notes
9.1.3	Has the property hazard information been accurately completed in section 2 of the site log book and a copy sent to the property records team?	Yes = The property hazard information was in the SLB. No = The SLB copy of the property hazard information is incomplete.	Review section 2 of the SLB to check if the property hazard information sheet is complete. Check CHD to see if a copy has been sent to the property records team. Coach but don't fail! If the information has not been sent to the Property Records team. Auditor must review property hazard information with the manager during walk round to determine if any hazards have been missed.	The property hazard information sheet had not been fully completed. A copy had not been sent to the property records team.
9.1.4	Is the PIC able to identify the isolation points for the relevant building services?	Yes = The PIC was able to identify the isolation points. No = The PIC was not able to identify the isolation points.	The isolation point for services should be included in the Jax cabin folder. However PICs should know where these are for the building in the event of an emergency. There should be an isolation point drawing in the site log book. Ensure PIC's know where all relevant services isolation points are within the building.	The manager was not able to identify all isolation points
9.1.6	Has the PIC completed all PIC pre-faxed actions allocated to the site on the CHD?	Yes = The PIC has completed all PIC pre-faxed actions allocated to the site. No = The PIC has not completed all PIC pre-faxed actions allocated to the site.	Provide guidance to the PIC on how to complete any outstanding remedial action. NB: Do not include external fire risk assessment actions in this test.	X/X PIC pre-faxed actions had not been completed.
9.1.7	Is there evidence that any tenants onsite are included in the weekly and monthly inspections?	Yes = All tenants on site are included. No = Tenants are not included. NA = There are no tenants on site.	Check that any tenanted areas have been included in weekly and monthly inspections e.g. fire alarm tests and little used outlets.	Tenants onsite had not been included in weekly/monthly inspections.
9.1.8	Is there evidence that the PIC is managing the use of lifts and risks of overcrowding have been communicated to staff?	Yes = The PIC can demonstrate communicating risks to staff and there is no evidence of mis-use. No = The PIC cannot demonstrate communicating risks to all staff and/or there is evidence of mis-use. NA = There are no lifts onsite.	Ask the manager if the use of lifts and risks of overcrowding have been communicated to staff. Qualitative evidence can be used. Check that goods only lifts are not used for passengers.	No evidence that the risks had been communicated and/or There was evidence of inappropriate use of the lift.

9.1.9	Can the manager demonstrate that the PFS Cleaning team is regularly included in relevant safety briefings and any updates to the on-site hazards?	Yes = PFS Cleaning team are included. No = PFS Cleaning team are not included.	The PIC should record on-site risks that have been communicated to PFS cleaning teams, such as: Workplace Onsite RA, Yard RA and Fire RA findings. Abbestos risks and locations (summary of the abbestos register from the SLB), Yard Rules and fire evacuation plans should also be communicated. Where a signature is required this question will fail if no signature from PFS employees.	No evidence that the cleaning team are included in relevant safety briefings and any updates.
9.1.10	Is the PIC regularly completing routine compliance tasks?	Yes = All relevant compliance checks have been undertaken for the site. No = There are outstanding actions on the CRD for these checks.	The PIC should be completing all routine compliance tests/inspections (including: flushing of little used outlets, fire alarm tests, emergency lighting tests, accessible noise alarm (only when accessible noise is in use). More than two consecutive emission equals a fail. NB: When recording flushing of little used outlets, a separate record is needed for each outlet.	Not all relevant checks had been completed.
9.1.11	Does the manager understand how to raise reactive attendances using the National Service Centre Self Help Portal or the National Service Centre telephone number?	Yes = The manager can demonstrate how to access the service centre to track the progress of existing jobs and raise new jobs. No = The manager cannot demonstrate how to access the service centre to track progress of existing jobs.	Check that the manager is understands how to raise reactive attendances.	The manager did not understand how to raise reactive attendances.
9.3	Abbestos Management			
9.3.1	Is there evidence that the manager has reviewed the Site Abbestos Management Plan on the Compliance Records Database and signed the declaration?	Yes = The manager has reviewed the Site Abbestos Management Plan and signed the declaration. No = The manager has not reviewed the Site Abbestos Management Plan and signed the declaration.	The Site Abbestos Management Plan is available on the CRD. At the bottom there will be a list of signatures and the date it was signed. All COMs (including temporary COMs) and managers must sign the declaration. If the manager completes this action during the audit/coaching this action can be closed down.	There was no evidence that the Site Abbestos Management Plan had been reviewed, signed and dated by all managers.
