	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-I-001
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Health, Safety, and Environmental Management Manual				Rev No:	01

HEALTH, SAFETY, & ENVIRONMENTAL MANAGEMENT MANUAL



prospect digital

0.0 Terms and Definitions

Acceptable risk	A risk is acceptable to a specific organization if it has been reduced to a level that it can tolerate given its obligations, its policies, and its basic purpose.
Audit	An audit is a systematic evidence gathering process. Audits must be independent and evidence must be evaluated objectively to determine how well audit criteria are being met. There are three types of audits: first-party, second-party, and third-party. First-party audits are internal audits while second- and third-party audits are external audits.
Competence	Competence means being able to apply knowledge and skill to achieve intended results.
Conformity	Conformity is the "fulfilment of a requirement". To conform means to meet or comply with requirements and a requirement is a need, expectation, or obligation
Consultation	When organizations engage in consultation it means that they seek and receive the views and opinions of others before making decisions. In the context of the HSE MS, organizations often consult managers, workers, health and safety committees, and workers' representatives before they make decisions that could affect the health & safety of these groups.
Context of the organisation	An organization's context is its business environment. It includes all the internal and external factors and conditions that affect its products and services, have an influence on its HSE MS, and are relevant to its purpose and strategic direction.
Continual improvement	Continual improvement is a set of recurring activities that are carried out to enhance HSE performance.
Contractor	A contractor is an organization that provides services to another organization in accordance with an agreed set of terms, conditions, and specifications.
Documented information	The term documented information refers to information that must be controlled and maintained and its supporting medium. Documented information can be in any format and on any medium and can come from any source.
Effectiveness	Effectiveness refers to the degree to which a planned effect is achieved. Planned activities are effective if these activities are carried out and planned results are effective if these results are actually achieved.
Hazard	A hazard is any situation, substance, activity, or event, that could potentially cause human injury or ill health
Hazard identification	Hazard identification is a process that involves recognizing that an OH&S hazard exists and then describing its characteristics.
Injury or ill health	An injury or ill health is an adverse effect on someone is a physical, mental, or cognitive condition. Adverse effects include disease, illness, and death
Incident	An incident is a work-related occurrence or event during which injury, ill health, or fatality occurs, or injury, ill health, or fatality could have occurred.
Interested party	Person or group concerned with or affected by the environmental performance of an organisation.
Internal audit	Systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the environmental management system audit criteria set by the organization are fulfilled.

Legal and other requirements	In the context of the ISO Standards, a requirement is an HSE need, expectation, or obligation. It can be stated or implied by an organization, its customers, or other interested parties.
Management system	A set of interrelated or interacting elements that organizations use to formulate policies and objectives and to establish the processes that are needed to ensure that policies are followed, and objectives are achieved.
Measurement	Measurement is a process that is used to determine a value. In most cases this value will be a quantity
Monitoring	Determine the status of an activity, process, or system at different stages or at different times. To determine status, you need to supervise and to continually check and critically observe the activity, process, or system that is being monitored.
Nonconformity	Non-fulfilment of a requirement.
Objective	A result you intend to achieve. Objectives can be strategic, tactical, or operational and can apply to an organization as a whole or to a system, process, project, product, or service
Preventive action	Action to eliminate the cause of a potential nonconformity.
Performance	The measurable results that activities, processes, products, services, systems, and organizations can achieve.
Procedure	Specified way to carry out an activity or a process.
Record	Document stating results achieved or providing evidence of activities performed.
Top management	Person or group who is immediately responsible for, and directs, the company at the highest level within the scope of the HSE MS.

General

1.1. Company Profile

Prospect Training Services (PTS) is a private training provider and digital development studio with 6 delivery sites offering apprenticeships, traineeships, study programmes and adult learning. Located in Gloucestershire, the northernmost county in the South West Region, comprising of six districts, Cheltenham, Gloucester, Forest of Dean, Cotswold, Stroud, and Tewkesbury. A significant location for commerce, located at a crossroads between Wales, London, the West Midlands, and the South West.

PTS was established in 1997 to offer training programmes to disadvantaged young people in Gloucestershire. The company is led and managed by a Board of Directors. The provision consists of study programmes for learners aged 16 to 19 and 19 to 24 with an EHCP in Health and Social Care, Business, ESOL, work experience and Illumin8 (supporting young people with additional needs) as well as traineeships to unemployed learners. Apprenticeships are offered in Adult Care, Business Administration, Customer Service and Team Leading.

Our county wide adult provision, for customers aged 18 upwards, complements our youth services and consists of DWP Work and Health programme, DWP JETS programme and commercial services for CITB testing and delivery. Family services are offered through our Community provision at the Q Club covering a diverse range of services for age ranges from 6months to 70+.

We are also a multi award winning app, eLearning and management system development studio and education provider. We have a strong specialism in the sports industry developing Coach Education Management Systems, eLearning content, payment portals, booking platforms and apps for large sporting governing bodies.

1.2. Context of the Organisation, Risk & Opportunities, Needs & Expectations Register. Doc No: PTS-HSE-V-003

This document identifies and describes the context of PTS including relevant external and internal issues for our purposes as a company and for the EMS. PTS has also determined the interested parties, the needs, and expectations of those interested parties and which of those hold compliance obligations.

1.3. Purpose & Scope of this Manual

The scope of this manual covers all PTS employees and operations involved in the design and delivery of education and other training packages to adults.

This manual documents PTS's policies and systems for the management of its health and safety management system. It has been compiled using the system requirements of ISO 14001:2015 and ISO 45001:2018 Specifications with guidance for use.

It has the following purposes -

- To establish, describe and maintain an effective health, safety, and environmental (HSE) management system covering the implementation of PTS's health and safety policy and strategy, and its commitment to conforming with defined regulations and continual improvement in performance.
- To identify, and provide a guide to, the procedures and instructions that ensure that all personnel operate the system correctly to provide a reference document for all staff whose activities may have an influence on PTS's HSE performance.
- To assist in the training of personnel
- To facilitate auditing of the system
- To demonstrate to interested parties that a system exists which is leading to continual improvement in HSE performance

The scope of this manual covers all PTS employees and operations involved in the design and delivery of education and other training packages to youth and adults.

1.4. PTS Health and Safety Policy Statement: Doc No: PTS-HSE-II-001

Prospect Training Services (PTS) is a professional and health and safety conscious organisation, which acknowledges the impact that our operations may have with regards to health, safety, wellbeing, and the environment of our stakeholders.

We are committed to continual improvement in occupational health, safety, and environmental performance through an adoption of the following policy objectives:

- Commit to provide safe and healthy working conditions to prevent work related injuries and ill health via a commitment to eliminate hazards and reduce risks.
- Ensuring all personnel understand the value of delivering quality products and services whilst maintaining commitment to a safe and environmentally friendly workplace.
- Integrate its management system requirements into the organisation's business processes and taking accountability of such management systems
- Protecting the environment of our customers and the communities in which we operate.
- Systematically and continually improve the H&S Management System by setting H&S objectives to its business processes to achieve exceptional levels of operational and service excellence. These measurements and reviews of H&S performance will determine if it's appropriate for the purpose and needs, the context of the organisation, and supports its strategic direction and actions to address the risks and opportunities.
- Commit to fulfil its legal and other requirements such as those within HSE Standards to which PTS subscribes.
- Commit to the consultation and participation of workers and ensuring that all personnel understand the value of delivering quality products and services while maintaining commitment to a safe, healthy, and environmentally friendly workplace.

- Commit to provide safe and healthy working conditions to prevent work related injuries and ill health via a commitment to eliminate hazards and reduce risks.
- Driving continuous improvement into our services and business processes to achieve exceptional levels of environmental performance.
- Ensure that its HSE Management Systems achieve their intended outcomes.
- Continually educating our employees with respect to improving environmental performance.
- Minimising significant environmental risks, preventing environmental pollution, and promoting sustainable use of environmental resources where we operate
- To integrate our environmental objectives into all aspects of PTS's operations.
- Preventing pollution through reductions in the use of hazardous materials, and where their use is unavoidable, ensuring safe and efficient storage, use and disposal of such materials.
- Improving waste reuse and recycling where practicable.
- Measuring and reporting our environmental performance with a view to ensuring continual improvement.
- Improvements in the efficiency of energy use.
- Ensure that the policy is regularly reviewed for suitability, issued as required, understood within the organisation and available to interested parties.
- To deliver continual improvement in environmental performance we will set and review environmental objectives and targets on an annual basis.

This is a publicly available document and is communicated to employees via the company intranet and notice boards.

Louise Pinnell

Managing Director.....

Date.....

1.5. Planning

1.5.1. Risk Assessment Procedure and Guidance: Doc No: PTS-HSE-II-003/3a

Risk assessments form a central strand of a self-regulated safety management system. Successful completion of them provides sound economic benefits to the organisation as well as satisfying legal requirements. This procedure is intended to reduce risk to the health and safety of employees and others who may be affected by the way in which we conduct our business. Those involved in the risk assessment process will receive appropriate training.

1.5.2. Identification and Evaluation of Environmental Aspects and Impacts Procedure. Doc No: PTS-HSE-II-004

The purpose of this procedure is to describe the process for the identification of the environmental aspects of the activities and services of Prospect Training Services (PTS) and where applicable customer, supplier, and sub-contractor activities over which the company has control or can influence.

Methods for the evaluation of the significance of those aspects that have or can have significant impacts on the environment are included. The guidelines also cover the creation of a register of environmental aspects, which will be used by the organisation for the control and prevention of pollution, and compliance with applicable legal and other requirements and for the achievement of continual improvement.

1.5.3. Environmental Aspects & Impacts Register. Doc No: PTS-HSE-V-001

This is a register of the aspects and impacts identified through the above procedure.

1.5.4. OH&S Objectives, Targets, and Programmes: Doc No: PTS-HSE-II-005

The purpose of this procedure is to describe the process by which the Senior Management Team selects objectives and targets for improvement and implementation through the documented health and safety programs in the spirit of ISO 45001:2018.

1.7 Support

1.7.1 Resources, Roles and Responsibilities for HSE MS. Doc No: PTS-HSE-II-006

The policy and procedure aim is to address the roles and responsibilities of Prospect Training Services (PTS) employees with reference to the HSE Management System (MS).

As a responsible employer PTS, have a defined Roles and Responsibilities for staff. The purpose of this is to establish responsibilities for implementation of the EMS. This procedure applies to all PTS employees and undertakings.

PTS are committed to providing a safe workplace and a safe environment for our staff and others, who may be affected by our activities, and to comply with environmental legislation and best practice.

1.7.2 Competence, Training, and Awareness Procedure: Doc No: PTS-HSE-II-007

As a responsible employer Prospect Training Services (PTS), ensures that its employees, that have the potential to cause significant health, safety, and environmental impacts, are competent based on appropriate education, training, or experience.

PTS shall ensure the competency of all those involved in establishing, implementing, and maintaining the HSE management systems and those whose roles and responsibilities have, or could have, a significant impact on HSE performance.

1.7.3 Health, Safety, and Environmental Communication Procedure: Doc No: PTS-HSE-II-008

As a responsible employer Prospect Training Services (PTS), must address internal communication among the various levels of the company and the issue of receiving, documenting, and responding to relevant communication from external (regulatory) interested parties. The procedure aims to address the HSE communication internally and externally.

1.7.4 Control of Health, Safety, and Environmental Records: Doc No: PTS-HSE-II-009

This procedure refers to the records generated and maintained to provide evidence of the effective operation of Prospect Training Service (PTS) Safety Management System (SMS)

This procedure covers the health and safety records generated, their retention period, protection, location, and retrieval.

1.7.5 Document Control Procedure: Doc No: PTS-HSE-II-010

This procedure describes the practices used in Prospect Training Services (PTS) HSE Department for identifying, issuing, and maintaining required documentation such as Policy, Standards, Procedures, Work Instructions, Plans and Guidance's. This includes documents of external origins, such as industry standards, as necessary for the planning and operation of its Quality and Integrated HSE Management System

1.7.6 Retention of HSE Records: Doc No: PTS-HSE-II-011

The purpose of this procedure is to provide a framework for the creation, management, and disposition of records within Prospect Training Services (PTS). This guidance aims to provide information about the appropriate retention and disposal of records irrespective of format.

1.8 Operation

1.8.1 Operational Control: Doc No: PTS-HSE-II-012

This procedure describes the operational procedures for considerations in relation to the scope of the HSE Management System (SMS) and Prospect Training Services undertakings

Many of the operational controls required to help PTS meet its HSE policy, achieve its objectives and targets, comply with applicable legal requirements, and manage its significant risks are documented in the management system procedures. The purpose of this procedure is to document additional controls that are to be implemented as appropriate.

1.8.3 Incident Reporting: Doc No: PTS-HSE-II-026

This procedure provides information on how employees and contractors report any adverse incident, risks, harm, or hazard associated with their work. It enables PTS to report incidents/accidents in a timely manner, ensures incidents/accidents are reported where required via RIDDOR reporting thus enabling statutory compliance.

1.8.4 Incident Investigation Procedure: Doc No: PTS-HSE-II-025

This procedure outlines the investigation procedures which are to be adopted when any accident, ill health, near miss, or dangerous occurrence occurs on the organization's premises or in the course of any work activity undertaken on behalf of Prospect Training Services (PTS).

All accidents or incidence of work-related ill health, dangerous occurrences and near misses will be fully investigated by suitably trained staff. Accident or incident investigation is not a means of determining fault or apportioning blame.

1.8.2 Emergency Preparedness & Response: Doc No: PTS-HSE-II-013

The purpose of this procedure is to outline the Prospect Training Services (PTS) procedure for emergency preparedness and response (EPR). This procedure applies to all PTS facilities. Each facility will have its own arrangements for certain aspects of EPR due to its location, operational risks, and facility lay out. However, all facilities will have the same minimum requirements as set out in the procedure.

1.8.3 Control of Contractors: Doc No: PTS-HSE-II-014

The objective here is to provide a process that will interface with contractors to ensure that a safe work environment is established and maintained in all Prospect Training Services (PTS) facilities. This program applies to all contracting companies, sub-contract companies, and their personnel while performing work that can significantly impact the Health, Safety and Environmental concerns of PTS personnel, our customers or community.

1.8.4 Control of Substances Hazardous to Health (COSHH): Doc No: PTS-HSE-II-015

The purpose of this procedure is to ensure all exposure of employees, and non-employees including contractors, to substances hazardous to health is prevented or at least controlled within statutory limits such as those within the requirements of the Control of Substances Hazardous to Health Regulations 2002.

1.8.5 Managing Plant & Equipment Procedure: Doc No: PTS-HSE-II-016

The purpose of this procedure is to ensure that risks associated with plant and equipment within Prospect Training Services (PTS) are identified and managed. This procedure applies to all plant and equipment, which are used in PTS workplaces including workshops, teaching rooms, and offices.

1.8.6 First Aid Procedure: Doc No: PTS-HSE-II-017

This procedure outlines how Prospect Training Service's (PTS) satisfies its obligations under The Health and Safety (First Aid) Regulations 1981. PTS are required to provide adequate and appropriate

equipment, facilities, and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

1.8.7 Waste Management Procedure: Doc No: PTS-HSE-II-018

This procedure relates to the production, handling, keeping, safe storage, transport, collection, and disposal of all waste generated on PTS's sites.

1.9 Performance Evaluation

1.9.1 Evaluation of Compliance: Doc No: PTS-HSE-II-020

The purpose of this procedure is to describe the different checking areas and where appropriate signpost to additional procedures which are in place. It also applies to the periodic evaluation of the regulatory compliance of PTS with relevant HS&E legal and other requirements applicable to its operations.

1.9.2 HSE Management System Audit Procedure: Doc No: PTS-HSE-II-019

This procedure specifies the requirements for performing Internal HSE Management System (MS) Audits at Prospect Training Services (PTS). These audits are a part of PTS's HSE MS and are conducted periodically to ascertain that the management system is adequately implemented and continues to conform to planned arrangements for safety management, including the requirements of ISO 45001:2018 and ISO 14001:2015 to which the SMS is built. These audits can also help determine the regulatory status of PTS at time of the audit. Doc No: PTS-HSE-V-04 HSE Audit Checklist supports this procedure.

1.9.3 Review of Legal and Other Requirements: Doc No: PTS-HSE-II-021

This procedure applies to all relevant legal and other requirements applicable to the HSE Management system of PTS and its suppliers and contractors. Legal requirements include those specified in legislations / regulations and technical memoranda that are legally binding. Other requirements include contract requirements, business codes, guidance notes, code of practices, other technical memoranda and other practice notes produced by government agencies as well as professional institutions.

1.9.4 Management Review Procedure: Doc No: PTS-HSE-II-022

This procedure establishes minimum requirements for conducting Management Reviews satisfying the requirements for establishing and maintaining the HSE Management System.

A Management Review is a formal management evaluation of the status and adequacy of the management system in relation to the policy and objectives and for determination of the suitability, adequacy, effectiveness, and efficiency of the HSE Management System.

1.9.5 Monitoring and Measurement of the HSE MS: Doc No: PTS-HSE-II-023

The policy and procedure aims to address the HSE MS Monitoring and Measurement. The guidance outlines the implementation of programs and procedures with the intent to meet or exceed all applicable HSE laws and regulations.

Continual improvement of our environmental performance that is monitored and measured through proactive environmental management, self-assessments and/or third-party assessments.

1.10 Improvement

1.10.1 Corrective and Preventative Action Procedure (CAPA): Doc No: PTS-HSE-II-024


The procedure aims to ensure that health, safety, and environmental management system non-conformances are addressed as soon as possible to facilitate the continuous improvement philosophy. It defines who has responsibility and authority for ensuring that any incidence of non-conformance is addressed, and that appropriate corrective and preventative action is taken in line with Prospect Training Services (PTS) HSE Management System.

