**APPENDIX G (APRIL 2022)**

**HAZARDS AND SITE RISKS STATEMENT – HEALTH & SAFETY ACT**

**(MUST BE COMPLETED BY OCCUPIER AT EACH INDIVIDUAL SITE)**

Police officers will not normally enter the premises without the keyholder. However, this may be necessary on occasions due to suspicious circumstances. To ensure the safety of officers, the force must be pre-warned of site risks, therefore you are required to state any site hazards in accordance with the Occupiers Liability Act 1957.

**Tick (✓) in shaded areas as relevant:**

|  |  |
| --- | --- |
| **There are NO Hazards** |  |
| Hazard Details apply to the Building(s) and Grounds of the Premises | **Select (✓) all that apply** |
| POND |  | BASEMENT |  | DOGS |  | CONTAGIOUS SAMPLES |  |
| SWIMMING POOL |  | FRAGILE ROOF |  | DANGEROUS ANIMALS |  | FLAMMABLE SUBSTANCES |  |
| RIVER FRONTAGE |  | DANGEROUS STRUCTURE |  | FIREARMS / SHOTGUNS (excluding air weapons) |  | FUEL STORAGE |  |
| GLASS COPING WALLS |  | LOW CEILING BEAMS |  | AMMUNITIONS |  | CHEMICALS |  |
| RAZOR WIRE |  | SLIPPERY FLOORS |  | EXPLOSIVES |  | RADIOACTIVE MATERIALS |  |
| INSPECTION PITS |  | FURNACE |  | DANGEROUS MACHINERY |  | ASBESTOS |  |
| SETTLEMENT TANKS |  | ELECTRICITY SUB STATION |  | GAS CYLINDERS |  | SPRINKLER SYSTEM |  |
| VATS |  | ATM INSIDE PREMISES |  | TOXIC MATERIALS |  | FORENSIC MARKER / DYE |  |
| SECURITY FOGGING DEVICE |  | SMOKE RAID CONTROL (HUA) |  |  |  |  |  |
| PLEASE NOTE ANY OTHER SITE HAZARDS OR ADDITIONAL FEATURES |
|  |

**Should site circumstances change you must send an update for our records**

1. I am aware that, where applicable, there will be a police alarm administration fee payable (£48.00 + VAT) on the issue of **each** URN or element of a URN
2. If this form is being completed in preparation for a take-over of a URN from an existing company and/or maintenance contract, I hereby authorize that change:

**Complete ALL fields:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Signature \*** |  | **Print Name** |  |
| **Business name of premises** |  |
| **Address of protected premises** |  |
|  | **Tel** |  |
| **Postcode** |  | **Date** |  |
| **Customer email address** |  |

**\* NB: Typed signatures will not be accepted. Secure electronic or wet signatures are acceptable**

|  |  |
| --- | --- |
| **Alarm Company - Name** |  |
| **Alarm Company - Signature** |  | **Print Name** |  |
| **Position in Company**  |  | **Date** |  |

**If this form is not completed correctly your URN Application/Variation form will be returned**