9.3.3	Has the unit manager shared the abbestos awareness WTLB briefing with employees including the summary of the abbestos register from the SLB?	Yes = The PIC is able to demonstrate that they have shared the summary of the abbestos register. No = The PIC is not able to demonstrate that they have shared the summary of the abbestos register.	An Abbestos Management Briefletter is issued annually. Check the manager has shared the abbestos awareness WTLB briefing with employees. When calculating the percentage exclude staff who are long term absent, e.g. mat, leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditor's comments. If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool.	Evidence that XX% of employees had been briefed.
9.4	Water Management			
9.4.1	Does the PIC know what a little used outlet is; how to identify one and where there are outlets on site, how they should be flushed?	Yes = The PIC is able to explain what a little used outlet is and how these are identified. Where outlets are present on site the PIC also understands how these are to be flushed. No = The PIC is unable to explain what a little used outlet is or how there are identified. Where outlets are present on site the PIC doesn't know how they should be flushed.	Ask the PIC to describe what a little used outlet is and how outlets are identified. If there are outlets on site ask the PIC how these are flushed. If they are not able to answer any part of the question it should be marked as no. Coach the PIC on what constitutes a little used outlet and how to identify them. Guidance should also be provided on how to flush outlets to ensure best practice is being followed.	The PIC was unable to describe what a little used outlet is. The PIC was unable to describe how they are identified. The PIC did not know how the outlets on site should be flushed.
Standard 10 - Emergency Incident Planning and Incident Response				
10.1	Emergency Incident Planning			
10.1.1	Does the manager understand how to use the stay calm app and is the stay calm plan accessible and up to date?	Yes = The manager understands how to use the app and the stay calm plan is accessible and up to date. No = The manager does not understand how to use the app and the plan is not up to date and accessible.	Ask the manager to demonstrate how to use the app. Ask for a copy of the stay calm plan. Check that the stay calm plan is up to date (dated in the last 6 months). Check that the plan is kept in an accessible location. Check that the PIC/managers understand how to use (including the App), and the circumstances in which they use, the Stay Calm process.	The Stay Calm Plan was not accessible as it was stored in the XXXX. How to use and the circumstances for use were not understood.
10.2	Accident, Incident, Near Miss Reporting and Investigation			
10.2.1	Is there evidence that EHCA Part 2 has been completed for all incidents within the last 12 months?	Yes = For all accident/incidents in the last 12 months EHCA Part 2 has been completed. No = For all accident/incidents in the last 12 months EHCA Part 2 has not been completed.	Identify the accident/incidents in the last 12 months from Qlikview (use the month prior to the audit as the end of the sample period e.g. for a May 2024 audit the sample would be May 2023 to April 2024). Check that EHCA Part 2 has been updated and the quality of the investigation. Coach if investigation quality is poor. If none within last 12 months enter N/A.	The EHCA (Part 2) had not been completed for X/A accidents tested. A thorough investigation had not been completed.
10.2.2	Is there evidence that all actions identified in the incident investigation are suitable and sufficient and have been closed out in a timely manner?	Yes = All actions are suitable and sufficient and have been closed out in a timely manner. No = Not all actions are suitable and sufficient and have been closed out in a timely manner.	Check a sample of 5 EHCA Part 2s to establish if the identified actions have been completed within a reasonable timescale. Check actions are relevant to accident type and impactful. If there have been less than 5 accident/incidents the actual number of accident/incidents should be used. If none within the last 12 months enter N/A.	X/A Part 2 investigations tested did not have all actions completed. The actions did not relate to the accident type and were not impactful.
Standard 11 - SHE Audit, Inspection and Management Review				
11.2	SHE Property Inspection			
11.2.1	Is there evidence that the PIC actions from the PFS Property Inspection (PI) have been completed or are being completed to appropriate timescale and the Compliance Records Database has been updated?	Yes = The actions have been closed within the timescale and CRD updated. No = The actions haven't been closed within the timescale and/or the CRD has not been updated. NA = There were no actions, or there were no actions for the area within the site being audited.	Check the Compliance Record Database to see if the actions from the last Property Inspection (PI) have been closed within the timescale or remain uncompleted.	