Appendix A

Cross reference of ISO 45001:2018 and ISO 14001:2015 requirements and Sections in the HSE Manual.

ISO 45001 Clause	ISO 14001 Clause	HSE Manual Section No.	Procedure Ref No.
4. Context of the Organisation			
4.1 Understanding the organisation and its context		1.2	PTS-HSE-V-003
4.2 Understanding the needs and expectations of interested parties		1.2	PTS-HSE-V-003
4.3 Determining the scope of the SMS		1.3	-
4.4 OH&S Management System	4.4 Environmental Management System	1.3	
5.1 Leadership and commitment		1.5	PTS-HSE-II-001
5.2 Health and Safety Policy Statement	Environmental Policy	1.4	PTS-HSE-II-001
5.3 Resources, roles, responsibilities, and authorities		1.5	PTS-HSE-II-002
6 Planning		1.5.	
6.1. Actions to address risk and opportunities	6.1 Environmental aspects	1.5.3	PTS-HSE-II-003/3a PTS-HSE-II-004
6.2. Objectives and planning to achieve them		1.5.4	PTS-HSE-II-004
7. Support		1.7	
7.1 Resources			PTS-HSE-II-006
7.2 Competence		1.7.1	PTS-HSE-II-006
7.3 Awareness			

7.4 Communication		1.7.2	PTS-HSE-II-007
7.5 Documented information		1.7	PTS-HSE-II-008
Document control		1.7.5	PTS-HSE-II-010
Retention of records		1.7.6	PTS-HSE-II-011
8. Operation		1.8	
8.1 Operational planning and control		1.8.1	PTS-HSE-II-012
Control of contractors		1.8.3	PTS-HSE-II-014
COSHH		1.8.4	PTS-HSE-II-015
Managing plant and equipment		1.8.5	PTS-HSE-II-016
First aid procedure		1.8.6	PTS-HSE-II-017
Waste Management		1.8.7	PTS-HSE-II-018
8.2 Emergency preparedness & response		1.8.2	PTS-HSE-II-013
9. Performance evaluation			
9.1 Monitor and measure		1.9.1	PTS-HSE-II-023
Review of legal and other requirements		1.9.3	PTS-HSE-II-021
9.2 Internal audit		1.9.2	PTS-HSE-II-019
9.3 Management review		1.9.4	PTS-HSE-II-022
10. Improvement			
10.1 Nonconformity preventative & corrective action		1.10.1	PTS-HS-II-024

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Health, Safety and Environmental Policy Statement				Rev No:	01


Prospect Training Services (PTS) is a professional and a health, safety, and environmentally conscious organisation, which acknowledges the impact that our operations may have on the health, safety, environment, and wellbeing of our stakeholders.


We are committed to continual improvement in occupational health, safety, and environmental performance through an adoption of the following policy objectives:

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- Ensuring all personnel understand the value of delivering quality products and services whilst maintaining commitment to a safe and environmentally friendly workplace.
- Integrate its management system requirements into the organisation's business processes and taking accountability of such management systems.
- Protecting the environment of our customers and the communities in which we operate.
- Systematically and continually improve the HSE Management System by setting H&S objectives to its business processes to achieve exceptional levels of operational and service excellence. These measurements and reviews of HSE performance will determine if it is appropriate for the purpose and needs, the context of the organisation, and supports its strategic direction and actions to address the risks and opportunities.
- Commit to fulfil its legal and other requirements such as those within HSE Standards to which PTS subscribes.
- Commit to the consultation and participation of workers and ensuring that all personnel understand the value of delivering quality products and services while maintaining commitment to a safe, healthy, and environmentally friendly workplace.
- Commit to provide safe and healthy working conditions to prevent work related injuries and ill health via a commitment to eliminate hazards and reduce risks.
- Driving continuous improvement into our services and business processes to achieve exceptional levels of environmental performance.
- Ensure that its HSE Management Systems achieve their intended outcomes.
- Continually educating our employees with respect to improving environmental performance.
- Minimising significant environmental risks, preventing environmental pollution, and promoting sustainable use of environmental resources where we operate
- To integrate our environmental objectives into all aspects of PTS's operations.
- Preventing pollution through reductions in the use of hazardous materials, and where their use is unavoidable, ensuring safe and efficient storage, use and disposal of such materials.
- Improving waste reuse and recycling where practicable.
- Measuring and reporting our environmental performance with a view to ensuring continual improvement.
- Improvements in the efficiency of energy use.
- Ensure that the policy is regularly reviewed for suitability, issued as required, understood within the organisation and available to interested parties.
- To deliver continual improvement in environmental performance we will set and review environmental objectives and targets on an annual basis.

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Daniel Pinnell

Managing Director..........Date April 2022

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Risk Assessment Procedure				Rev No:	01

1. Purpose

Risk assessments form a central strand of a self-regulated safety management system. Successful completion of them provides sound economic benefits to the organisation as well as satisfying legal requirements. This procedure is intended to reduce risk to the health and safety of employees and others who may be affected by the way in which we conduct our business. Those involved in the risk assessment process will receive appropriate training.

2. Scope

This procedure applies to all activities applicable to PTS and shall be read in conjunction with; PTS-HS-II-003a Risk Assessment Guidance.

3. Responsibilities

3.1. Senior Director

The Senior Director shall ensure that this procedure is implemented and ensure adequate resources are available to allow this.

3.2. Governance, Risk, & Compliance Manager

The GRC Manager shall ensure risk assessments are carried out and records of such are maintained. Employees shall be informed of the relevant assessment results and where required provided with adequate training. The GRC Manager shall regularly monitor and review risk assessments and their adequacy.

3.3. Senior Managers, Managers and Supervisors

Managers and supervisors shall ensure that measures introduced because of a risk assessment are implemented and followed. Where individuals are placed at a higher risk the GRC Manager should be informed in confidence so additional controls or reasonable adjustments can be made.

3.4 Employees

Employees shall ensure their own health and safety, and that of others, is not put at risk when carrying out work activities. They shall comply with all instruction and training and ensure the controls within the risk assessment are implemented. Employees should also report and shortcomings in safe working practices with confidence that remedial action, if needed, will be implemented. Employees who believe that they have personal health conditions that would put them at greater risk must report (in confidence) to their manager

4. Procedure & Guidance

4.1 Elimination of Hazards

PTS shall ensure all hazards will be eliminated, so far as is reasonably practicable. If this is not possible, the remaining risks shall be either avoided or reduced to an acceptable level. The measures introduced to achieve this will follow the principles of prevention and aim to combat risks at source.

If hazards cannot be eliminated or risk avoided, an assessment of risks will be carried out by competent persons. The following factors will be considered during the assessment:

4.2 Likelihood

Whether the likelihood of the harm arising from the hazard is considered as follows:

- Definite/Frequent
- Almost Certain/Probable

- Very Likely/Occasional
- Unlikely/Remote
- Very Unlikely/Improbable

4.3 Severity

Consideration will be made of whether the severity of harm from the hazard is likely to result in the categories listed as follows:

- Fatality or disabling injury (Catastrophic)
- Major injury or illness (Severe)
- 7-day injury or illness or on light duties (Marginal)
- First aid injury or illness (Marginal)
- Minor or no injuries (Negligible)

Reference will also be made to accident book records, sickness and ill health records and investigation reports when reaching this decision.


4.4 Those at Risk

Individuals or groups at risk due to the hazard will be considered. This will include employees, contractors, visitors, learners, and any other persons. If vulnerable persons, e.g., young people, new and expectant mothers, those with disabilities, lone workers and those working out of hours or at remote locations are likely to be exposed, additional considerations will be given.

5. Records

Records will be retained consistent with the PTS document retention policy (ref PTS-HSE-II-011). Where record retention is required for health and safety control purposes or specified by relevant legal or other requirements, such records will need to be retained as necessary for the effective operation of the HSE Management System

Risk assessments must be reviewed if they are no longer valid if operations change significantly following related incidents or after a maximum of 3 years if one of the above apply. The review must be documented even if there are no changes.

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Identification, Evaluation of Environmental Aspects & Impacts Procedure				Rev No:	01

1. Purpose

The purpose of this procedure is to describe the process for the identification of the environmental aspects of the activities, products, and services of Prospect Training Services (PTS) and where applicable customer, supplier and sub-contractor activities over which the company has control or can influence.

Methods for the evaluation of the significance of those aspects that have or can have significant impacts on the environment are included. The guidelines also cover the creation of a register of environmental aspects, which will be used by the organisation for the control and prevention of pollution, and compliance with applicable legal and other requirements and for the achievement of continual improvement.

2. Scope

This process is applicable to all PTS activities with consideration to all national and local regulatory authority and other requirements in determining the significance of the aspects.

3. Definitions

Environmental Aspect. Elements of the company's activities, products, or services that can interact with the environment.

Environmental Impact, any change to the environment, whether adverse or beneficial, wholly or partially resulting from the company's activities, products or services.

4. Responsibilities

The **Managing Director** is responsible for ensuring:

- The availability of the resources including specialised skills, technology, and financial resources to enable Managers to implement, maintain and improve the management of environmental aspects to prevent pollution and comply with applicable legal requirements.
- That a review the company's management of environmental aspects is undertaken at regular intervals by the HSE Department to confirm continuing suitability, adequacy, and effectiveness and to assess opportunities for improvement with the Environmental Aspect Register reviewed at least annually.
- That account is made for planned or new/contracts projects, or new or modified activities, and services ensuring that in the absence of an appropriate existing aspect assessment, a specific assessment is carried out particularly at the bid or planning stage and is reviewed if the bid or project is successful.
- Any proposed changes to the company's equipment is subject to an assessment in accordance with this procedure.

Contract and Centre Managers are responsible for ensuring:

Those significant environmental aspects of their contract/centre activities and services are identified and evaluated and that findings of environmental assessments are brought to the attention of the workforce.

5. Procedure

Initial scope of the assessment

For the identification of aspects to be carried out successfully it is first necessary to decide the scope of the company's control and influence over activities and services.

The initial scope could simply be the physical boundary of the site or it could include several sites carrying out similar activities.

A suitable long-term objective would be to extend progressively the scope beyond immediate controllable aspects to include the impacts of suppliers and sub-contractors over which PTS influence. The environmental aspects of client activities that we can influence should also be included in the process.

Identification of environmental aspects

The PTS Governance, Risk, & Compliance (GRC) Department shall identify the environmental aspects within the defined scope of PTS control and influence, considering the inputs and outputs (both intended and unintended) associated with the contract's activities and services, including any new or modified activities. The assessment should include those environmental aspects and impacts, under normal, abnormal (i.e., planned but infrequent) and reasonably foreseeable emergency situations.

It is not necessary to consider each activity individually; instead, categories of activities and services could be used to identify environmental aspects.

Aspects include actual impacts through consumption or emissions/releases/wastes as well as potential impacts from possible spillage, accidents, etc. Aspects can, therefore, be considered to include:

- Controlled and uncontrolled emissions to atmosphere
- Controlled and uncontrolled discharges to water
- Waste generation and management, solid and other wastes, particularly hazardous wastes
- Contamination of land from leakages and spills
- Use of raw materials and natural resources including consumption of fuels, electricity and water
- Noise, odour, dust, vibration and visual impact
- Effects on fauna and flora

It is important to have a methodical approach to aspect identification. By reviewing the company operations based on key functional areas, which could simply be departmental boundaries, and dividing the functions into several activities and processes it will be possible to methodically identify actual environmental impacts and potential failures. Examples of functional activities include:

- Facilities management – heating, air-conditioning, lighting, water and other utilities, ownership of buildings.
- Office management – use of paper, computer equipment, photocopiers.
- Purchasing – specification of materials, sustainable procurement
- Communications – use of video/teleconferencing/email/couriers/internal mail
- Commuting – use of public transport, employee cars
- Vehicle management – use of company cars, service and maintenance, fuel type

Environmental aspects and their impacts may include:

Aspects	Impacts
Discharge to land	Land contamination (accidental chemical spills or leaks from tanks, pipelines, etc.)
Discharge to watercourse	Water pollution (discharge of effluent into

Aspects	Impacts
	streams/rivers, discharge of effluent into sewers, water from firefighting)
Emissions to air	Air pollution (carbon monoxide, carbon dioxide, sulphur dioxide, asbestos, ozone depleting substances, dust
Use of resources	Impacts of electricity, fuel, gas and water usage
Nuisance	Noise, odour and vibration
Waste	Use of landfill sites and incineration emissions

When dealing with environmental aspects, interested parties some are listed below should be considered:

- Regulators
- Clients and their staff
- Insurers
- Sub-contractors, suppliers
- Property/premises owners
- Employees/trainees

Evaluating the significance of environmental aspects:

Having generated a list of environmental aspects, the next step is to determine which of these aspects have significant environmental impacts as these are the aspects that must be managed. Non-significant aspects need only be monitored to periodically review their non-significance status. The method for evaluating significance will be based upon a risk assessment approach. (however, the method for planned or project works will be based on the 5 x 5 matrix. Likelihood vs severity (Consequence) of Aspect causing and Impact.

Considerations for environmental Impact (Consequence):

Considerations for Environmental Impact (Consequences):				
Criteria				Rating
Material that will not cause environmental damage				1
Material that could cause limited environmental damage e.g. accidental spillage of a material within a building				2
Material that could cause localised environmental damage e.g. accidental spillage of a material on an area of hard-standing with possible loss to open ground or surface water				3
Material that could cause substantial damage e.g. accidental spillage of material on an open area with loss to surface water/atmosphere				4
Material that could cause major environmental damage e.g. accidental spillage of material on an open ground with loss to surface water/atmosphere through evaporation				5
Criteria				Rating
Consumption/disposal of a renewable/recyclable material causing trivial environmental damage				1
Consumption/disposal of a material/resource causing minor environmental damage				2
Consumption/disposal of a material/resource causing moderate environmental damage				3
Consumption/disposal of a material/resource contributing to a known global environmental problem				4
Consumption/disposal of a non-renewable material/resource making a major contribution to a known global environmental problem				5
Criteria	Lt. or Kg	KWh/annum	Tonnes/annum	Rating
Minimum quantity used or released	< 25	< 100,000	< 10	1

Minor quantity used or released	25-500	100,000 - 500,000	10-20	2
Moderate quantity used or released	500-2,000	500,000-2m	20-50	3
Large quantity used or released	2,000-10,000	2m-5m	50-100	4
Major quantity used or released	>10,000	>5 million	>100 Tonnes	5

Frequency of Occurrence (Likelihood)

When assessing the frequency that the aspect will/does occur, the effectiveness of the controls already in place should be considered.

Criteria	Rating
No evidence of occurrence	1
Possible occurrence (1x per year)	2
Probable occurrence (1x per month)	3
Likely Occurrence (1x week)	4
Certain to occur (daily or continuous)	5

Legal or Other Requirement

If the aspect is subject to legal control or to an “other requirement” this should be indicated in the Aspect Register by a “yes” or if not a “no”. Aspects subject to legal control or to other requirements, for example, company, contractual or local community, are automatically considered to be significant. These aspects must be controlled to ensure legal compliance and reference made in the Aspect Register to the Summary of Legislation and relevant operational control procedure.

Register of Environmental Aspects

An Environmental Aspects Register shall be created to list the various environmental aspects arising from the company’s operations and their significance ratings. A very brief description of the aspect and impact shall be entered in the register and the appropriate score entered using the evaluation criteria above.

PTS will decide what significance rating score will represent “significance”. It is recommended that in addition to aspects subject to legal and other requirements, aspects with the highest rating should be included to give between three and five significant aspects, as this is likely to be enough to deal with each year.

Commitments will be made within the environmental policy for the improvement of its significant aspects and objectives set to identify how they will be improved.


Two columns are included in the Aspect Register, one to identify the condition under which the aspect will occur (i.e. normal, abnormal or emergency) and the other to identify the appropriate operational control procedure for each aspect particularly those subject to legal requirements.

The Aspects Register once created must be kept up to date. The updating will occur because of the review of the environmental aspects. The period of the review will depend upon the changes occurring within the company, but as a minimum, should be included in the annual management review.

The Environmental Aspects Register should be reviewed under the following circumstances:

- Introduction of a new service
- Introduction of new process/substance
- Major development works
- Taking on a new supplier or sub-contractor

Once a new aspect has been listed and scored the spread sheet can again be re-ordered against the highest significance score. The new aspects will then appear in their correct ranking position. It is possible to re-score the significant aspects once they have been improved through the management programme and maintained through the initiation of an operational control procedure. The re-scoring of a “controlled” aspect will cause the significance score to fall down the register.

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Health, Safety, and Environmental Objectives, Targets, and Programmes				Rev No:	01

1. Purpose

The purpose of this procedure is to describe the process by which the Senior Management Team (SMT) selects objectives and targets for improvement and implementation through the documented environmental programs in the spirit of ISO 45001:2018 and 14001:2015

2. Scope

This section of the environmental manual applies to all health, safety, and environmental objectives, targets, and programs implemented and maintained at Prospect Training Services (PTS).

3. Responsibility

The Governance, Risk, & Compliance (GRC) Manager is responsible for assuring the control of PTS Health, Safety and Environmental Management system including the development of Policies, Procedures, and Guidance as required.

Senior Directors, Managers and all employees are responsible for monitoring and implementing this procedure.

4. Definitions

4.1. Health, Safety, and Environmental objective

Overall health, safety, and environmental goals, arising from the HSE policy, that an organization sets itself to achieve, and which is quantified where practicable.

4.2. Health, Safety, and Environmental performance

Measurable results of the HSE management system, related to an organization's control of its environmental aspects, based on its health, safety, and environmental policy, objectives, and targets.

4.3. Performance indicator

Attributes, measurements, or parameters, which are utilized to describe specific performance about objectives and targets.

