

## CLEANING BUSINESS HEALTH & SAFETY FORMS PACK

This pack contains essential Health & Safety forms designed for cleaning staff and management in UK cleaning businesses.

### FORM 1: RISK ASSESSMENT TEMPLATE

*(This is a general template for assessing risks associated with specific cleaning tasks or premises. It should be completed by management or a competent person.)*

#### Risk Assessment Form

**Business Name:** [Your Cleaning Company Name] **Assessment Date:** [Date]  
**Assessor:** [Name/Position of Assessor] **Activity/Area Being Assessed:** [e.g., Daily Office Cleaning at [Client Name/Address] / Window Cleaning / Use of specific chemical (e.g., Bleach)]

Hazard Identified (What could cause harm?)	Who might be harmed and how?	Existing Controls (What are you already doing?)	Risk Rating (L/M/H)	Further Actions Needed (What more can be done?)	New Risk Rating (L/M/H)	Responsible Person	Completion Date
[e.g., Slips, trips, falls]	[e.g., Cleaners, clients from wet floors]	[e.g., 'Wet Floor' signs used; spills cleaned promptly]	M	[e.g., Ensure clear pathways; anti-slip mats in high-risk areas]	L	[e.g., Supervisor]	[Date]
[e.g., Chemical exposure]	[e.g., Cleaners (skin/respiratory irritation)]	[e.g., COSHH assessments done; PPE provided; training]	M	[e.g., Review COSHH every 12 months; provide refresher training]	L	[e.g., H&S Officer]	[Date]
[e.g., ]	[e.g., ]	[e.g., ]	M	[e.g., ]	L	[e.g., ]	[Date]

Manual handling (heavy items)]	Cleaners (back strain)]	Training on safe lifting; equipment provided (trolleys) ]		Encourage team lifting; consider lighter equipment]		Supervisor]	
[Add other hazards relevant to cleaning ]							
[Add other hazards relevant to cleaning ]							

**Assessment Review Date:** [e.g., Annually, or when new equipment/procedures are introduced]

## FORM 2: ACCIDENT / INCIDENT REPORT FORM

*(To be completed by the injured person or their manager/witness as soon as possible after an accident or near miss. For RIDDOR reporting, follow specific UK HSE guidance.)*

### Accident / Incident Report Form

**Business Name:** [Your Cleaning Company Name] **Report Date:** [Date]

#### 1. Details of Person Involved:

- **Name:** [Full Name]
- **Job Title:** [Job Title]
- **Contact Number:** [Phone Number]
- **Email:** [Email Address]

## 2. Date and Time of Incident:

- **Date:** [Date of Incident]
- **Time:** [Time of Incident]

## 3. Location of Incident:

- **Client Premises/Address:** [Client Name and Full Address]
- **Specific Location on Premises:** [e.g., Kitchen, Stairwell, Office 3]

## 4. Type of Incident:

- ☐ Accident (resulting in injury)
- ☐ Near Miss (could have resulted in injury/damage)
- ☐ Property Damage (no injury)
- ☐ Other (Please specify): [Specify]

**5. Description of Incident:** *(What happened? How did it happen? What was the person doing just before?)* [Provide detailed description]

## 6. Nature of Injury/Damage (if applicable):

- **Type of Injury:** [e.g., Cut, Sprain, Bruise, Burn]
- **Part of Body Affected:** [e.g., Right hand, Lower back]
- **First Aid Provided:** [e.g., Yes/No, if yes, by whom and what was done]
- **Medical Attention Sought:** [e.g., None, GP, Hospital]
- **Description of Damage (if applicable):** [Describe any damage to property/equipment]

## 7. Witnesses:

- **Name(s):** [Name(s) of Witness(es)]
- **Contact (if available):** [Phone/Email of Witness(es)]

**8. Immediate Action Taken:** *(What was done right after the incident to make the situation safe?)* [Describe actions]

**9. Root Cause / Contributing Factors:** *(What caused the incident? e.g., faulty equipment, slippery surface, lack of training, distraction, unsealed chemical container)* [Identify cause(s)]

**10. Preventative Actions (Recommended Future Steps):** *(What steps will be taken to prevent this from happening again? e.g., repair equipment, provide more training, review procedure, issue new PPE)* [List actions]

**Reported by (Name & Signature):** [Name] **Date Reported:** [Date]

## FORM 3: PERSONAL PROTECTIVE EQUIPMENT (PPE) ISSUE FORM

*(To be completed when PPE is issued to a staff member. A copy should be kept by the Employer and the Employee.)*

### PPE Issue & Acknowledgement Form

**Business Name:** [Your Cleaning Company Name] **Date of Issue:** [Date]

#### Employee Details:

- **Name:** [Full Name of Employee]
- **Job Title:** [Job Title]

#### PPE Items Issued:

Item (e.g., Gloves, Safety Glasses, Non-slip Boots, Uniform)	Quantity	Date Issued	Condition (New/Used)	Expected Return/Replace ment Date
[e.g., Non-slip Safety Boots]	1 pair	[Date]	New	[Date / "Upon Wear & Tear"]
[e.g., Chemical Resistant Gloves]	3 pairs	[Date]	New	[Date / "Upon Wear & Tear"]
[e.g., Safety Goggles]	1	[Date]	New	[Date / "Upon Wear & Tear"]
[Add other PPE items]				
[Add other PPE items]				

#### Employee Declaration:

I acknowledge receipt of the PPE listed above. I confirm that:

- I have been instructed on the proper use, care, and limitations of this PPE.
- I understand my obligation to use the PPE provided when performing tasks that require it.
- I will report any damage, defects, or loss of PPE to my supervisor immediately.

**Employee Signature:** [Employee Signature] **Print Name:** [Employee Print Name]  
**Date:** [Date]

**Issued By (Name & Signature):** [Manager/Issuer Name] **Date:** [Date]

FORM 4: COSHH (Control of Substances Hazardous to Health) ASSESSMENT RECORD

*(This is a simplified template for recording COSHH assessments for cleaning products used. A full COSHH assessment requires more detail and often a specific product's Safety Data Sheet (SDS).)*

**COSHH Assessment Record (Cleaning Products)**

**Business Name:** [Your Cleaning Company Name] **Assessment Date:** [Date]

**Assessor:** [Name/Position of Assessor] **Review Date:** [e.g., Annually, or if product/use changes]

Product Name (Brand & Type)	Manufacturer	Main Hazard(s) (from label/SDS)	How is it Used? (Task)	Who is Exposed?	How are they exposed?	Existing Control Measures (e.g., PPE, ventilation)	Risk Level (L/M/H)	Further Actions Needed
[e.g., Bleach (Thick Bleach)]	[e.g., Dometos]	Corrosive, Irritant	Disinfecting toilets	Cleaners	Skin contact, inhalation	Gloves, ventilation, training	M	[e.g., Ensure eye protection worn]
[e.g., Multi-Surface Cleaner]	[e.g., Flash]	Irritant	General surface cleaning	Cleaners	Skin contact, inhalation	Gloves, ventilation, training	L	[e.g., Use correct dilution]
[Add other product]								

ts]								
-----	--	--	--	--	--	--	--	--

**Actions Taken (if 'Further Actions' were identified):** [Describe actions taken and date completed]

Assessor Signature: [Assessor Signature]

Date: [Date]