		Scoring Information	Auditors Guidance	Auditors Notes

11.2.2	Is there evidence that the manager has completed suitable bi-monthly inspections of the site/unit or area of responsibility?	Yes = Suitable bi-monthly inspections are being carried out. No = Suitable bi-monthly inspections are not being carried out.	Ask the manager for the monthly inspection records for the last 12 months (use the month prior to the audit as the end of the sample period e.g. for a May 2024 audit the sample would be May 2023 to April 2024). Walk around the site with the manager to see if all items that should be picked up have been picked up. Check that the correct template is being used. Review the bi-monthly inspections and compare with your walk round of the site. To be suitable = defects are being reported to the NSC and any unsafe conditions observed during the audit have been captured NB: Inspections are now on the Power App so there may not be paper copies held on site. Coach manager on transferring checks to the Power App.	X/6 Monthly checks evidenced.	
11.2.3	Is the housekeeping at this site at a good level?	Yes = The housekeeping is at a good level. No = The housekeeping is not at a good level.	Check managers office is clear and tidy, working areas are clear from obstructions and waste, floor free from trip hazards, good storage of equipment.	Housekeeping is not at a good level. I was observed that: X X X	
Security		Scoring Information		Auditors Notes	
12.1	Physical security	Auditors Guidance			
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?	Yes = Physical Access points are in good working order and are controlled. No = Physical Access points are not in good working order and/or are not controlled.	From onsite observation is there evidence that: 1. All physical access control systems are in good working order (gates, barriers, fences, swipe cards, digi lock, locks, doors etc.); and 2. All access points are controlled and not left open.		The following access points were noted as not being secure at the time of audit: X X
12.1.2	Is there evidence that all visitors sign in and are issued visitor passes and relevant safety information where required?	Yes = All requirements confirmed. No = All requirements not confirmed.	Based on your site visit and observation: 1. Were you asked to sign in/out; 2. Were you asked to have your ID displayed at all times; and 3. On your arrival were you presented with site information? Did it include Site information e.g. verbal, leaflet or DVD?		The auditor was not requested to sign in when conducting the site visit.
12.1.3	Is there evidence that all persons on site, including visitors, display appropriate ID at all times?	Yes = Persons on site are displaying appropriate ID. No = Persons on site are not displaying appropriate ID.	Based on your site visit and observation, is there evidence that all people on site display appropriate identification at all times. Note: All employees who do not yet have appropriate ID are provided with temporary identification until Royal Mail photographic identification has been received; and All agency staff possess the correct agency supplied ID before being allowed admittance to the site.		X Employees were observed not wearing an ID badge.
12.1.4	Is there evidence that the CCTV system is operating correctly?	Yes = All requirements confirmed. No = All requirements not confirmed.	Based on your site visit, observation and discussion with the site manager, is there evidence that: 1. Appropriate signage is displayed denoting use of CCTV and CCTV recording equipment; 2. All staff using the operational CCTV system have received appropriate training; and 3. The manager is aware that CCTV images must not be used for discipline purposes or be disclosed to others (e.g. employees, public, Police) unless prior approval is gained.		EXAMPLE - CCTV signage was not in place in the following areas: X X
12.1.5	Is there evidence that alarm systems are operating correctly?	Yes = All requirements confirmed. No = All requirements not confirmed.	From discussion with the manager can they confirm that: 1. They are aware of the process for reporting intruder alarm system faults; 2. They are aware how to investigate and report all alarm activations; 3. Only persons trained to do so use the alarm system; and 4. Up-to-date key holder information is held by the Alarm Receiving Centre (refreshed annually);	EXAMPLE - The key holder information was last sent to the Alarm Receiving Centre on XX/XX/XX.	
12.1.6	Is there evidence that all building keys are secure and controlled against signature?	Yes = Building keys are secure and controlled against signature. No = Building keys are not secure and controlled against signature.	From discussion with the manager and observation confirm that: 1. All building keys are held securely when not in use; and 2. A key control sheet is used to record the transfer of building keys against signature.	There was no evidence that key control sheets were being used.	
12.3	Mail integrity	Auditors Guidance		Auditors Notes	
12.3.1	Is there evidence that all staff have received the most recent annual Mail Integrity WTL brief? (Strenuous Brief - Parcel force)	Yes = All employees have been briefed. No = Not all employees have been briefed.	A Mail Integrity WTL or similar brief (Strenuous brief - Parcel force issued in November) should be delivered to staff on an annual basis? Check any written records available (e.g. WTL & attendance sheet) to determine if the brief has taken place and signatures were captured. When calculating the percentage of signatures captured, exclude staff who are long term absent e.g. mat. leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 95% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditors comments. If the percentage is less than 95% the number of employees who have been trained should be recorded in the audit tool.		Evidence that XX% of employees had been briefed.