4.4. Health, Safety, and Environmental target


Detailed performance requirement quantified where practicable, applicable to the organization or parts thereof, that arises from the health, safety, and environmental objectives and that needs to be set and met to achieve these objectives.

5. Procedures

- The Senior Management Team (SMT) meets as required at Management Review Meetings to set or review health, safety, and environmental objectives and targets.
- The SMT ensures that environmental objectives are established at relevant functions and levels within the organization. Objectives may be department or process-specific giving consideration to the scope of activities performed in the identified area.
- In identifying appropriate objectives and targets, the SMT considers the significant health and safety risks, its environmental aspects, legal and other requirements, technological options, views of interested parties and the financial and business requirements.

- The Environmental Impact Assessment is referenced when determining objectives and targets.
- Views of interested parties may be developed through contact with current customers, surveys of employees and communication with local government officials, where applicable. Collected information is retained in appropriate environmental management program files for the life of the program.
- The SMT ensures that objectives and targets are consistent with the HSE Management System (HSEMS) policy, support continual improvement and ensure the prevention of pollution.
- Objectives and targets are identified and documented as components of HSE Management Programs including appropriate references to the following as required:
 - Relevant Aspects
 - Objectives and Targets (values and dates).
 - Summary of resources required.
 - Monitoring and operational controls.
 - Summary action plans to meet the objectives and targets.
- Assigned personnel responsible for achieving the established objectives and targets as well as the timelines.
- Objectives and Targets are monitored and reviewed semi-annually or more frequently as required by the Senior Management Team at management review meetings.
- Where it is determined that objectives, goals, and targets have been met, new objectives, goals and targets are determined to ensure continual improvement of the health, safety, and environmental management system.
- Where it is determined that goals, objectives, and targets have not been met, the SMT has the authority to update and/or amend goals and targets to ensure they are suitable for PTS and are achievable.
- The SMT or designee (GRC Manager) amends HSE MS documents, where new activities, products or services impact an established HSE management program. The amended documentation ensures that the integrity of the HSE MS is maintained when new processes or services are determined and implemented.

This procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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Resources, Roles and Responsibilities for HSE MS				Rev No:	01

1. Introduction

The policy and procedure aim is to address the roles and responsibilities of Prospect Training Services (PTS) employees with reference to the HSE Management System (MS).

2. Purpose

As a responsible employer PTS, have a defined Roles and Responsibilities for staff. The purpose of this is to establish responsibilities for implementation of the HSE MS. This procedure applies to all PTS employees and undertakings.

PTS are committed to providing a safe workplace and a safe environment for our staff and others, who may be affected by our activities, and to comply with health, safety, and environmental legislation and best practice.

3. Responsibility

The GRC Manager is responsible for assuring the control of the PTS HSE MS, including the development of Policies, Procedures, and Guidance as required.

Directors and Managers are responsible for monitoring and implementing the HSE EMS.

3.1. Managing Director

Support the implementation and the maintenance of compliance with the HSE EMS program policy, procedures, and practices on all PTS undertakings and within all PTS facilities, leased or owned.

3.2. Senior Management Team

Review at least annually the written corporate Health, Safety, and Environmental Policy Statement.

- Provide the necessary resources to implement, support, and enforce the HSE MS policy and program within the company.
- Support and participate in corporate level environmental meetings.

3.3. Governance, Risk, & Compliance Manager

- Oversee the assigned HSE EMS programs.
- Review HSE components in proposals, tenders etc.
- Evaluate facilities health, safety and environmental performance, and compliance with established program.
- Conduct on-site HSE MS program evaluations.
- Facilitate investigations of serious accidents associated with plant operations and office facilities.
- Coordinate with Legal and Insurance representatives regarding HSE issues.
- Act as liaison between PTS and governmental agencies on matters relating to environmental, safety and health.
- Keep senior management informed on developments regarding HSE management.
- Coordinates, develops, and presents HSE awareness training programs.
- Provide consultation to Centre Managers regarding HSE issues.
- Maintain statistics applicable to HSE performance.

3.4. Centre Manager

The Centre Manager has the responsibility for implementing the HSE MS at his/her respective location. The Centre Manager will lead by example, modelling the behaviour expected from all employees performing work at the facility.

The Centre Manager will:


- Support the development of centre-specific health, safety, and environmental management plans and programmes.
- Communicate expectations to the Centre team.
- Participate in the promotion and communicate HSE performance expectations to the team.
- Facilitate compliance with applicable statutory regulations and all requirements of the site-specific HSE plans.
- Participate in and support the activities of committees.

3.5. Employees

Employees will be responsible for the following:

- Promoting the implementation of the PTS HSE MS and subsequent programmes.
- Promptly reporting injuries to their supervisor and site first aid facility.
- Making suggestions to improve PTS's HSE performance.
- Complying with the requirements of the PTS HSE EMS.

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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Competence, Training and Awareness Procedure				Rev No:	01

1. Introduction

The policy and procedure aims to address Health, Safety, and Environmental (HSE) Competence, Training and Awareness Procedures.

2. Purpose

As a responsible employer Prospect Training Services (PTS), ensures that its employees, that have the potential to cause significant health and safety risks or environmental impacts, are competent based on appropriate education, training, or experience.

PTS shall ensure the competency of all those involved in establishing, implementing, and maintaining the Health and Safety Management System (HSE EMS) and those whose roles and responsibilities have, or could have, a significant impact on the environment.

3. Responsibility

The Governance, Risk, & Compliance (GRC) Manager identifies people performing tasks for, or on behalf of the Company that have the potential to cause significant health and safety risks or environmental impacts. This includes those associated with PTS's environmental aspects and EMS. If deficiencies are identified the GRC Manager instigates a programme or relevant training, or takes other action, to address these deficiencies. This includes training for:

- New employees.
- The general workforce.
- Those who have or could have a significant impact on the environment.
- Those responsible for ensuring legal compliance.
- Those responsible for the procurement of goods and services.
- Those responsible for emergency procedures.
- HSE auditors.

The training programme will make people aware of:

- Their roles and responsibilities within the HSE MS.
- The importance of conformance with the policy, procedures, and requirements of the HSE MS.
- The significant aspects actual or potential associated with their work or study and the environmental benefits of improved personal performance.
- Their roles and responsibility in achieving conformance with the requirements of the HSE MS and the potential consequence of departure from specific operating procedures.
- Emergency preparedness and response requirements.

Training is conducted using facilities and face to face when required. online and other opportunities within PTS.


The GRC Manager adds the results of the training needs evaluation in the PTS HSE Training Matrix. All records generated from training are held in records/training files in the document control system.

Training within PTS is managed by the Human Resources Department via the annual appraisal and objective setting process. All staff in PTS complete an annual appraisal as well as periodic reviews with their line manager. All staff training is managed, requested, and recorded through the HSE

Manager who will ensure that links to on-line HSE MS learning tools are developed through the online platform used within PTS.

Assessment and employment of new staff is the responsibility of the HR Department. The GRC Manager will liaise with the team to highlight key areas of competence required through all roles within PTS to ensure compliance with the development of an HSE MS.

The GRC Manager reviews and revises the training programme as part of the annual audit and communication programme developed each year.

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Information Security Communication Procedure				Rev No:	01

1. Introduction

The policy and procedure aims to address the Information Security Management System (ISMS) communication procedure. The guidance outlines the risk, its control by management and indicators of risk factors for consideration.

2. Purpose

As a responsible employer Prospect Training Services (PTS), must address internal communication among the various levels of the company and the issue of receiving, documenting, and responding to relevant communication from external (regulatory) interested parties.

The GRC Manager will address requests for information about PTS's significant information security risks.

Definitions:

External Interested Parties include:

- The community, news media, companies, and other entities that have an interest in the ISMS of PTS.

Internal Interested Parties include:

- Employees, Managers and Directors of PTS.

PTS will only disseminate the Information Security Policy Statement (PTS-IT-II-003) to organisations who request this information, such as clients or interested parties.

3. Responsibility

It is the responsibility of each department's leadership to assure that their staff carry out appropriate and effective communication procedures and activities.

The GRC Manager, in liaison with the Managing Director, is responsible for coordinating communication of the ISMS to external interested parties.

4. Procedure

4.1. Internal Communication

Department leadership are responsible, with support from the HSE and IT Managers, for coordinating the communication of the ISMS policies, procedures and other issues concerning the ISMS to their staff.

Internal communication may include, but are not limited to:

- Electronic Mail
- Staff Meetings
- New employee training
- Security Bulletins and Posters
- Memoranda and employee letters
- Newsletters, articles

4.2. External Communications:

- Inquiries and other communications received (by mail, fax, telephone, in person, etc.) from external parties including representatives of regulatory agencies should be routed to the GRC Manager.

- All inquiries or communication from representatives of the media must be routed to the PTS Managing Director. A record of these communications must be documented.

PTS will not communicate with external parties regarding our significant information security, unless explicitly requested.

5. Reporting of Information Security Breaches

All staff are responsible for reporting possible breaches of information security immediately upon discovery. See PTS-IT-II-002 Information Security Incident Reporting and Management Procedure


Communication of the results of any investigation and/or correction of reported information security risks are the responsibility of the GRC and IT Managers and Senior Directors.

This policy and procedure applies to all employees and will be reviewed periodically, to ensure it remains effective.

6. Communication Plan ISO 27001:2013

The Information Security Communication Plan below outlines the types of communication PTS shall undertake and at what frequency and to whom. The plan shall be subject to ongoing reviews and adjusted as and when required.

Role	Type of Communication	Subject of Communication	Frequency	Recipient(s)
IT/GRC Manager	Internal	IS awareness	Periodically	Employees
IT Manager	Internal	IS metrics report	Monthly	SMT
GRC Manager	Internal	Internal/external audit communication	Periodically	Stakeholders
GRC Manager	External	Audit responses	Post audit	Auditor(s)
IT Manger	External	Security compliance requirements	Contract planning	Vendors

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Risk Assessment Guidance				Rev No:	01

A risk assessment is the systematic identification of hazards (something with the ability to cause harm), the evaluation of associated risk (the level of severity and likelihood) and the determination of appropriate control measures.


In compiling a Risk Impact Assessment (RIA), the following 5 steps to a RIA should be considered.

1. Identify the Hazards
2. Decide who might be harmed and how (staff, visitors, contractors etc.)
3. Evaluate risk and decide on precautions/controls
4. Record findings and implement them in the **Risk Control Measure and Proposed Control Measures box.**
5. Review and update, as necessary.

Further notes:

- The activity – e.g. Lifting of equipment
- The hazards associated with the activity – e.g. fall of materials, incorrect rigging, and inadequate training on overhead crane.
- The level of risk – low, medium, or high (an objective assessment of the likelihood and severity of the hazard)
- The control measures to be applied in order to reduce/eliminate the hazards – e.g. training on how to complete rigging activities, how to use overhead crane, weight and centre, follow Job Safety Analysis (JSA/Safe System of Work (SSoW)


Risk Matrix							Risk = Likelihood x Severity			
Likelihood/ Probability	5	5	10	15	20	25	Likelihood / Probability	Rating	Consequence / Severity	Risk Rating
	4	4	8	12	16	20	Definite / Frequent	5	Fatality or disabling injury or illness (Catastrophic)	17-25 High Risk
	3	3	6	9	12	15	Almost Certain/Probable	4	Major injury or illness (Severe)	15-16 Medium to High Risk
	2	2	4	6	8	10	Very Likely/Occasional	3	7 Day injury or illness or on light duties (Critical)	10-12 Medium Risk
	1	1	2	3	4	5	Unlikely/Remote	2	First aid injury or illness (Marginal)	5-9 Low to Medium Risk
		1	2	3	4	5	Very unlikely/Improbable	1	Minor or no injuries (Negligible)	1-4 Low Risk
Impact Consequence/Severity										

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Risk Assessment Guidance				Rev No:	01

Additional guidance in completing the PTS RIA


1. All RIA completed need to be approved by the PTS Governance, Risk, & Compliance Manager
2. Select routine or non-routine activity
3. Risk Assessments will be reviewed as follows:
 - a. At least every 3 years
 - b. Should there be personnel or technology changes
 - c. Following an incident
 - d. Change in legislation or organisational / operational requirements.

Rating Guide and Risk Explanation		
Risk Rating	Harm to personnel	Damage to Equipment or the Environment
Level 1 (16-25)	Unacceptable, stop activity and make immediate improvements	
	Contains unacceptable levels of risk, including catastrophic and severe injuries and / or health risk that are most frequently to occur. Facilities should consider whether they should eliminate or modify activities that still have Level 1 rating after applying all reasonable risk management strategies.	Essential Systems / Environment at risk, no back up. Failure would require major modifications or repairs to equipment and systems, organisational change and/or Environment.
Level 2 (10-15)	Look to improve within a specified timescale (Cost, Time, Effort, Technology advancement – ALARP Principle)	
	Contains potentially serious risks that are likely to occur. Application of proactive risk management strategies to reduce the risk is advised. Facilities should consider ways to modify or eliminate unacceptable risks.	Essential Systems / Environment at risk, back up available or repairs feasible, but not immediately. Failure would require minor modifications or repairs to equipment and systems, environment and /or procedure re-write.
Level 3 (5-9)	Adequate, look to improve at next review - ALARP	
	Contains some level of risk that may occur. Facilities should consider what could be done to manage risk to prevent any negative outcomes.	Essential systems / Environment at risk, back up available or repairs feasible immediately. Failure would require minor modifications or repairs to equipment and systems, Environment and / or procedural rewrite.
Level 4 (1-4)	Acceptable, no further cation required.	
	Activities in this category contain minimal risk and are unlikely to occur. Proceed with activities as planned.	Mon -essential systems at risk or essential systems with immediate back-up available. Failure would require minor adjustments to system parameters or procedures.

	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-II-003a
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		Revised By:	MG	Rev Date:	27-04-2022
		Risk Assessment Guidance			Rev No:


Probability of occurrence	Improbable	Remote	Occasional	Probable	Frequent
Probability of the impact/risk	<i>Very rare occurrence</i> Can occur only in exceptional circumstances Requires sequential/multiple system failures for event to occur	<i>Less Likely</i> Can occur remotely in 5 years (once or twice)	<i>May be possible</i> Occurs once/twice in a year	<i>Likely occurrence</i> Occurs a few times in a month Can be consistent week after week	<i>High probability</i> Occurs very frequently, many times in a working day/week Highly certain, constant, and continuous exposure exist.

Rating severity / consequence		Harm to personnel and other (H&S)	Environmental Impact	Cost of damage or incident
5	Fatality or disabling injury or illness (Catastrophic) – Reportable Injuries / illness to statutory HSE Body	Fatality, Multiple severe or critical injuries. Irreversible health effects e.g. occupational health as designated by country legislation.	Event damaging the environment outside of TDW boundaries including facilities and field work – leading to prosecution or civil mitigation	£150,000 or greater
4	Major injury or illness (Severe) – Reportable injuries/illness to statutory HSE Body	Up to Lost time injuries Reversible health effects requiring days away from work	Event damaging the environment outside of TDW boundaries including facilities and field work – leading to prosecution or civil mitigation	Between £100,000 and £149,000
3	No of days injuries or illness or on light duties (Critical) – Reportable injuries/illness to statutory HSE body	Up to Restricted Work Case / Reversible Health Effects affecting normal work activity.	Impact contained within location (Facility or Field) Localised environmental impact	Between £50,000 and £99,000
2	First aid injury or illness (Marginal)	Medical Treatment only / minor health effects	Impact, spreads beyond the area of the localised work. Impact can be seen in the adjacent workstation also but not outside the immediate work area.	Between £5,000 and £49,000
1	Minor or no injuries (Negligible)	First Aid Incident	Minimal impact, damage restricted to at the source.	Less than £5,000

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Risk Assessment Guidance				Rev No:	01

Hazard Checklist

1. Equipment/mechanical	2. Transport	3. Fire and Explosion	4. Other factors to consider
Entanglement Friction/abrasion Cutting Shearing Stabbing/puncturing Impact Crushing Drawing-in Air or high-pressure fluid injection Ejection of parts Pressure/vacuum Display screen equipment Hand tools / power tools	Works vehicles Mechanical handling People/vehicle interface	Flammable materials/gasses/liquids Explosion Means of escape /alarms /detection	Poor maintenance Inadequate management / supervision Insufficient of training Insufficient provision of information Inadequate procedure Unsafe systems
5. The Individual	6. Chemicals	7. Access	8. Environmental
Individual not suited to work (Are they Competent – skills, Knowledge Experience)) Long hours High work rate Violence to staff Unsafe behaviour of individual Stress Pregnant/nursing staff Young people	Dust/fume/gas Toxic Irritant Sensitizing Corrosive Carcinogenic Nuisance	Flammable materials/gasses/liquids Explosion Means of escape /alarms /detection	Poor maintenance Inadequate management / supervision Insufficient of training Insufficient provision of information Inadequate procedure Unsafe systems
9. Handling and Lifting	10. Particles and dust	11. Electricity	12. Biological
Manual handling Mechanical handling	Inhalation ingestion Abrasion of skin or eye	Fixed installation Portable tools and equipment	Bacterial Viral Fungal

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Control of HSE Records				Rev No:	00

1. Purpose

This procedure refers to the records generated and maintained to provide evidence of the effective operation of Prospect Training Service (PTS) Health, Safety, and Environmental Management System (HSE EMS)

This procedure covers the business and environmental records generated, their retention period, protection, location, and retrieval.

2. Scope

This procedure, which applies to all key business HSE system records, contains the following sections:

- Identification, Protection and Retrieval
- Process and procedure records
- Disposal or records
- Review of records
- Related Documents

3. Procedure

It is the responsibility of the GRC Manager and the Centre Manager to ensure the appropriate implementation of this procedure. All Centre Managers have immediate responsibility for the management of records relating to their facility.

