**Appendix G**

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

#### **(MUST BE COMPLETED BY OCCUPIER)**

 Police officers will not normally enter the premises without the keyholder. However, this may be necessary on occasions due to suspicious circumstances. So officers may be pre-warned of site risks you are required to state any site hazards.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hazard details apply to the building(s) and grounds of these premises.**  | **Please tick:** | **√** |
| POND |  | BASEMENT |  | DOGS |  | CONTAGIOUS SAMPLES |  |
| SWIMMING POOL |  | FRAGILE ROOF |  | DANGEROUS ANIMALS |  | FLAMMABLE SUBSTANCES |  |
| RIVER FRONTAGE |  | DANGEROUS STRUCTURE |  | FIREARMS/SHOTGUNS |  | FUEL STORAGE |  |
| GLASS COPING WALLS |  | LOW CEILING BEAMS |  | AMMUNITIONS |  | CHEMICALS |  |
| RAZOR WIRE |  | SLIPPERY FLOORS |  | EXPLOSIVES |  | RADIO ACTIVE MATERIALS |  |
| INSPECTION PITS |  | FURNACE |  | DANGEROUS MACHINERY |  | ASBESTOS |  |
| SETTLEMENT TANKS |  | ELECTRICITY SUB-STATION |  | GAS CYLINDERS |  | SPRINKLER SYSTEM |  |
| VATS |  | ATM INSIDE PREMISES |  | TOXIC MATERIALS |  | NONE |  |

|  |  |
| --- | --- |
|  | **PLEASE STATE ANY ADDITIONAL SITE HAZARDS – ADDITIONAL FEATURES**  |
|  |
|  |

**Should site circumstances change you must update our records.**

1. I am aware that there is a police Alarm Administration fee payable (£43.49 + VAT) on the issue of **each** Unique Reference Number.

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 authorise that change

Signed (customer) .………………………………………………………………………………..

Name …………………………………………………………………………………

Address of protected premises……………………………………………………………………….

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 ……………………………………………………………………………………

**If this form is not completed correctly the Appendix F will be returned**

Signed …………………………………………………………………………………….

Name ……………………………………………………………………………………

Alarm Company ……………………………………………………………………………………

Position in Company ………………………………………………………………………………….

Date …………………………………………………………………………………..