12.3.2	Is there evidence that Special Delivery letters / Parcels are never left unattended or unsecured?	Yes = SD locker is controlled and the manager is aware of the inward and Outward SD mail requirements. No = SD locker is not controlled and/or the manager is not aware of the inward and Outward SD mail requirements.	From site observation/discussion can you confirm that: 1. Access to the SD locker is strictly controlled. 2. The manager is aware that Inward SD mail (Mail Centre) should be taken immediately to the SD locker; and 3. The manager is aware that Outward SD mails (Mail Centre) - wherever possible should be kept in the locker until loading. Where space issues demand that traffic is moved out of the locker earlier it must be held in a staffed work area under CCTV coverage until loading to the vehicle and loaded first (e.g. not row closest to the door). 4. All items are secured in a sealed Green correct York container.	During the audit the SD locker was not secure, it was noted during the audit that XXXXXXXXXX
12.3.3	Is there evidence that, in units where deployed, all drivers of light commercial vehicles have their vehicle keys secured in a security key reel that is worn correctly on the seat of the car in accordance to where the ignition sits within the relevant vehicle?	Yes = It is observed that all drivers have the reel attached and are wearing it correctly. No = It is not observed that all drivers have the reel attached and are wearing it correctly. N/A - Not deployed in this unit.	Observe driver of light goods vehicles to determine if the security key reels are being worn and are being worn correctly, i.e. the are attached to the vehicle key/fobs and worn on the side of the waist, closest to where the ignition is located in their designated vehicle. If they are not being worn or not being worn correctly this question will fail.	During the audit it was observed that the security key reels were not being worn/worn correctly.
12.3.4	Is there evidence that the manager and employees are aware of how to report Security concerns?	Yes = Colleagues are aware of one or more of the contact methods for reporting concerns. No = Colleagues are not aware of any of the contact methods for reporting concerns.	Security concerns can be reported using the following contact methods: - by phone (0207 230 6655) - via www.localmail.com/all-ways-on-security - via the RMI People app - using the security poster QR code - via the PDA - via the internet	Colleagues were not aware of the contact methods for reporting security concerns
12.6	Information Security			
12.6.1	Is there evidence that the unit is effectively controlling their PDAs?	Yes = The manager can demonstrate that they are aware and compliant with the golden rules for controlling PDAs. No = The manager cannot demonstrate that they are aware of and compliant with the golden rules for controlling PDAs.	DELIVERY ONLY: From discussion and review of any available evidence confirm that the manager is aware of and compliant with the PDA Golden Rules as detailed in the 'How to maintain Basic Skills & Standards in my office' guide and as below: 1. PDAs should be accounted for & any PDA lost or stolen should be reported immediately. 2. PDA issue is personal - usernames and PIN should never be shared with others. 3. PDA usernames should be disabled when staff exit the business & on the cessation of temporary contracts. 4. PDA usernames are never overtly displayed in the DO. 5. If it is operationally necessary to issue a PDA and use a generic username / password a record of the details of that staff member and times of usage should be kept. 6. All PDAs cradled at the end of shift.	The manager was unaware of the PDA Golden Rules. They were not aware of: X X
12.7	Whistleblowing Policy			
12.7.1	Is there evidence that the manager and employees are aware of the Speak Up process?	Yes = Poster is on display. No = Poster is not on display.	Check if the Speak Up Poster is displayed in a prominent position available to employees in the unit.	The latest copy of the Speak Up poster was not on display.
12.8	Data Protection			
12.8.1	Is Think Secure material (such as posters) made available to staff?	Yes = Information is available. No = Information is not available.	Posters (or other material) administered by Think Secure should be made available to all staff to be able to access and review for their information and understanding. Posters were issued to units by Think Secure in October 2023 and these should be on display where they will be seen by staff. In delivery, ensure that the unit has completed the most recent Protect Information in Operations training WTLI NBS: this might not be with the last year) and this has been marked as completed on Delivery Calendar and for individual staff members on Success Factors (select these employer records to review). From site observation, can you confirm that: 1. Passwords for devices are not shared or written on sticky notes or visible. 2. There are no devices left unlocked (laptops / computers). 3. PDA devices (card payment terminals) have not been tampered with (e.g. no evidence of broken screens, wires pulled out, glitching on the terminal) 4. Server / Comm rooms are not open. Keys are not in cabinets. 5. Physical data archives are locked when not in use and are routinely reviewed to ensure that records which are no longer required to be retained are removed and destroyed in line with the Corporate Retention Schedule. None: Please inform managers of the process for any lost or stolen devices (they must inform the IT Help Desk).	The latest copy of the Think Secure poster was not on display.