Retention periods consider statutory, regulatory and customer requirements.

3.1. Identification, Protection and Retrieval

The Document Retention Procedure indicates the types of records being maintained

The records are protected by secure physical location or data back-up (soft copy).

Documents can be retrieved by authorised personnel from the storage locations specified and / or from folders on the network.

HSE records are stored in folders or files and are identified and retrieved by type and record number.

Key office computers are backed up daily to tape on a local server

3.2. Process and procedure records

Records are maintained to demonstrate that services and products conform to specification and regulatory/statutory requirements, and that contracts of supply have been duly executed and completed satisfactorily.

Files and folders are maintained that contain records of the activities and functions of PTS that affect the health and safety risks or its impact on the environment. These records can be accessed by an authorised person; however, records must not be removed from site without permission from the HSE Manager.

Records specified as part of a contract will be made available for inspection for a period as determined in the contract.

Electronic media pertaining to the HSE MS is stored in such a way as to prevent loss, damage, or corruption. Electronic back-ups are maintained in accordance with the data back-up process.

3.3. Disposal or records

On or after the retention period stated, the relevant records will be reviewed by the HSE Manager and will either remain in-situ, be archived or destroyed.

If records are to be destroyed, they will be disposed of in a controlled manner; sensitive hard copies will be shredded and soft copies will be deleted from the system. If records are to be archived, they will be identified and stored appropriately.

3.4. Review of records

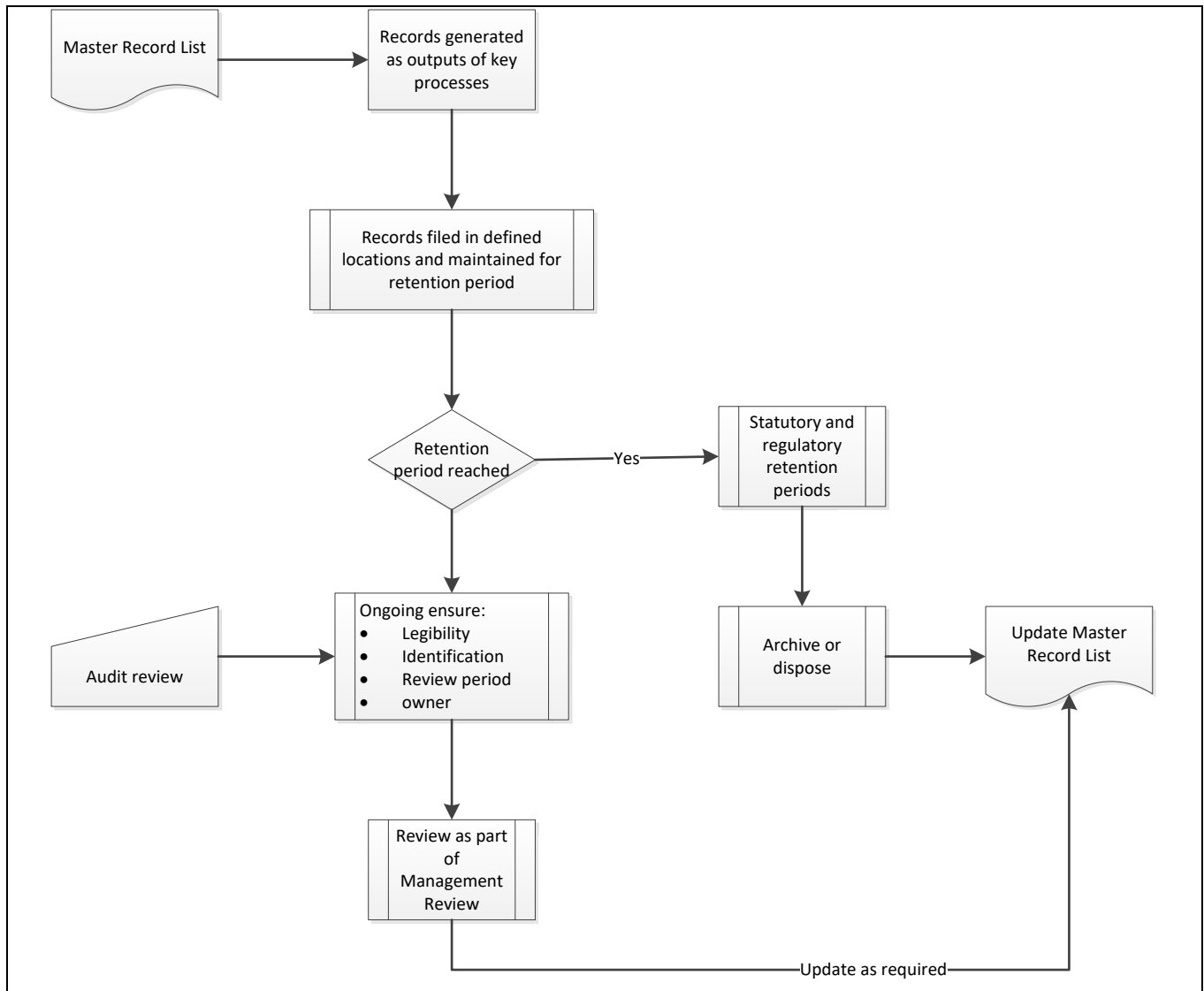
The internal audit process is used to check that records remain legible, identifiable, and retrievable.

HSE records will be reviewed either prior to or during the Management Review process to ascertain the HSE MS continuing suitability, adequacy, and effectiveness. The appropriateness of the records maintained, and their retention period may also be reviewed.


4. Related Documents

All Controlled HSE MS Documents

5. Document Control Flowchart



This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-II-010
		Approved by:	LP	Issue Date:	01-01-2021
		Revised By:	MG	Rev Date:	27-04-2022
Document Control Procedure				Rev No:	01

1. Purpose

To establish a procedure to control documentation as required by the Integrated HSE Management systems.

2. Scope

This procedure describes the practices used in Prospect Training Services (PTS) HSE Department for identifying, issuing, and maintaining required documentation such as Policy, Standards, Procedures, Work Instructions, Plans and Guidance's. This includes documents of external origins, such as industry standards, as necessary for the planning and operation of its Integrated HSE Management System.

3. Definition

- Document - A physical medium with information captured on it in the form understandable to human (text, audio record, image, video record, forms, and/or combination of these), and that is meant for transferring in time and space for use and storage.
- A document will most frequently contain a series of instructions or requirements that provides guidance / directions for performing work of importance.
- Documents are either controlled or non-controlled.
- Document Control - Continuous maintenance of documents in valid state.

4. User notes

The requirements of this document are mandatory. A controlled copy of the current version of this document is in Staff Essentials. Before referencing this document, it is the User's responsibility to ensure that the hard or electronic copy he/she is using is current. The Document Custodian (GRC Manager) should be contacted for any assistance and feedback.

5. Responsibilities

It is the responsibility of the GRC Manager to maintain this procedure and provide assurance of its implementation throughout the Company

6. Procedure

6.1. Identification of Need

Written documents should be developed, formalised, and controlled if:

- The above is required by the PTS HSE Management System in conformance with ISO 45001 and ISO 14001 Standards (e.g., HSE Policies, Management System Manual, Records Management Procedure).
- Absence of the above may impact the environmental aspects or safety of PTS activities.
- It is determined by the HSE critical activity, process, and function lead and/or PTS management that the above contributes to continual improvement of PTS operations.

Depending on the level of document the Managing Director shall approve the creation of new document. They may delegate such approval to the appropriate personnel such as the HSE Manager.

6.2. Interface, Consultations and Peer Review

It is critical that to avoid duplication, conflicting requirements, or inconsistent practices any new document or document revision is developed with due interface, consultation, and undergoes necessary review.

- a) The Document Custodian shall confirm with the Managing Director that there is no other document already existing that describes the same process or stipulates the same requirements. - Further on this will read: The Document Custodian shall analyse Staff Essentials metadata and confirm that there is no other document already existing that describes the same process, stipulates the same requirements.
- b) The Document Custodian shall to the best of their knowledge identify key activities, processes and functions affected by the document he/she is initiating. Due consultations and interface shall take place on a working level with the leads and key personnel of identified activities, processes and functions before a document is approved for use and published.
- c) The final draft inclusive of the results of above interface, consultation and review shall be approved by the Managing Director.

6.3. Formalization and Numbering

Document shall contain the following information:

- Document title and document level
- Date of issue
- Date of revision
- Initial of persons creating and authorising
- Unique document number as per the Document Numbering Guide Appendix 1
-

Revision 00 will be the starting Revision for each procedure. "Revision 01" will denote subsequent revisions to the documents and so on.

It is the responsibility of Document Custodian to ensure his/her document is formalized in accordance with the above principles.

The informative part of a document shall contain the following:

- 1) Purpose of the document
- 2) Scope of application of the document
- 3) Terms and definitions used in the document
- 4) User notes (standard generic statement. See section 5 above)
- 5) Responsibilities. This section lists personnel responsible for the different aspects and requirements in the document and details these responsibilities.
- 6) Description of the process – actual contents. This section describes a process, lists requirements, gives guidance, etc.
- 7) Forms and Records if any. Appendices and forms which, when filled in, would demonstrate the due implementation of the process, requirements, etc. described in the document.

6.4. Publication and Implementation

All new documents and document revisions shall be published in Staff Essentials

All new documents and document revisions shall be signed by the Document Custodian and document Authorizer. In all cases the Authoriser shall be the PTS Managing Director

A document is considered controlled only when in PDF format, with scanned signed front pages and is located at the designated Staff Essentials location. The Document Custodian should be contacted for the current editable version of their document.

The Document Custodian shall be responsible for communicating his/her document or document revision and making it available in designated controlled spaces (with support of IT Function) to all identified and potential users.

6.5. Document Revision

The Document Custodian may set revision requirements, either regular or as required. In such a case these requirements shall be stipulated in the document body. In principle, a document shall be revised if:

- There is a change in Policy, Vision, Mission, Strategic Objectives, Management System principles, etc. that warrants the change in the process, requirements, work practice, etc. that is/are described in the document
- There is a corrective change in the process, requirements, work practice, etc. that is/are described in the document, e.g., resulting from audit findings, incident investigations
- There is a need for preventive change in the process, requirements, work practice, etc. that is/are described in the document to support continual improvement, e.g., identified during Annual Management Review
- In general, if the working practices have changed, provided that these changes follow the Integrated HSE Management System requirements.

In principle, any PTS employee may request a change to a document.

It is the responsibility of the Document Custodian to revise or initiate revision of his/her document when any of the above situations occur or otherwise as required. When revision is necessary the Document Custodian shall initiate activities described in Section 6.3 of this document.

Revision(s) to a document shall be indicated on the Revision Details page. The Revision Details shall contain the key changes in the document. If a procedure changes to the extent that it should be read in its entirety, a statement shall be placed in the Revision Details page "Brief Description of Change" section and shall read substantially as follows: "This is a completely revised procedure and should be read in its entirety."

6.6. Version control

The Document Custodian shall be responsible for version control for his/her document, namely he/she shall:


- Ensure previous versions are removed from Staff Essentials
- Ensure his/her document, if superseded or obsolete, are either removed from the dedicated controlled spaces and are not available for download, or, in case these documents are retained for historical reference, they shall be clearly marked with the appropriate watermark on each page.
- It is, on the other hand, the responsibility of the User to ensure he/she is using the active document and in its latest version.

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

7. Appendix

7.1. Appendix 1


Level - I	Manual / Policy / Standard /
Level - II	Procedure
Level - III	Instruction
Level - IV	Form
Level - V	Register

	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-II-009
		Approved by:	LP	Issue Date:	
		Revised By:		Rev Date:	
Name of Procedure				Rev No:	00

Prospect Training Services

Health, Safety, Environment

Sequential number

	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-II-011
		Approved by:	LP	Issue Date:	01-01-2021
		Revised By:	MG	Rev Date:	27-04-2022
Retention of HSE Records				Rev No:	02

1. Purpose

The purpose of this procedure is to provide a framework for the creation, management, and disposition of records within Prospect Training Services (PTS). This guidance aims to provide information about the appropriate retention and disposal of records irrespective of format.

2. Responsibilities

2.1 Each Contract/Department Manager has overall responsibility for the management of records generated within their area of responsibility.

2.2 All employees who create, receive, and use records are responsible for ensuring their own general records are managed in accordance with this procedure.

3. General

The controls of specific records applicable to individual procedures are documented in the relevant procedures. This procedure summarises the various quality records, the responsible holders and minimum retention periods. "A record" is defined as recorded information, in any form, created or received by PTS that facilitates its business and which is thereafter retained for a set period to provide evidence of its transactions or activities. Records may occur in all types of format or medium, including electronic media

4. Procedure: Record Retention Schedule

The Record Retention Schedule below provides both a broad description of the types of documents to be retained, together with examples of specific occupational health and safety records likely to be used by departments plus their retention periods.

Retention periods shown are either set by legislation or are good practice recommendations based on a wide range of industries and institutions across the UK.

Records may be retained in paper and/or electronic format, but must be readily accessible, when necessary.

Retaining information in any form, for an extended period has space implications for PTS UK. Therefore, it is not only good practice, but it is also important for PTS UK that records are only kept for as long as they are required.

A – Z Reference Guide to Retention Periods for HSE Records

Where the following topics/issues are applicable to departments, then the associated records are required to be retained for the periods shown. Records may be retained in hard copy and/or electronic format, but must be readily accessible, when necessary.


Ref	Topic/Issue and Typical Records	Document Reference	Retention Period
A			
1	Accident & Incident Reporting & Investigation		
1.1	Records documenting the recording and investigation of accidents, dangerous occurrences, and outbreaks of notifiable diseases on the premises	Investigation reports/summaries. Accident Book entries. Safety Alerts/moments (Incident related)	Closure of investigation + 4 years, OR if health related + 40 years
1.2	Records documenting the notification and reporting to enforcing authorities, of reportable accidents, dangerous occurrences (HSE F2058) and outbreaks of notifiable diseases (HSE F2508a)	HSE F2058 HSE F2058a (RIDDOR)	Date of notification + 4years
1.3	Records documenting accidents and incidents involving Group 3 or Group 4 biological agents	Investigation reports/summaries. Safety Alerts (Incident related)	Closure of investigation + 40 Years
2	Asbestos at Work		
2.1	Records documenting assessments to determine the presence of asbestos.	Asbestos survey and risk assessment	Elimination of asbestos + 5 years, OR review of assessment + 5 years.
2.2	Records documenting the conduct and results of risk assessments of work which exposes employees to asbestos and where the exposure of employees may exceed the action level.	Certificates of cleaning etc	Completion of all associated work + 40 years
2.3	Records documenting the conduct and results of risk assessments of work which exposes employees to asbestos in all other cases.	Records, risk assessments, SSoW	Completion of all associated work + 40 years
2.4	Records documenting air monitoring conducted in accordance with the requirements of the Control of Asbestos at Work Regulations: Where exposure requires health records to be kept for individual employees under Regulation 21	Records	Date of monitoring+ 40 years
2.5	Records documenting air monitoring conducted in accordance with the requirements of the Control of Asbestos at Work Regulations:	Records	Date of monitoring + 5 years
3	Audits		
3.1	Records documenting the conduct and results of audits of occupational health and safety management systems and Management Action Plans detailing how any issues were addressed.	OHS Audit Reports. Management Action Plans	Completion of audit + 5 years
B			
4	Biological Safety		
4.1	Records documenting biological agents, as defined in the Control of Substances Hazardous to Health Regulations (COSHH), present / in use.	SDS , COSHH Registers	Date of entry + 40 years
4.2	Records documenting the conduct and significant findings of COSHH assessments for work involving biological agents.	COSHH Assessments. SSoW	Date of assessment and/or SSoW + 2 years
5	Business Continuity		
5.1	Business Impact Analysis, identifying the risks to be considered within the BC Plan	PTS BCP and applicable register	When superseded.
5.2	Records of BC exercises and subsequent review reports		Date of exercise + 6 years
5.3	BC Management System Internal & External Audits	Internal audit reports External/3 rd party audit reports	Date of audit + 3 years
5.4	Minutes of meetings related to Business Continuity	Minutes of management reviews and BC specific meetings	Date of meeting + 3 years
5.5	Business continuity plans and procedures	BC Plan and applicable	When superseded

		procedures within the management system.	
C			
6	Compressed Gas Safety (Gas Cylinders)		
6.1	Records documenting annual statutory examination and testing of each purchased cylinder, by independent competent person.	Formal Reports	Date of examination etc. + 2 years
6.2	For cylinders rented and used by a department: Records documenting the conduct and results of annual formal inspections.	Records	Date of inspection + 2 years
	Compressed Gas Safety (Gas Regulators)		
6.3	Records documenting annual in-house inspections of gas regulators, to include date of manufacture, date of last inspection, inspection report, date of replacement, indication of PASS or FAIL.	Records	Date of inspection + 2 years
	Compressed Gas Safety (Installed Systems)		
6.4	Records documenting annual statutory examination and testing of each installed system, by independent competent person, to include: written scheme of examination, details of repairs, details of out of service periods and storage conditions, any agreement to postpone an examination and subsequent notification to enforcing authority.	Records	Date of examination etc + 2years
7	Control of Substances Hazardous to Health (COSHH)		
7.1	Records documenting substances hazardous to health, as defined in the Control of Substances Hazardous to Health Regulations (COSHH), present / in use.	Registers	Date of entry+ 40 years
7.2	Records documenting the conduct and significant findings of COSHH assessments for work involving substances hazardous to health.	COSHH Assessments, SSoW etc	Elimination of risk + 5 years OR Review / updating of assessment+ 40 years
7.3	Records documenting statutory thorough examination, testing and repair of plant and equipment provided to control exposure to substances hazardous to health, e.g. local exhaust ventilation systems.	Reports, Certificates. Records of maintenance etc.	Date of examination etc. + 5 years
7.4	Records documenting results of face-fit tests for RPE.	Records	Date of test + 40 years
7.5	Records documenting provision of training in storage, use and maintenance of PPE/RPE.	Records	Date of test + 40 years
D			
8	Dangerous Substances and Explosive Atmospheres (DSEAR)		
8.1	Records documenting dangerous substances present / in use.	Records	Date of entry + 4 years
8.2	Records documenting the conduct and significant findings of DSEAR assessments.	SSoW or equivalent	Elimination of risk+ 5 years OR Review / updating of assessment + 40 years
8.3	Records documenting statutory thorough examination, testing and repair of plant and equipment provided to mitigate explosive atmospheres e.g., local exhaust ventilation systems.	Reports, Certificates, Records of maintenance etc .	Date of examination etc. + 5 years
9	Display Screen Equipment		
9.1	Records documenting the conduct and significant findings of display screen equipment risk assessments.	DSE Self- Assessment Forms	Elimination of risk + 5 years OR Review / updating of assessment+ 20 years
E			
10	Electrical Safety		
10.1	Records documenting the conduct and results of portable electrical appliance testing (PAT) and Fixed Wiring Installation Inspection (5 Yearly)	Records	Until superseded
F			
11	Fire Safety		