12.8.2	Is there evidence that work equipment such as Payment Card Information device and laptops are secure?	Yes = There is evidence that work equipment is secure. No = There is evidence that work equipment is not secure.	There was evidence that work equipment and/or data is not secure: Passwords were on display/shared and/or Devices were left unlocked and/or Server/Comms rooms were unlocked and/or Keys were left in cabinets and/or Data archives were not locked when not in use and/or Records are not routinely removed and destroyed.	

12.8.3	Is there evidence of personal data being appropriately managed at the site?	Yes = There is evidence that personal information is secure. No = There is evidence that personal information is not secure.	Is there evidence of the site doing the following: 1. Employee records locked away. 2. No personal / sensitive employee or customer information being displayed on whiteboards/noteboards etc. 3. No records of personal data being left out and not filed. 4. Access to physical records are locked when not in use. Check that the site manages special category data appropriately. This can be checked by reviewing how sites manage records containing special category data such as version specifically at risk, risk assessments, IT notes, etc. Special category data should be stored on that data into any of the following categories: • Racial or ethnic origin; • Religious or philosophical beliefs; • Trade union membership; • Political opinions; • Health details; • Genetic or biometric data; • Information containing an individual's sex life or sexual orientation; • Criminal convictions or offences.	
12.8.4	Is there evidence that the manager knows what to do in the event of a personal data breach and an information rights request?	Yes = The manager knows what to do in the event of a personal data breach and an information rights request. No = The manager does not know what to do in the event of a personal data breach and an information rights request.	1. When asked, does the manager know to contact the IT Helpdesk to report a personal data breach? 2. When asked does the manager understand their responsibilities to ensure any request from the Information Rights Team (IGT) are responded to promptly for compliance purposes. Note: responding to personal data breaches and information rights is a regulatory obligation and BSM has a regulatory clock (time limit) so breaches must be reported immediately and requests from IGT responded to as a priority.	In relation to data breaches and information, the manager was not aware that: XX and/or XX
Compliance and Ethics		Scoring Information		Auditors Guidance
13.4	USPAS	Auditors Guidance		
13.4.1	Is there evidence that the manager is aware of the USPAS requirements in respect of Down Stream Access (DSA mail) (processing only)	Yes = Manager can explain the process and no evidence of retail mail being prioritised. No = Manager cannot explain the process and/or there is evidence of retail mail being prioritised. N/A = Non processing units.	Ask the manager if they can explain the implications on the unit of the USPAS (Downstream Access Mail) requirements? From observation, is there any evidence of retail mail being prioritised over DSA mail? Are there any Yorks with DSA mail being held back and upstream mail being prioritised?	The manager was unaware of the USPAS process. They were not aware of X X
13.4.2	Is there evidence that all staff are aware of the USPAS requirements in respect of DSA mail? (processing only)	Yes = WTL delivered to staff. No = WTL not delivered to staff. N/A = Non processing unit.	Has the USPAS WTL been delivered to staff (processing only). Check any written records available (e.g. WTL&L attendance sheet) to determine if the brief has taken place and signatures were captured. When calculating the percentage of signatures captured, exclude staff who are long term absent e.g. mat, leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditors comments. If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool.	Evidence that XX% of employees had been briefed on the USPAS process.
13.7	Mandatory Training	Auditors Guidance		
13.7.1	Is there evidence that all frontline colleagues have received the Operational Frontline Compliance Training?	Yes = Compliance training delivered to all staff. No = Compliance training not delivered to staff.	Operational Frontline Compliance training was deployed across the operational estate in July 2024 and will be delivered by Operational Managers on an annual basis. The training was assigned as a Success Factor task for each manager who should have briefed their teams using an introductory brief and by showing the 'Content on Demand' video, followed by an attestation that the trainin had been delivered to their team. There should also be a WTL attendance sheet or equivalent training record at the unit as evidence that the training was delivered. When calculating the percentage of signatures captured, exclude staff who are long term absent e.g. mat, leave or long term sick leave. The remaining number of staff is your sample size. Calculate the percentage using actual signatures and your sample size. A score of 91% and over is acceptable to pass this test but the manager must be advised that this gap needs to be closed. Record this in the auditors comments. If the percentage is less than 91% the number of employees who have been trained should be recorded in the audit tool.	Evidence that XX% of employees had been trained.
13.7.2	Is there evidence that the manager is aware of the modern slavery process?	Yes = The manager is aware. No = The manager is not aware.	Ask the manager (s) if they are aware of what they should do if they have any concerns about modern slavery (the manager should report their concerns to the Speak Up team via the helpline or by email).	The manager was unaware of the modern slavery process.
Standard 14 - Site Specific Information		Scoring Information		Auditors Guidance
14.1	General	Auditors Guidance		
14.1.1	Is a permanent manager in place at the unit?	No Scoring Information - Information Only	Check with manager	Not Applicable

14.1.2	How long has the manager been in role at this unit?	No Scoring Information - Information Only	Check with manager	Not Applicable
14.1.3	How many times has the unit manager changed over the last 3 years?	No Scoring Information - Information Only	Check with manager	Not Applicable
14.1.4	Are there any managerial vacancies at the unit?	No Scoring Information - Information Only	Check with manager	Not Applicable
14.1.5	Are the compliance levels in line with lagging accident/RITC performance?	No Scoring Information - Information Only	Check with manager - If the unit has low compliance but excellent accident or RITC performance, ask the manager how they are achieving this. If the unit has high compliance and poor accident or RITC performance ask the manager why they think this is happening.	Not Applicable
14.1.6	What was the last Trust Engagement score?	No Scoring Information - Information Only	Check with the manager - Please indicate in auditor's comments why you feel compliance levels are not in line with lagging measures.	Not Applicable
14.1.7	Were the CMU/CNU Area Safety Reps invited to the audit?	No Scoring Information - Information Only	Check with manager	Not Applicable
14.1.8	Did the CWU ASM attend the audit?	No Scoring Information - Information Only	Check with manager	Not Applicable
14.1.9	Are MyPerformance coaching notes, including performance improvement actions in place for positives who have been in the Extra Support Group for two periods or more?	No Scoring Information - Information Only	Sit down with the Manager, where the manager can take you through "my doorstep dashboard" using the period by-period comparison report located in the low-level detail which identifies the positives in the extra support performance grouping. Then check the coaching notes for at least 10 positives. You are checking to see: - a) that they are on the system and b) that a coaching conversation has taken place and what the conversation is about.	Not Applicable
14.1.10	Are coaching notes specific, personal, and timely? Do they demonstrate follow-up on meaningful performance conversations?	No Scoring Information - Information Only	Ask the CNU to open my doorstep dashboard and check at least 10 positive coaching notes to check if they are specific, personal and timely - would you be happy receiving that feedback? (ding safety/ras time delivery/missouts. (refer to Good Bad Ugly))	Not Applicable
14.1.11	Has a 121 been scheduled between the unit manager and their line manager, following the audit, to review the action plan	Yes = A 1-2.1 has been scheduled for after the audit with the unit manager and their line manager. No = A 1-2.1 has not been scheduled for after the audit with the unit manager and their line manager.	Check with manager that a call has been scheduled with their line manager, to review the audit action plan? This is to ensure there is a plan in place to complete all actions within the timescales listed and maintain compliance. 121 Audit review – suggested points to cover: •Review the audit actions since the previous audit (this information is included in the audit output email) and if no improvement/once actions, review why this has happened and what needs to be done to correct this moving forward. •Review the audit actions and timelines, and ensure the manager has a robust plan in place to complete all tasks to time. •Review any upcoming annual leave the manager(s) may have and ensure a plan is in place to cover so that tasks can continue to be worked through in their absence. •Contingency planning – in the event the unit manager has unplanned absence, ensure there is a process in place so that the audit file can still be accessed. The audit actions will still need to be completed to time, so having another manager who can access the file and is aware of the audit actions and progress to date is recommended. •Once all audit actions are complete what is the manager's plan to maintain compliance levels – e.g. 100% SHE Calendar compliance each month. It is also strongly advised that you review completed audit actions with the manager to ensure that full evidence is available. There is also the potential for the SHE Team to re-visit in line with the spot check process.	Not Applicable