11.1	Records documenting the nomination / appointment of Fire Safety Co-ordinators/Fire Marshalls/Sweepers.	Records	Until cease of appointment
11.2	Records documenting the provision of training for Fire Safety Coordinators/Fire Marshalls/Sweepers	Training Record, certificates	Until cease of appointment+ 5 years
11.3	Records documenting assessment for fire safety equipment, installations, and other provisions	Fire risk assessment	Date of assessment+ 5 years
11.4	Records documenting all tests, maintenance and inspections of all fire safety equipment, installations, and other provisions	Reports, Certificates, Records of maintenance etc.	Date of test etc. + 5 years
11.5	Records documenting fire drills	Reports	Current year + 3 years
11.6	Records documenting procedures for evacuation of disabled persons.	PEEPS	Date of PEEP + 4 years
11.7	Records of Fire Safety Checks.	Records	Date of check + 1 year
12	First Aid		
12.1	Records documenting the appointment of official first aiders.	Records	Cease of appointment+ 5 years
12.2	Records documenting the provision of approved training (specifically related to their functions as first aiders) for first aiders.	Training records, copies of certificates	Cease of appointment+ 5 years
12.3	Records documenting assessment of requirements for first aid facilities and equipment.	First aid needs assessment	Re-assessment+ 5 years
12.4	Records documenting specifications for first aid facilities and equipment.	First aid needs assessment	Re-assessment+ 5 years
G			
13	Gas Safety (Natural Gas)		
12.1	Records documenting the conduct and findings of inspections of gas appliances, fittings, and flues.	Records	Date of inspection + 2 years
H			
14	Hazardous Waste		
14.1	Records documenting hazardous waste transferred to contracted Waste Carrier.	Controlled waste transfer note	Date of transfer note + 5 years
I			
15	Induction, Information, Instruction and Training		
15.1	Records documenting participation in HSE Induction	Completed checklist	40 years
15.2	Records documenting all aspects of health and safety training, and provision of information and instruction, including for any topics/issues in this A-Z Quick Reference Guide.	Records	40 Years
16	Information Security		
16.1	IS Management System Internal & External Audits	Internal audit reports External/3rd party audit reports	Date of audit + 3 years
16.2	Minutes of meetings related to Information Security	Minutes of management reviews and BC specific meetings	Date of meeting + 3 years
16.3	Business continuity plans and procedures	BC Plan and applicable procedures within the management system.	When superseded
L			
17	Lifting Equipment		
17.1	Records documenting statutory thorough examination, testing and repair of lifting equipment.	Reports, Certificates, Records of maintenance etc.	Date of examination etc. + 5 years
M			
18	Management of Health and Safety – Performance Management		

18.1	Records containing data on, and analyses of, performance against the plans for the implementation of the PTS HSE Policy.	Reports, records, management plans/programmes	Current year+ 1 year
19	Manual Handling		
19.1	Records documenting the conduct and results of manual handling assessments.	Risk assessments	Elimination of risk + 5 years OR Review / updating of assessment+ 40 years
N			
20	New & Expectant Mothers		
20.1	Records documenting the conduct and significant findings of assessments.	New and Expectant Mother Risk Assessment	Date of assessment/SSOW+ 5 years
P			
21	Personal and Respiratory Protective Equipment (PPE & RPE)		
21.1	Records documenting the conduct and results of face fit testing of RPE.	Records	Date of test + 40 years
21.2	Records documenting provision of information, instruction and training in use, care, maintenance, and storage of PPE/RPE, plus receipt thereof.	Records	Date of issue + 40 years
R			
22	Risk Assessments		
22.1	Records documenting the conduct and findings of general and specific risk assessments, including for any topics/issues in this A-Z Quick Reference Guide, e.g., biological agents, substances hazardous to health, lead, manual handling, noise, radiation, working off site, etc.	Records	Elimination of risk + 5 years OR review of assessment + 40 years
S			
23	Safety, Health & Environmental Action Plans		
23.1	Records documenting PTS objectives and plans to improve the management of occupational health, safety, and the environment	HSE Action Plans	Date + 3 years
24	Safety Inspections/Walkabouts		
24.1	Reports of safety inspections/walkabouts with evidence that actions have been implemented.	Records	Date + 3 years
W			
25	Water Quality Management		
25.1	Records documenting the conduct and results of risk assessments relating to water services	Legionella risk assessment	Date + 5 years
26	Waste Transfer Notes		
26.1	WTN's for General Waste and Recyclables must be retained for 2 years post expiry date shown on note.	WTN's	2 years post expiry date shown on note

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-II-012
		Approved by:	LP	Issue Date:	01-01-2021
		Revised By:	MG	Rev Date:	27-04-2022
Operational Control				Rev No:	01

1. Introduction

The purpose of this document is to define the process of conducting the control of operations related to the HSE policy, objectives, and targets of Prospect Training Services (PTS)

2. Purpose

This procedure describes the operational procedures for environmental considerations in relation to the scope of the HSE MS and Prospect Training Services undertakings

Many of the operational controls required to help PTS meet its HSE policy, achieve its objectives and targets, comply with applicable legal requirements, and manage its significant environmental impacts are documented in the management system procedures. The purpose of this procedure is to document additional controls that are to be implemented as appropriate.

This procedure contains the following sections:

- Energy use
- Water use
- Purchasing principles
- Supplier and subcontractor management
- Maintenance activities
- Office Administration

3. Responsibility

It is the responsibility of the Managing Director, Senior Managers, and the GRC Manager to ensure the implementation of this procedure.

Associated records are to be maintained in accordance with control of records procedure.

4. Operational Control Procedures

4.1. Energy Use

PTS has committed to reduce energy use within its operations. To meet this pledge PTS shall:

- Monitor energy use throughout the company.
- Minimise energy consumption in all premises, to reduce greenhouse gas, emissions, pollution, and the consumption of non-renewable resources.
- Include energy efficiency measures, where possible, in all building work undertaken.
- Maximise the use of energy from renewable sources within the company to reduce greenhouse gas emissions.
- Promote energy conservation and renewable energy to staff and learners.
- Work with utility providers of energy from growing percentage of renewable resources

4.2. Water Use

With water being recognised as a diminishing resource, PTS are committed to the following.

- Minimising the amount of water used by the company, wherever practicable, through improving water efficiency.

- Ensuring compliance with legislation designed to protect the water environment and to prevent pollution or harm to water resources.
- Educating staff, contractors, and other organisations and to encourage them to adopt water conservation and water protection practices.

4.3. Waste

PTS shall ensure compliance with its duties under the Environmental Protection Act 1990 and its responsibilities within its Duty of Care obligations. PTS waste policy is to reduce waste at source through the efficient use of resources and sustainable purchasing decisions, for example:

- re-use as much material as practicable, which might otherwise be regarded as waste.
- recycle as much waste as practicable, which has been, or cannot be re-used, including office paper, glass, newspapers/magazines/leaflets, cardboard, cans, plastics, printer/copier cartridges and grounds waste.
- minimise the amount of waste produced that requires final disposal
- ensure that all staff and learners use the recycling facilities provided.
- ensure compliance with relevant waste legislation by ensuring that waste is handled and stored safely and securely and is only passed to a registered waste carrier, waste management licence holder or exempt party for reuse/recycling/disposal.
- monitor the amount of waste produced where possible.
- provide suitable facilities for the collection and recycling of waste, through our planning powers.

4.4. Purchasing Principles

It is the company's policy that these principles will be applied to direct purchasing, specifications and contract documents and all purchasing will be carried out in accordance with the following principles:

- Minimise purchases by using resources efficiently and repairing to extend product life, where practicable.
- Source and specify the least environmentally damaging products, services and works available, taking into consideration the environmental impact of production, use and final disposal. Where environmentally preferable and practicable this should include:
 - ✓ Favouring the most energy efficient products and those that use renewable energy.
 - ✓ Minimising the use of products that contain/consume non-renewable resources or release greenhouse gases into the atmosphere.
 - ✓ Favouring goods that produce least pollution.
 - ✓ Favouring products made from natural materials.
 - ✓ Favouring timber products made from Forest Stewardship Council (FSC) sources.
 - ✓ Favouring suitably high quality and durable goods and avoiding disposal products.
 - ✓ Favouring products made from recycled materials and/or materials that can be reused/refilled/recycled after use and avoiding products that are dangerous/difficult to dispose of.
 - ✓ Prohibit the use of environmentally damaging products or methods where a practicable alternative is available.
 - ✓ Product choice should be a balance between environmental impact, product performance and cost.
 - ✓ Equipment, including tools, PPE, facility equipment such as furniture, IT goods, cleaning products, and machinery shall only be purchased from reputable suppliers.
 - ✓ Equipment shall be marked with applicable Standard logos such as CE or, as from 2021, UKCA.
 - ✓ All equipment purchases shall be in line with the PTS HSE Purchasing Standard.

The following instructions will be adhered to by all staff when purchasing goods, works and services and, where applicable, should also be adhered to by contractors.

- All letter-headed, photocopying, printing and computer listing paper, compliment slips and envelopes will be made from recycled material wherever possible.
- All publications will be printed on recycled paper (where possible) and a statement printed on the document to reflect this.
- The use of colored paper will be minimized.
- In order to reduce transportation and support the local economy, local printing companies will be used for the external printing of documents/leaflets (subject to procurement legislation);
- Stationery and office products made from recycled material will be purchased, wherever possible.
- Where recycled products are not available, products made from renewable materials will be favored.
- Solvent free correction fluids and glues will be favored.

4.5. Supplier and Subcontractor Management

Purchases must be made from an approved supplier except where the Managing Director authorises a new supplier or specifies a supplier to satisfy requirements. In conjunction with an order being placed with a new supplier, where the supply directly affects quality or environmental impact of a service, the supplier is requested to complete a supplier questionnaire and any other information deemed necessary to enable supplier evaluation.

Records of the performance of suppliers, including any environmental issues, are to be maintained. Any delivery issues such as damage, shortage, incorrect supply, late delivery, excess / environmentally unfriendly packing materials etc. is recorded at the department of receipt and passed on to the HSE Manager. If significant supplier nonconformity occurs, a report is raised and sent to the supplier for corrective action resolution. Key supplier performance is also reviewed at Management Review meetings.

For key suppliers / outsource partners that can affect PTS's HSE policy compliance, an in-depth supplier assessment is conducted. This may include detailed audits, on site meetings, evaluation of supplier documentation, references, and review of market sector information.

Where Service Agreements, Statements of Work and/or Duty of Care requirements are defined, supplier performance is monitored against these where appropriate and areas for performance improvement agreed.

Subcontractors are approved by Managing Director and the HSE Manager can inspect subcontract services on completion; the subcontractor's job acceptance paperwork is then signed with a copy being retained by the company.

4.6. Maintenance Activities

Maintenance activities are planned and carried out to assist with maintaining the facilities leased or owned by PTS.


In-house maintenance training is carried out where practicable and approved contractors are used where the Maintenance Manager does not have the resources or competencies to carry out such work (see Control of Contractors Procedure). A maintenance schedule spreadsheet is also used to ensure maintenance activities are carried out on plan. The maintenance of calibrated equipment that supports safety and critical risk control, or environmental aspects of the business, will be carried out.

4.7. Office Administration

Office administration and support activities also consider HSE considerations. This is to include the exchange / re-filling of printer ink cartridges, the networking of printing activity, the use of recycled paper, the recycling, / exchange of mobile phones and the appropriate disposal of waste.

The above activities / operational controls will be included in the internal auditing activity and improvement opportunities identified and progressed as appropriate.

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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		Approved by:	LP	Issue Date:	07-10 2021
		Revised By:	MG	Rev Date:	27-04-2022
Incident reporting Procedure				Rev No:	01

1. Purpose:

Reporting accidents is not only a legal requirement but also a very important way in which Prospect Training Services (PTS) can monitor how effective its safety policies and procedures are. It enables PTS to identify whether similar accidents are occurring over time and to provide evidence to a Court should legal action against the company be initiated.

This procedure provides information on how employees and contractors report any adverse incident, risks, harm, or hazard associated with their work. It enables PTS to report incidents/accidents in a timely manner, ensures incidents/accidents are reported where required via RIDDOR reporting thus enabling statutory compliance

Accident and incident reports will be collated, contextualized, and presented by the GRC Manager and presented in reports to the Senior Management Team (SMT). The reports will allow the SMT to identify the potential for any policy, systems, management, or training deficiency.

2. Scope:

This policy will apply to all accidents or incidents involving employees, visitors, members of the public and contractors. PTS will co-operate with employers of contractors who may be involved in any accident or incident.

3. Definitions:

- 3.1 Accidents are defined by PTS as events that have caused.
- Injury to a person; or
 - Occupational disease to a person; or
 - A dangerous occurrence, defined by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.
- 3.2 Incidents are defined by PTS as events that involve
- A near miss, that could have resulted in an accident as defined above.
 - Contamination of an individual or a workplace by a substance that does not result in immediate harm but could have long term health conditions
 - An event in which one or more vulnerable/young persons are involved in an accident that results in an injury requiring no first aid treatment but may if not adequately documented result in PTS being unable to demonstrate they acted in a proper and responsible manner.

4. Responsibilities:

4.1. Senior Directors.

Senior Directors of PTS shall support this policy and ensure the necessary resources and management support are made available to ensure incidents are fully reported, investigated and, where lessons are learnt, corrective and preventive actions are implemented.

4.2. Governance, Risk, & Compliance (GRC) Manager:

The PTS GRC Manager shall ensure that all incidents reported are recorded in the correct manner and that any RIDDOR incidents/accidents are reported through the correct channels. The GRC Manager shall also ensure that all incidents are recorded with trends identified and included in periodical reporting including those to the SMT.

4.3. Centre/Departmental Managers:

PTS Centre/Departmental Managers shall ensure that when notified, all incidents are reported to the GRC Manager or HSE Advisor and the appropriate document is completed as far as is possible. The PTS Incident Report Form (PTS-HS-IV-018) shall be used for the reporting of all incidents. The accident book is not the only form to be used when recording an injury.(see 5.1.1)

4.4. Employees should report:

- All accidents resulting in personal injury
- All incidents that had the potential to cause serious harm
- Any situation when equipment is involved in an event or near miss which had a potential to cause major injury
- Any incident involving verbal abuse, anti-social behaviour, racial or sexual harassment or physical assault whether or not injury occurs. **Note:** there are separate confidential policies for reporting incidents with equality and diversity elements
- Any incident no matter how small, involving fire or fire warning systems
- Any incident involving vehicles

Where an accident results in absence from work, employees must keep their line manager informed of their progress.

Employees should note this reporting system does not replace other systems such as those concerned with information security incidents or safeguarding incidents

5. Procedure:

5.1. How to report accidents/incidents

5.1.1 All accidents resulting in personal injury must be recorded on PTS incident report forms (PTS-HS-IV-018). Forms are available on Staff Essentials at [Documents/Staff Essentials/10. HSE/ Forms.](#) The form can either be completed by the injured person (minor injuries), the First Aider, the person reporting the incident, or by a witness to the incident. If an injury renders an employee unable to report an injury to a responsible person, a witness or someone who is able to enter an account of the incident should report the incident. The employee's account must be entered as soon as they are well enough to receive visits from non-family persons.

Further to reporting personal injuries as above, all injuries, no matter how trivial, should be recorded by the site first aider, with the assistance of the injured person, the site Accident Book. This is required in order for PTS to comply with the Social Security (Claims and Payments) Regulations 1979. As this record contains personal data, the form must be torn out of the book once completed and sent in a sealed envelope to the PTS GRC Manager.

5.1.2 All near misses shall also be reported on the PTS Incident Report Form

5.1.3 In an emergency where medical assistance, e.g., an ambulance is required, the emergency services must be called at the first opportunity. Once the injured person has been made safe and/or handed over to the emergency services the incident/accident should be reported to the Centre Manager and HSE Manager by the fastest means possible.

5.2 Accident Reporting Procedure for Visitors / Contractors

5.2.1 Any non-employee, including learners, who are involved in an accident or near miss incident whilst on PTS premises must report the incident immediately to the person responsible for his or her

presence on site (host). If the host is not available, the non-employee must obtain the assistance of a responsible person (Centre Manager) to ensure that the procedure is adhered to.

5.3 Accident Reporting Procedure – Home Workers and those not on PTS Premises

5.3.1 PTS's Incident Reporting Procedure applies to everybody at work including home-workers

5.3.2 Home workers and those working off-site are required to report any accidents to their Line Manager when an incident occurs within the course of their work and during working hours and resulting from PTS work activities.

5.4 Accident Reporting Procedure where Members of the Public are Involved

5.4.1 If an injury occurs to a member of the public on PTS premises that results in their removal from site for hospital treatment, this must immediately be reported to the HSE Manager and Centre Manager.

5.4.2 In the event of the person not requiring hospital treatment, the employee(s) witnessing the accident should encourage the injured person (or their parent/carer) to provide as much information as they are prepared to give. All information gained should be entered on the PTS Incident Report Form. Note: As accident forms will contain personal information to which the Data Protection Act will apply these forms must be stored securely as per the PTS Information Security Policy. If necessary, reassurance should be offered as to how any personal information will be handled and what its use will be.

6. RIDDOR Accidents

RIDDOR accidents are defined by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. Types of reportable injury detailed in RIDDOR include:

6.1 People at work

- Deaths
- Specified injuries
- Over seven-day injuries

6.2 People not at work

Where a member of the public or person who is not at work has died or injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital for treatment.

Note: Sporting injuries are not usually reportable if the injury to the person arose out of the normal participation of the activity. However, injuries should be reported if they were due to defective equipment or failings in the organisation and management of an event.

6.3 Reportable Specified Injuries are.

- fractures, other than to fingers, thumbs and toes.
- amputation.
- any injury likely to lead to permanent loss of sight or reduction in sight.
- any crush injury to the head or torso causing damage to the brain or internal organs.
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system, or other vital organs.
- any scalping requiring hospital treatment.

- any loss of consciousness caused by head injury or asphyxia.
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness.
 - requires resuscitation or admittance to hospital for more than 24 hours.

6.4 Over seven-day incapacitation of a worker.

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

6.5 Over three-day incapacitation.

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

6.6 Non-fatal accidents to non-workers (e.g., members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

6.7 Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome.
- severe cramp of the hand or forearm.
- occupational dermatitis.
- hand-arm vibration syndrome.
- occupational asthma.
- tendonitis or tenosynovitis of the hand or forearm.
- any occupational cancer.
- any disease attributed to an occupational exposure to a biological agent.

6.8 Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- plant or equipment coming into contact with overhead power lines.
- the accidental release of any substance which could cause injury to any person.

Further guidance on dangerous occurrences and other RIDDOR requirements is available [here](#):

7. Related Documentation:

This procedure shall be read in conjunction with:

PTS HSE Manual (PTS-HSE-I-001)

PTS Incident Investigation Procedure (PTS-HS-II-025)


PTS First Aid Procedure (PTS-HS-II-017)

8. Monitoring and Review of Policy Effectiveness:

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the PTS disciplinary procedure.

This policy shall be reviewed on a two-year cycle or when there is any of the following.

- Change in legislation
- If required on risk review
- Comment or feedback by policy users

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		Approved by:	LP	Issue Date:	08-10-2021
		Revised By:	MG	Rev Date:	27-04-2022
Incident Investigation Procedure				Rev No:	01

1. Purpose:

This procedure outlines the investigation procedures which are to be adopted when any accident, ill health, near miss, or dangerous occurrence occurs on the organization's premises or in the course of any work activity undertaken on behalf of Prospect Training Services (PTS).

All accidents or incidence of work-related ill health, dangerous occurrences and near misses will be fully investigated by suitably trained staff. Accident or incident investigation is not a means of determining fault or apportioning blame.

2. Scope:

This policy will apply to all accidents or incidents involving employees, visitors, members of the public and contractors. PTS will co-operate with employers of contractors who may be involved in any accident or incident.

3. Responsibilities:

3.1. Senior Directors.

Senior Directors of PTS shall support this policy and ensure the necessary resources and management support are made available to ensure incidents are fully investigated and, where lessons are learnt, corrective and preventive actions are implemented.

3.2. Governance, Risk, & Compliance (GRC) Manager:

The PTS GRC Manager shall ensure that all incidents reported are investigated and the objectives of the investigation are met. The GRC Manager shall ensure that those investigating the incident are suitably competent to do so.

3.3. Centre/Departmental Managers:

PTS Centre/Departmental Managers shall ensure that when notified, all incidents are reported to the GRC Manager or HSE Advisor and the investigation procedure implemented. Managers shall assist in the investigation process where required

3.4. Employees are responsible for:

- reporting all incidents, no matter how trivial they may seem.
- assisting Managers and/or the HSE Manager with the investigation process
- participating in the identification and implementation of corrective/preventative actions.
- complying with immediate or long-term actions to ensure a safe working environment for all

4. Procedure:

4.1. Investigation Team

To ensure that the objectives of the investigation are met, competent employees will be selected and trained in investigation procedures and interview techniques

4.1.1 Employees selected to carry out investigations will be required to attend any necessary training and will be provided with the appropriate information and resources to enable them to carry out their respective roles.

4.1.2 The PTS GRC Manager or the HSE Advisor will act as lead investigator for the accidents or incidents.

4.1.3 Other employees will be required to cooperate and participate in any investigation if the organization feels that they have specific knowledge, understanding, experience or skills that may be used in the investigation.

4.1.4 The purpose of the investigation is.

- To ensure that all necessary information in respect of the incident is collated
- To understand the sequence of events that led to the incident
- To identify the unsafe acts and conditions that contributed to the incident
- To identify the underlying causes that may have contributed to the incident
- To ensure that effective remedial actions are taken to prevent any recurrence
- To enable a full and comprehensive report of the incident to be prepared and circulated to all relevant parties
- To enable all statutory requirements to be adhered to.

4.2. Training

Those selected to lead investigations will receive suitable and sufficient training in the investigative procedures to be adopted, interview techniques, report writing skills and use of any equipment employed in the investigation process.

4.3. Enforcing/Regulatory Authority

If the enforcing authority (Health and Safety Executive (HSE) or Local Authority (LA)) wishes to carry out an investigation, PTS shall strive to meet all its legal responsibilities when cooperating with the investigating inspector. The HSE will usually investigate the following type of incidents.

- All work-related accidents which result in the death of any person, including non-workers. "Accident" specifically excludes suicides and deaths from natural causes.
- Other deaths arising from a preventable work-related cause, where there is a likelihood of a serious breach of health and safety law, and where it is appropriate for enforcing authorities to investigate.
- All work-related accidents resulting in a "Specified Injury" [RIDDOR Reg. 4(1)] to any person, including non-workers, that meet any of the following conditions,
 1. Serious multiple fractures (more than one bone, not including wrist or ankle),
 2. All amputations other than amputation of digit(s) above the first joint (e.g., fingertip),
 3. Permanent blinding in one or both eyes,
 4. Crush injuries leading to internal organ damage, e.g., ruptured spleen,
 5. Any burn injury (including scalding) which covers more than 10% of the surface area of the body or causes significant damage to the eyes, respiratory system, or vital organs,
 6. Any degree of scalping requiring hospital treatment,
 7. Loss of consciousness caused by head injury or asphyxia,
 8. Any injury arising from working in an enclosed space which leads to hypothermia or heat induced illness or requires resuscitation or hospital admittance for more than 24 hours.
 9. Occupational diseases reportable under RIDDOR Regulations 8-10.

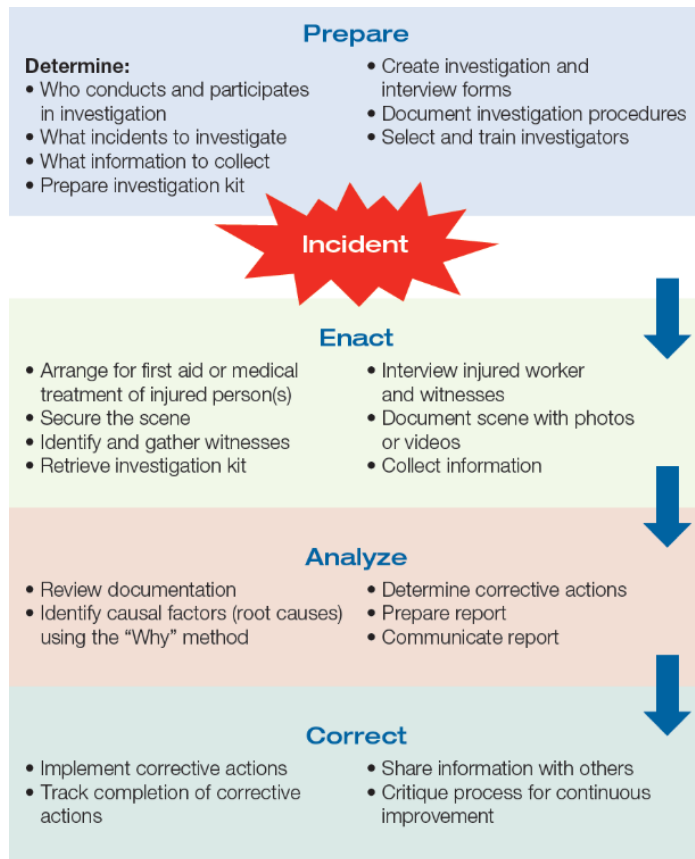
4.4. Process of Investigation

Those investigating any accident or incident will be given full access to the scene of the incident and any other part of the workplace deemed necessary to carry out the investigation.

All necessary information will be collected and collated. Physical evidence may be recorded, and samples taken, as necessary. Investigation staff will be given access to any necessary documentation and will act in accordance with any requirements of the General Data Protection Regulations (GDPR).

Interviews of those involved in the incident, including witnesses and any other person necessary will be carried out in accordance with the training and guidelines used.

The following steps should be taken for incident investigation in PTS:



4.4.1. Training and Education

The Maintenance Manager and/or GRC Manager are to ensure persons are competent to use plant and equipment in their facilities. Users are required to have the necessary qualifications as required by industry best practice for operating plant and equipment. This shall be supplemented by successful completion every five years of refresher training.

4.5. Remedial Action

PTS will, so far as is reasonably practicable, implement any recommendations made as part of the investigation. In the event of any remedial action taken, colleagues will be fully involved and provided with the necessary information, instruction, and training.

The requirements within PTS-HS-II-018 Corrective and Preventive Action Procedure (CAPA) shall be implemented when applying remedial action.

4.6. Records and Reports

Senior Directors and other relevant persons shall be issued with an incident report as soon as is reasonably practicable. Employees shall be given the outcomes of incidents including lessons learnt via

PTS Safety Alert or Safety Moment Documents.


Records of any accident will be kept in accordance with the company's policy on record keeping and will be done so in accordance with the General Data Protection Regulations (GDPR). Where records retention is required for health and safety control purposes or specified by relevant legal or other requirements, such records will need to be retained as necessary for the effective operation of the OH&S Management System.

Risk Assessments and/or Safe Systems of Work applicable to accident investigations must be reviewed. The review must be documented (even if there are no changes required).

5. Related Documentation:

PTS-HSE-II-021 Corrective and Preventive Action Procedure (CAPA)

This Policy and Procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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		Approved by:	LP	Issue Date:	01-01-2021
		Revised By:		Rev Date:	27-04-2022
Emergency Preparedness & Response				Rev No:	01

1. Objective

The purpose of this procedure is to outline the Prospect Training Services (PTS) procedure for emergency preparedness and response (EPR).

2. Scope

This procedure applies to all PTS facilities. Each facility will have its own arrangements for certain aspects of EPR due to its location, operational risks, and facility lay out. However, all facilities will have the same minimum requirements as set out in the procedure. Emergencies can be because of the following, although this list is not exhaustive.

- Personal injury because of a workplace accident
- Personal injury due to violence and aggression
- Fire
- Security threat

3. Responsibilities

3.1 Senior Managers

It is the responsibility of the Senior Director to ensure the implementation of this procedure. This will be done with the assistance of the Centre Managers and GRC Manager. The Senior Director shall ensure adequate resources are available to ensure adequacy of ERP within PTS.

3.2 Governance, Risk, & Compliance (GRC) Manager

The GRC Manager has the following responsibilities with regards to ERP

- Ensuring all foreseeable emergency scenarios are considered and included in a risk assessment.
- Ensuring that adequate information, instruction, and training is given to those with responsibilities for emergency response.
- Ensuring that any equipment required for ERP is sourced and adequate for the risk mitigations required.
- Ensuring that such equipment is calibrated, maintained, and stored adequately to ensure serviceability.
- Ensure that those persons required to use the equipment are competent to do so.
- To advise Senior Management on any gaps in adequacy of ERP provision within PTS facilities.

3.3 Centre / Line Managers

Centre managers shall ensure that there is adequate provision for ERP within their area of responsibility and that any deficiencies are addressed via the GRC Manager and Senior Director.

Managers shall allow adequate time for staff members with responsibilities for ERP are given time to carry out their duties.

3.4 Employees

All employees shall assist with the implementation of this policy by following the actions within. Deviation may be permitted when faced with danger and the need to remove themselves and/or others from that danger.

3.5 Emergency Response Team Members (First Aiders & Fire Marshalls/Sweeps)

ERT members have the following responsibilities:

- Knowing what action is required in the event of an emergency.
- Understanding the evacuation procedure of the building.
- Ensuring that all occupants know the procedure for an emergency.
- Having a detailed knowledge of their area of responsibility.
- Keeping a list of incapacitated personnel in their area.
- Ensuring that a replacement is given their responsibilities if they are absent from the worksite.

4. Duties of Emergency Response Team Members

Emergency Response Team (ERT) members consist of the following dependent on the type of emergency and location. The minimum members shall be,

- First Aiders
- Fire Marshalls/Sweepers
- Centre Manager

In the case of a building or first aid emergency, the duties of the Emergency Response Team are as follows:

Upon notification of an emergency, put on your Hi –Vis Vest and investigate the problem. If necessary, initiate the fire alarm and begin the evacuation of the building.

- Ensure that everybody has left your designated area of responsibility and has proceeded to the assembly area.
- Tend to the injured or incapacitated personnel by applying the basic principles of first aid.
- Report the status of your area or situation to the senior manager on the premises.
- Liaison with the emergency services and pass on information as the situation dictates.
- Direct the actions of the assisting persons with any necessary instructions.

5. Duties of ERT Team Leader (Senior Manager on site)

Call the Emergency Services by calling 999, giving the buildings name, address, and any other pertinent information.

- Go immediately to the designated entry door and wait for the Emergency Services to arrival.
- Provide access and information requested by the Fire Service.
- Record evacuation information provided by ERT team members.
- The fire alarm will not be silenced until found to be false after investigation by the fire service.
- If the investigation carried by ERT team shows the alarm to be the result of a fire, they may take any steps they feel necessary in attempting to fight the fire with equipment available in the building. At no time are they to endanger themselves.
- At no time will the fire alarm be reset without consent of the fire service.
- Additional businesses adjacent to the office will be immediately notified of any problems and they will also be encouraged to evacuate also.
- Within the building, staff are to be watchful for persons who may need special assistance during

evacuation.

6. Evacuation and Search Procedures

6.1 All personnel

- Direct evacuation of your assigned area by the nearest exit.
- Search all offices, washrooms, etc., to ensure all occupants have left the area. Be sure to close all doors as you leave.
- Report to the muster area to verify evacuation of your area.
- Do not attempt to fight a fire unless it is very small. At no time are you to endanger yourselves.

6.2 Evacuation of persons with mobility or sight disabilities within the office.

- Ensure that the ERT team leader is aware of any person, who is normally working in your area, who will need assistance in the case of an evacuation, i.e., pregnant women.
- Instruct persons to report to an area adjacent to one of the exits.
- Arrange for enough people to help in evacuation all handicapped persons in one trip. Unless there is immediate and apparent danger in each area, the handicapped person and their aides will wait adjacent to a hallway until the main flow of people have passed. At that time, they will be taken into the hallway and assisted in their exit. Common sense is to prevail in all cases.
- If an unlisted handicapped person is present in your area of responsibility, enlist as many persons as necessary to assist with the evacuation. Follow the advice and wishes of the person as long as their safety and yours is not jeopardized.
- If, during evacuation, the ERT team members find that movement in the stairwell has slowed appreciably or stopped, they are to redirect persons to an alternate exit.
- Do not assume the emergency is over if the alarm bell stops ringing. Continue with the evacuation until told by Fire Service to stop.
- Do not re-enter the building until told to do so by either the Fires Services or the ERT Team Leader

6.3 All occupants

- Know who your fire wardens are and follow their instructions.
- Leave the building in an orderly manner, closing doors behind you.
- Keep conversation to a minimum during evacuation.
- Do not smoke.
- Do not congregate in front of the building.
- Practice fire prevention **always**.
- Know your Muster Area.

7. Injuries

If a medical emergency does occur, the Duty 1st Aider must be notified immediately. If this requires contact via a Mobile Phone, use the following procedures:

- Stay calm; Speak slowly and clearly.
- Provide the Duty 1st Aider with location, number of injured, type of injury and any special equipment that may be required.

DO NOT GIVE OUT THE INJURED PERSON(S)' NAME(S)

- If possible; stay within mobile phone contact and with the injured person.

If a fatality occurs use the following procedures:

- Ensure the scene is safe to approach.
- Do not disturb the incident scene except to conduct 1st Aid.
- Call the Emergency services (include contact information).
- If possible, sensitive information should be relayed by telephone, cell phone or any other type of secure link.
- Never relay the name of the subject over within hearing distance of other staff
- Notify Centre Manager or his Deputy with all the facts, etc.
- Cover the body.
- Seal off the area.
- Make notes as to your observations of the incident and photograph or sketch the scene before any disturbance takes place; and gather witness information.
- Do not leave the scene unless relieved by the Emergency Services or, if staying at that location will place you at personal risk.
- Do not release any details to the media.

8. Fire

8.1 Self-Protective Measures

- If your clothes catch on fire—STOP, DROP, & ROLL
- If you are caught in smoke, drop to your hands and knees and crawl.
- If you are trapped in a room, place cloth and material under the door to prevent smoke from entering.
- Retreat and close as many doors as possible between you and the fire.
- Be prepared to signal for help.

8.2 Preventative Measures

- Learn at least two escape routes and emergency exits from your area.
- Familiarize yourself with the location of firefighting equipment (e.g., fire extinguisher)
- Learn how to use fire extinguishers*

*Note: Use the acronym PASS to remember how to use an extinguisher.

P - Pull the safety pin.

A - Aim at the base of the fire.

S - Squeeze the trigger handles together.

S - Sweep from side to side across the fire.

8.3 When a Fire Occurs

If you discover a fire:

- Notify the fire department by Dialling 999. Give your location, the nature of the fire, and your name.
- Notify your ERT Team Representative and/or other occupants.
- Evacuate the area.

If you are informed of a fire:

- Evacuate the area. Close windows, and close doors as you leave.
- Leave the building; move away from exits and out of the way of emergency operations.
- Assemble in the designated marshal area.
- Report to the ERT Representative so they can determine that all personnel have evacuated your area.
- Remain outside until competent authority (Fire Fighter, Ambulance, or your supervisor) states that it is safe to re-enter.

Fight the fire ONLY if:

- The Fire Service has been notified of the fire, AND
- You have a way out and can fight the fire with your back to the exit, AND
- You have the proper extinguisher, in good working order, AND know how to use it.
- If you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.

9. Security Evacuation (including bomb alerts)

The Security Evacuation procedures covers all evacuations of buildings for security reasons including bomb alerts.

The Fire and Evacuation Procedure is the starting point for all emergency evacuations and, as such any security evacuation will share substantial common elements with it. The content below therefore refers mainly to the areas where the Security Evacuation Procedure differs from the generic Fire and Evacuation Procedure.

It should be noted that because of the potential consequences of any blast all evacuees can

expect to be directed some considerable distance from the buildings during an evacuation and, possibly, off site. It should further be noted that it may not be possible to use exits or exits routes ordinarily available.

9.1 Terrorist Attack

An act of terrorism in the workplace could occur without warning. If loud “pops” are heard and gunfire, knife, or acid attack is suspected, every employee should know to **run** if safe to do so or **hide** (and remain silent – switch all mobiles to silent including vibrate) and **tell** the emergency services.

They should seek refuge in a room, close and lock the door, and barricade the door if it can be done quickly. They should hide out of sight under a desk, in the corner of a room and away from the door or windows.

9.2 Bomb threat

Actions to be taken on receipt of a bomb threat are as follows.

1. Remain calm and talk to the caller.
2. Note the caller’s number if displayed on your phone.
3. If the threat has been sent via email or social media,
 - a. DO NOT reply to, forward or delete the message.
 - b. If sent via email note the address
 - c. If sent via social media what application was used and what is the username/ID
 - d. Dial 999 and follow police guidance.
 - e. Preserve all web log files for PTS to help the police investigation.
4. If you can, record the call.
5. Write down the exact wording of the threat.

Form 5474 should be downloaded and made available at reception desks/areas

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908583/Bomb_Threats_Form_5474.pdf

9.3 Postal Bombs

If staff have any suspicion that a postal bomb has arrived, they should.

1. put the item down carefully.
2. clear the immediate area.
3. inform the Police on 999.
4. act on Police guidance, prepare to evacuate.

9.4 Re-Occupation of the Premises


The premises will only be re-occupied following advice from the Police.

9.5 Destruction of the Premises or Part of the Premises

Any areas damaged by explosion will be cordoned off and staff, students and visitors will be prevented from accessing these areas. Business Continuity Plans will be invoked.

10. Review

This procedure shall be reviewed periodically to ensure adequacy.

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		Revised By:	MG	Rev Date:	27-04-2022
Control of Contractors				Rev No:	01

1. Objective

To provide a process that will interface with contractors to ensure that a safe work environment is established and maintained in all Prospect Training Services (PTS) facilities.

2. Scope

This program applies to all contracting companies, sub-contract companies, and their personnel while performing work that can significantly impact the Health, Safety and Environmental concerns of PTS personnel, our customers or community.

3. PTS Contracting Guidelines

PTS has specific guidelines when hiring contractors. These guidelines include the following steps:

- Obtain and evaluate information regarding the contract employer's HSE performance, training and HSE programs, matching information to program criteria.
- Establish and maintain communication with contractor personnel throughout the duration of the work.
- Take steps to protect contract workers who perform work on or near a potentially hazardous process.
- Work with the contractor to determine and address potential fire, explosion, or toxic release hazards related to the work.
- Explain the applicable provisions of the emergency action plan and require that the contractor communicate that information to all their affected personnel.
- Report to PTS HSE Manager any contract personnel injuries and illnesses.
- Periodically evaluate the contract employer's fulfilment of his or her responsibilities under these guidelines.
- Hire and use only contractors that meet PTS's Contractor Selection Criteria.
- Conduct/verify that daily HSE meetings are held to review potential hazards of the work site and obtain feedback on site HSE issues.

4. PTS Representative's Responsibilities (Maintenance/Centre Manager)

- Notify the GRC Manager of any works scheduled by contractors on site.
- Confirm with contractor that personnel have received the required training and are qualified to perform work.
- Ensure that affected PTS personnel receive training on all hazards to which they will be introduced by a contractor or subcontractor.
- Ensure that appropriate safe work procedures/permits are established before start of work.
- Ensure all copies of safe work procedures, risk assessments, permits and certifications are reviewed and accepted by the GRC Department.
- Identify specific hazards in the work area and ensure that Contractor supervisor/personnel are aware of these hazards and preventive measures necessary to eliminate or reduce to an acceptable level.
- Ensure that contractors are aware of safety details on fire alarms, location of fire extinguishers, first-aid equipment, evacuation routes, etc. and to whom they should report in an emergency.
- Notify the contractor's supervisor of any safety-related violations and follow up to ensure corrective action has been implemented.
- PTS representative **will not** take part in the direct supervision of Contract personnel unless a violation has been identified that will create an immediate hazardous condition. Discuss the violation immediately with the Contract supervisor and verify that the appropriate precautions have been implemented before work continues.
- Ensure all PTS and contractor personnel properly dispose of waste materials. Contact PTS HSE personnel if assistance is needed.

- Maintain a copy of the contract on file and be thoroughly familiar with its contents and with the HSE aspects of the work.
- Maintain copies of all forms or statements related to the contract that are required by PTS before and during contract work.
- Participate in PTS and contractor injury/incident investigations.
- Keep copies of all incident reports that occur during the project.
- Keep a daily log regarding pre-job start-up HSE meetings and inspection findings.
- Ensure that changes in work scope are addressed with the appropriate personnel and steps are taken to identify and address potential hazards. Examples of changes are change in equipment, significant changes in weather conditions, simultaneous operations, etc.
- Keep all documentation given to you by the contractor, including records of training, MSDS's, incident reports, etc.
- Keep copies of all documentation PTS provides to the contractor, including lists of hazards, MSDS's, JSA's, etc.
- Document all discussions, and other communications regarding HSE issues, including place, time, names of people involved, specific topic, etc.

5. Contractor Requirements / Guidelines/ Responsibilities

Contract personnel must perform their work safely. Considering that contractors often perform specialized and potentially hazardous tasks, such as confined space entry activities and non-routine repair activities, their work must be controlled and well supervised. Contractor responsibilities when accepting contracts with Prospect Training Services. include the following:

- Contractors must have a documented Health, Safety and Environmental Policy
- Contractors must complete PTS's Contractor HSE Questionnaire (PTS-HS-IV-023) for review prior to contract signing or beginning work.
- Contractors are responsible for the health and safety of their personnel while performing work for PTS.
- Contractor is required to comply with all applicable HSE Legislation
- Contractor will be held responsible and accountable for any losses or damages suffered by PTS and/or its personnel because of contractor negligence.
- Contractor is responsible to ensure their personnel are trained and qualified to perform work and use/operate the necessary equipment before performing any work for PTS.
- Contractors are required to maintain current Safety Data Sheets (SDS) for all chemicals used at a PTS facility or job site and furnish them to PTS.
- Contractors are responsible for the supervision of their personnel and their sub-contract personnel.
- Contractors will ensure all equipment, vehicles, tools, and safety equipment are maintained and in good working order.
- Ensure that changes in work scope are addressed with the appropriate personnel and steps are taken to identify and address potential hazards. Examples of changes are, change in equipment, significant changes in weather conditions, simultaneous operations.
- Contractors will follow all permitting practices applicable to the job.
- After conclusion of the contract work, the contractor is responsible for cleaning all work areas and disposing of any discarded materials and wastes generated because of their work and do so in a proper and legal manner.
- Contractor is to maintain a safe and clean work area. The work area shall be cleaned at the end of each workday.

6. Incident/Injury Reporting and Investigation

The process of incident reporting and investigation is critical to preventing reoccurrence of incidents and contract personnel are expected to participate in this process.

Contractor injuries, near-misses, or other incidents (e.g., fires, spills, or leaks) must be reported immediately to the PTS representative.

PTS will assist in providing medical assistance for their personnel in the event of an injury or illness.

7. Personal Protective Equipment (PPE)

Below are general requirements that must be followed when selecting, using, and maintaining personal protective equipment (PPE)

- Contractors are responsible for providing their personnel with the appropriate “approved” PPE.
 - Hard hats must meet applicable Standards and must be worn by all personnel where it is identified through a risk assessment or work procedure.
 - All personnel while performing or supervising work outside of an office environment must wear leather, safety-toed shoes/boots.
 - Hearing protection must be worn in locations where high noise levels are present.
 - Gloves must be selected and used based on the type of work being performed.

8. Alcohol, Drugs and Contraband

Contractors are required to comply with the PTS Alcohol and Drugs Policy. Possession of alcohol, and illegal substances, on any PTS job’ is absolutely prohibited.

9. Designated Smoking Areas

Smoking is confined to areas specifically designated by management as SAFE SMOKING AREAS.

Smoking materials must be extinguished at the designated point. A proper receptacle must be used. The receptacle must ensure that the smoking materials are completely extinguished.

10. Work Permits

The contractor shall not start work without the appropriate and approved permitting. This permitting may include hot work, confined space, lockout/tagout, safe work, etc. The contractor’s supervisor and PTS representative share in the responsibility for completing and/or authorizing the work permits.

The contractor’s supervisor is responsible for ensuring that their personnel fully understand the permitting requirements, the hazards associated with the scope of work, and the safety requirements needed before starting work.

11. Training Requirements

The contractor must:

- Train all workers on all HSE hazards and provisions applicable to the type of work being done and provide documentation of such training to PTS’s designated representative if requested.

12. Guidelines for Information Exchange

Prospect Training Services:

Before contract work begins, PTS will:

- Designate a representative to coordinate and communicate all HSE issues to the contractor. The PTS designated representative will have a copy of the work document, be thoroughly familiar with its contents, and with the HSE aspects of the work, or know whom to call to obtain this information.
- Provide a copy or arrange for documents to be provided to the contractor of the facility’s written HSE policies and procedures.
- Inform the contractor of any emergency signals and procedures that may be put into operation in areas where the contractor’s personnel are working.
- Conduct an inspection of the proposed worksite area before the pre-start up meeting so any known information about onsite hazards, particularly non-obvious hazards, are documented and thoroughly communicated to the contractor.
- Work directly with the contractor’s designated representative.
- Conduct a pre-start up meeting (walk through) with the contractor’s designated representative from each of the areas of the job site involved in the contractor’s work.

- Review all contract requirements related to HSE with the contractor's designated representative, including, but not limited to, rules and procedures, personal protective equipment and special work permits or specialized work procedures.
- Inform contractor's designated representative of the required response to personnel alarms and furnish the contractor with a demonstration or explanation of the alarms.
- Identify connect points for all services, such as steam, gas, water, or electricity. Define any limitations of such services.

Contractor:

Before the contract work begins, the contractor will:

- Designate a representative to coordinate all HSE issues and communicate with PTS's designated representative.
- Provide documentation of any necessary HSE issue/relevant to PTS's designated representative.
- Provide information to the designated PTS representative on the HSE hazards that may arise during the contractor's work and the means necessary to avoid risks from those potential hazards.
- Request any emergency signals and procedures that may be put into operation in areas where the contractor's personnel are working. The contractor shall use the 999 service as access for assistance in emergencies.
- Advise and train personnel on hazards associated with the work to be performed.
- Keep the designated PTS representative fully informed of any work that may affect the safety of PTS personnel or customer property.
- Know emergency procedures for the work site and location of first aid and medical services and provide this information to all personnel on job site.
- Report any unsafe conditions, near- misses' incidents or injuries to PTS's designated representative.

13. PTS Guidelines for Contractor Selection

The following steps are the standard procedures for evaluating and choosing contractors who will work onsite at PTS facilities or work sites under PTS's control:


1. Obtain and evaluate regarding a contractor's HSE program using document PTS-HS-IV-023. To determine past HSE performance, PTS will consider the contractor's:
 - TRIR no higher than a 4.0.
 - Lost Time and Total Recordable Incidence rates for the past three (3) years.
 - Written HSE programs and the personnel training system and documentation.
2. Evaluate contractor work methods. Ensure that, for the job in question, the contractor personnel have the appropriate:
 - Job skills
 - Equipment
 - Knowledge
 - Experience, and
 - Any permits, licenses, and certifications necessary for performing the work in question.
3. The contractor must provide PTS with a copy of their employee and public liability insurance.

14. Definitions

- **HSE:** Health, Safety and Environment
- **Incident:** An unwanted event that may result in injury, loss, or damage.
- **Investigator:** The person who reviews the incident and identifies the root causes involved.
- **SDS:** Safety Data Sheet
- **Near miss:** An undesired event or series of events that, under slightly different circumstances,

could have resulted in harm to people, damage to property, or the environment or the loss of process.

- **PPE:** Personal Protective Equipment (safety glasses, face shield, steel-toed boots, etc.)
- **Recordable Injury:** An injury that results in death, lost workdays, transfer to another job, restricted work, loss of consciousness, or medical treatment.
- **PTS:** Prospect Training Services.
- **PTS Representative :** Maintenance / Centre Manager,
- **TRIR:** Total Recordable Incidence Rate

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Control of Substances Hazardous to Health (COSHH)				Rev No:	01

1. Objective

The purpose of this procedure is to ensure all exposure of employees, and non-employees including contractors, to substances hazardous to health is prevented or at least controlled within statutory limits such as those within the requirements of the Control of Substances Hazardous to Health Regulations 2002.

2. Scope

This procedure applies to all work operations at our company site or any job site where employees may be exposed to hazardous substances under normal working conditions or during an emergency.

3. Introduction

Work involving the use of all substances hazardous to health must be safe, so far as is reasonably practicable. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires employers to decide to control the exposure of their employees to substances that may affect their health. Exposure must be eliminated or, where this is not reasonably practicable, adequately controlled.

Substances hazardous to health are generally those which are classified as being very toxic, toxic, harmful, irritant, corrosive, sensitising, carcinogenic, mutagenic, or toxic to reproduction (teratogenic). Gases which act as simple asphyxiants are also covered by the Regulations. A substance hazardous to health also includes substances that have a specified occupational exposure standard as listed in HSE document EH40 "Occupational Exposure Limits".

Under the regulations, substances hazardous to health include preparations and mixtures, and inhalable dusts, e.g., drain cleaners which contain sodium hydroxide (caustic soda).

Exemptions from COSHH requirements includes work involving Asbestos or Lead, or substances which are a hazard solely by virtue of radioactive, flammable, or explosive properties or solely because they are at high or low temperature or under pressure. These and other exemptions are subject to separate specific Regulations*. The asbestos and lead regulations both require an assessment of risk to be carried out for any work which involves exposure of persons to those substances and therefore the same principles can be applied.

(*) Control of Lead at Work Regulations 2002

Control of Asbestos at Work Regulations 2002

4. Responsibilities

It is the responsibility of the Senior Director to ensure the implementation of this procedure. This will be done with the assistance of the Centre Managers and Maintenance Manager with hazardous substances under their control. Senior Managers within PTS shall provide support via resources where required.

The GRC Manager shall support implementation through providing advice on legal and company requirements along with assistance in managing risk assessments, training, and familiarisation.

It is every employer's duty to comply with the requirements of this procedure.

5. Procedure Requirements / Guidelines

5.1 PTS shall, in consultation with workers, implement the following.

5.1.1 An inventory of all substances hazardous to health kept on site will be maintained, with appropriate hazard information.

- 5.1.2 Competent persons will be appointed to carry out risk assessments of the exposure to substances hazardous to health and advise on their control.
- 5.1.3 All operations which involve, or may involve, exposure to substances hazardous to health will be assessed and appropriate control measures will be taken if elimination or substitution of the substance is not possible.
- 5.1.4 Engineering controls will be properly maintained and monitored by planned preventive maintenance and annual performance monitoring to ensure continued effectiveness.
- 5.1.5 Any system of work, supervision system or any other similar measure will be reviewed at suitable intervals and revised if necessary.
- 5.1.6 All colleagues and others who may work in the affected areas will be informed of the purpose and safe operation of all engineering controls.
- 5.1.7 PPE will only be used when all other controls have been considered.
- 5.1.8 The type and use of PPE will be carefully assessed and maintained according to manufacturers' instructions. If possible, the number of different types will be minimised to prevent mistakes in servicing or replacement.
- 5.1.9 Each assessment will be reviewed annually, and all operations using hazardous substances will be reassessed every three years.
- 5.1.10 Qualified professionals, where indicated to be necessary by the assessment, will carry out health surveillance.
- 5.1.11 Colleagues health records of all exposures to substances hazardous to health will be kept for a minimum of 40 years.
- 5.1.12 All colleagues will be provided with understandable information and appropriate training on the nature of the hazardous substances they work with. Colleagues will be informed about any monitoring and health surveillance results.
- 5.1.13 All changes to control measures and changes of PPE will be properly assessed and no new substances will be introduced into the workplace without prior assessment

6. Reporting of Health and Safety Issues

When an employee raises a point related to the use of substances hazardous to health, PTS shall,

- 6.1 ensure the hazard associated with the substance has been correctly identified
- 6.2 ensure the assessment of the use of the substance is correct and up to date
- 6.3 ensure controls in place are adequate
- 6.4 correct any observed deficiencies in the control of the hazards
- 6.5 inform the employee, and their representative if appropriate, of the results of the investigation and actions taken.
- 6.6 If an identified exposure has taken place, those affected, and their managers and representatives will be informed immediately. Possible health effects will, in addition, be communicated to the organisation's occupational health physician and the employee's general practitioner.

7. Information and Training

The organisation will give sufficient information and training to ensure full understanding of the hazards to health posed by substances in the workplace and the importance of the control measures provided. Information will also be given to others who may be affected, such as:

- Contractors
- Temporary staff
- Visitors

Managers and supervisors of areas which use substances hazardous to health will be given additional training to ensure the proper management of the risks.

8. Safe System of Work

When working with hazardous substances the following system of control shall be applied.

- 8.1 Poorly maintained or adjusted control measures can result in inadvertent exposure to substances hazardous to health. This can be avoided by ensuring all such measures are subject to routine maintenance and inspection.
- 8.2 Employees must be encouraged to report defects and systems must be in place for prompt repair and for the provision of temporary replacement controls, e.g., PPE. The following steps can be taken to minimise the risk.
 - 8.2.1 Ensure hazard information is kept up to date.
 - 8.2.2 Ensure assessments are reviewed annually and reassessed every three years or when changes are made.
 - 8.2.3 Ensure colleagues are trained in the nature of the hazards and use of control measures
 - 8.2.4 Ensure controls are maintained and monitored.
 - 8.2.5 Ensure documentation is comprehensive and understandable.
 - 8.2.6 Encourage colleagues to report faults and problems.

9. Uncontrolled Releases

In the event an uncontrolled release of a hazardous material occurs while on the premises of PTS the involved employee(s) will evacuate the area and immediately notify, by any means, PTS management and implement the facility emergency response action.

10. Conclusion


The safety and wellbeing of each employee and those working around us will always be of utmost importance to PTS management. Therefore, safety training will continue to be an ongoing process with our company. Through pre-employment orientation, job- specific training, and hands-on training throughout each employee's tenure with our company, we will do all that is within our capabilities to maintain safe and efficient communication of workplace chemical hazards.

11. Review

This procedure shall be reviewed periodically to ensure adequacy, and when for example,

- There is a change to the type of hazardous substances stored at PTS facilities.
- There is a significant change in stock levels at PTS facilities.

- A change in legislation or best practice in relation to the use and storage of hazardous substances

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Managing Plant and Equipment Procedure				Rev No:	01

1. Purpose:

The purpose of this procedure is to ensure that risks associated with plant and equipment within Prospect Training Services (PTS) are identified and managed.

2. Scope:

This procedure applies to all plant and equipment, which are used in PTS workplaces including workshops, teaching rooms, and offices.

3. Definitions:

'Danger – Do not operate' Tag	A signed and dated label that is attached to energy isolation points of equipment, plant, pipes, or lines by the person responsible for undertaking repairs, maintenance, service alteration or cleaning, to indicate isolation is in place and that plant, equipment, etc. must not be operated. It must only be removed by the person whose name is on the tag
Hazard:	Anything with the potential to cause harm, injury, illness, or loss.
'Out of Service' Tag	A signed and dated label that is placed on a machine or piece of equipment to identify the equipment as being inoperable or requiring maintenance or repair.
Plant and equipment:	All machinery, tools, appliances, and equipment. Plant and equipment cover a diverse range of items from office equipment to industrial machinery. Examples of plant and equipment in PTS include forklifts, portable electrical equipment and tools, hand tools, ladders, and computers.
Regulated Plant used within PTS:	<ol style="list-style-type: none"> Plant that processes material by way of a mechanical action that: <ol style="list-style-type: none"> Cuts, drills, punches, or grinds the material; or Presses, forms, hammers, joins or moulds the material. Plant that lifts or moves people or materials (other than a ship, boat, aircraft) or a vehicle designed to be used primarily as a means of transport on public roads or rail, if that vehicle is being used in a workplace other than a public road or rail; Pressure equipment. Scaffolds. Temporary access equipment. Powered tools. Forklift trucks

4. Responsibility:

4.1. Maintenance Managers and/or GRC Manager are responsible for:

- identifying and recording all plant and equipment within the workplace on a Plant and Equipment Register, which is regularly reviewed.
- consulting with employees in relation to identifying and managing plant and equipment hazards.
- ensuring that identified plant and equipment hazards are entered on to a Plant and Equipment Risk Management Form.
- ensuring that identified plant and equipment hazards are entered on to the Plant and Equipment

Risk Assessment, the risks reviewed, and appropriate controls implemented.

- checking that Safe Work Procedures (SWP) are readily accessible for each item of plant and equipment.
- ensuring maintenance and repairs to plant and equipment is recorded
- complying with legislation relating to plant and equipment.

4.2. GRC Department functions can include:

- reporting plant and equipment hazards.
- assisting in the completion of the Plant and Equipment Risk Assessment as requested.
- participating in the identification and implementation of risk controls.
- reporting on the use and effectiveness of plant and equipment risk control measures.

4.3. Employees are responsible for:

- reporting plant and equipment hazards.
- assisting Maintenance Managers and/or the GRC Manager with completion of the Plant and Equipment Risk Assessment
- participating in the identification and implementation of risk controls.
- complying with SWP for plant and equipment.

5. Procedure:

5.1. Identify Plant and Equipment

The Maintenance Manager and/or GRC Manager must identify all plant and equipment within the workplace in consultation with the HSR and employees and record this information on the Plant and Equipment Register. Examples of plant and equipment include:

- All regulated plant
- Ladders
- Table saws
- Powered hand tools
- Lifts.
- Etc.

Hazard identification should take place:

- when new plant and equipment is introduced into the workplace.
- for all existing plant and equipment.
- before any changes are made to the system of work for plant and equipment.
- before the plant and equipment is used in a manner other than what it was designed for.
- when new information regarding the safety of the plant and equipment becomes available.

5.2. Risk Assessment of Plant and Equipment

The Maintenance Manager and/or GRC Manager are to ensure that a risk assessment is completed as per the requirements of the HSE Risk Management Procedure and documented on the Plant and Equipment Risk Assessment. This should be completed for each identified hazardous item of plant and equipment in consultation with:

- GRC Manager
- HSE Advisor
- Employees
- Relevant standards, codes of practice or legislation.

When determining the level of risk of a hazard the Maintenance Manager and/or GRC Manager should also consider:

- the systems of work related to the use of the item of plant or equipment.

- the layout and physical conditions of the workplace.
- the range of methods by which the work can be completed.
- the type of hazards involved with the method of use and item of plant or equipment proposed to be used.
- The competence of persons to undertake the work.

5.3. Purchase or acquisition of Plant

The Maintenance Manager and/or GRC Manager must ensure that prior to the purchase or acquisition of plant and equipment, that an HSE Purchasing Checklist is completed in accordance with the HSE Purchasing Procedure. This should occur in consultation with:

- GRC Manager
- Manager/employee purchasing equipment

5.4. Controlling Plant and Equipment Risks

5.4.1. Control Measures

The Maintenance Manager and/or GRC Manager in consultation with potential users are to ensure suitable controls, as outlined in the HSE Risk Management Procedure, are selected, and implemented where plant and equipment risks are identified. This is to be documented on the Plant and Equipment Risk Assessment Form.

Examples of plant and equipment controls (from most to least effective) could include:

- installing and maintaining fixed guarding on machinery.
- training employees in appropriate courses to obtain the required competencies.
- Developing SWP's
- providing Personal Protective Equipment (PPE) such as ear and eye protection.

Where the controls include development of procedures for the safe operation and/or use of plant and equipment, a Safe Work Procedure template should be completed and displayed adjacent to all items of static plant and accessible to operators of portable plant.

5.4.2. Training and Education

The Maintenance Manager and/or HSE Manager are to ensure persons are competent to use plant and equipment in their facilities. Users are required to have the necessary qualifications r as required by industry best practice for operating plan and equipment. This shall be supplemented by successful completion, every five years, of refresher training. Training records are to be maintained

5.4.3. Maintenance

A record of inspections and maintenance must be kept for each item of plant and equipment. This includes scheduled maintenance, breakdown maintenance and replacement of parts (e.g. blades and belts) outside the scheduled maintenance program. Maintenance requirements should be determined in accordance with the supplier or manufacturer recommendations. Details recorded for plant and equipment should as a minimum include:

- plant and equipment name.
- location.
- serial or identification number.
- description of work performed.
- completion date of repairs/maintenance.
- who the work was performed by?

If the workplace does not have an existing recording system, the Plant and Equipment Maintenance

Form may be used. When items of plant are being maintained or repaired, they must be isolated and tagged as per the Isolation and Tag Out Procedure.

The Maintenance Manager and/or GRC Manager should ensure that contractors engaged to undertake maintenance are managed as per the Control of Contractor Procedure. The frequency of the maintenance program will depend on:

- legislative requirements.
- manufacturer recommendations and requirements.
- results of the Plant and Equipment Risk Assessment
- plant and equipment breakdown/failure rates.

5.5. Reviewing Controls

The Maintenance Manager and/or HSE Manager are responsible for reviewing the effectiveness of risk controls in consultation with the users. The Maintenance Manager and/or HSE Manager should review the Plant and Equipment Risk Assessment and any other relevant sources of information (e.g., operating manual) to determine if the current controls are appropriate for individual items of plant and equipment. Any changes to the risk controls must be documented on the relevant Plant and Equipment Risk Assessment.

Plant and Equipment Risk Assessments are to be reviewed and revised whenever there is evidence to indicate that the controls may no longer be valid, for example:

- when the system of work for plant and equipment changes.
- if the plant and equipment is used in a manner other than what it was designed for.
- when new information regarding the safety of the plant and equipment becomes available.

5.6. Licensing Requirements

HSE legislation requires the operator of certain items of plant and equipment to hold a relevant license. The Maintenance Manager and/or GRC Manager should ensure that all operators of plant and equipment required to be licensed are identified as per the Induction and Training Procedure. A photocopy of the current license must be collected by the Maintenance Manager and/or HSE Manager and retained in the training records. The licensing requirements for contractors are to be managed as per the Control of Contractor Procedure.

5.7. Plant and Equipment Risk Assessment


The Maintenance Manager and/or GRC Manager are to ensure that the Plant and Equipment Risk Assessment is kept up to date and is reviewed when plant and equipment hazards are identified, assessed, controlled, and reviewed. Communication of any changes to the hazards associated with plant and equipment is to occur as per the relevant Communication Procedure.

6. Related Documentation:

PTS HSE Purchasing Policy

PTS Control of Contractor Procedure

This Policy and Procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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First Aid Procedure				Rev No:	01

1. Purpose

This procedure outlines how Prospect Training Service's (PTS) satisfies its obligations under The Health and Safety (First Aid) Regulations 1981. PTS are required to provide adequate and appropriate equipment, facilities, and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

A prime objective of this policy is that someone trained in basic first aid skills should be able to attend an incident within 3 minutes of help being requested.

2. Scope

This procedure applies to all facilities within PTS and to all employees. The facility shall provide first aid cover during all periods of operation within the workplace. If arrangements are made for "out of hours" or "lone working", first aid cover shall be provided.

3. Responsibilities

3.1 Senior Directors

Senior Directors are to ensure that this procedure is implemented across the PTS business lines and that resources are provided to enable implementation.

3.2 Centre/Department Managers

Centre and/or Department Managers within PTS locations are to ensure,

- this procedure is implemented and that adequate resources for the provision of first aid are available to their staff
- they nominate a First Aid Coordinator within their centre.
- supplies of first aid equipment are maintained within their facility

3.3 Governance, Risk, & Compliance Manager

The GRC Manager shall,

- Ensure that each PTS site undergoes a first aid needs assessment and the findings are recorded, and any requirements are identified and addressed.
- Ensure that adequate training for appointed first aiders, based on the first aid needs assessment, is available and where required bookings are made.
- Ensure that refresher training is provided within guidance periods such as every 3 years.
- Maintain a record of qualified first aid personnel and monitor re-certification/validity periods

3.4 First Aid Coordinator

Each first aid coordinator shall,

- Monitor the contents of the first aid box monthly using the PTS First aid kit stock check (PTS-HS-IV-007).
- Replenish shortages identified during the monthly check
- Notify the Centre Manager on first aid supply status.

3.5 First Aiders

Nominated PTS First Aiders are to,

- Ensure that their certificate is valid, and that refresher training is requested to the HSE Manager 3 months prior to expiry.

- Notify the coordinator of any supplies used, or replace at the first opportunity,
- To follow their training when dealing with any situation that requires the tendering of first aid.
- Ensure all incidents reported to them, regardless of the level of treatment given, are reported to the GRC Manager, and logged in the Centre Accident Book.

4. Definition

First Aid is immediate temporary care for the ill and injured.

First Aider has three priorities:

- Preserve life – Stop the casualty from dying. Keep everyone alive. Basic ABC (Airway, Breathing, Circulation)
- Prevent further worsening – Stop the casualty from getting any worse by treating their injuries. Also managing the incident, to prevent the situation worsening.
- Promote recovery – Try to help the person feel better by talking to them and supporting them emotionally.

5. Procedure

5.1. First Aid Needs Assessment

A risk assessment of the first aid needs of the PTS facility will be carried out. This will be undertaken by the GRC Department in cooperation with the first aid co-coordinator. The assessment and decisions taken based on it should be recorded.

First Aid Needs Assessments should consider.

- Number of occupants of the premises
- Workplace and task hazards
- Building layout
- Hours of work
- Availability of back up support on site
- Foreseeable absences of first aiders

Assessments should provide answers to,

- How many first aiders are required
- Where first aiders are needed
- Level of qualification needed
- Equipment required to render effective first aid
- Location of equipment and materials
- Notices and signs to be posted around the facility

The risk assessment will be carried out and reviewed regularly to ensure correct provisions are made for first aid within the facility.

5.2. Selection and Training of First Aid Personnel

When selecting first aid personnel the following qualities will be considered:

- Responsible
- Calm
- Cautious
- Capable

- Reliable
- Good communication skills
- Aptitude and ability to absorb new knowledge and skills.
- Ability to cope with stressful and physically demanding emergencies

Staff selected for first aid posts shall only be appointed as first aider when they have successfully completed the required training. Refresher training shall be completed at the required intervals.

First Aiders will be allowed time to attend incidents and to attend training. They should have easy access to a first aid kit and disposable gloves. All on duty first aiders should be contactable

First Aiders should be able to recognize and manage any immediately life-threatening condition. If the problem needs further assistance, then another first aider will be called.

5.3 Records and Information.

All new staff, and visitors to a PTS facility will be provided with formal information on first aid provision.

Information should include

- General organisation of first aid in the facility
- How to obtain first aid
- Actions required when first aid is needed

Appropriate notices should be displayed across the facility displaying the location of first aid kits.

A register of designated first aiders is held by the GRC Department, and the register contains the following information,

- name of first aider.
- normal place of duty.
- list of all first aid and defibrillator qualifying dates.
- dates of first aid refresher training.

The GRC Manager will keep the list up to date and ensure all relevant training courses are booked to ensure all first aid staff remain current. The first aid coordinator will also arrange regular refresher training meetings with the first aid team. All first aiders should receive at least a three-hour refresher training every 3 years with appropriate records being kept.

5.4 Post Event Review

Following each a recordable first aid / medical treatment event, a review shall be conducted to learn from the experience. The first aid coordinator shall conduct and document the post event review. All key participants in the event shall participate in the review. Included in the review shall be the identification of actions that went well and the collection of opportunities for improvement as well as critical incident stress debriefing. The GRC Manager shall maintain a copy of the post event review summary.

5.5 Annual Review

Once each calendar year, the GRC Manager and the First Aid Coordinator shall conduct and document a First Aid Review. This review shall include review of the following elements:

- Training records
- First aid facilities
- Equipment operation and maintenance records

6. Equipment & Facilities

A risk / needs assessment shall identify the equipment and facilities required at the facility. These should be maintained and kept at current levels.

6.1 First Aid Kits

First aid kits should be provided in areas of risk as defined within the risk/need's assessment. First aid plaster boxes can also be provided in specialised areas where the risk of cuts and abrasions exist. Specialised areas should also have eyewash stations mounted on the wall as required.

The contents for a standard first aid box include.

Item	Stock Level
Steristrip (Packet)	1
Sterile gloves	2 pair
Assorted plasters (pack)	1
Finger bandage	2
Eye bandage	2
Tweezers	1
Micropore tape	1
Scissors	1
Safety pins	1
Sterile wipes	10
Triangular bandages	2
Resuscitation mask	1
Eye bath	1
Small bandage	2
Medium bandage	2
Large bandage	2
Single use cool pack	1
Foil blanket	1
Accident book	1

The first aid coordinator will be responsible for ensuring first aid provisions are maintained and regular checks carried out.,

6.2 Eye Wash Bottles


Mains tap water is recommended when eye irrigation is necessary. Special eye wash bottles are only needed where this is not readily available. These should provide at least a litre of sterile water or sterile normal saline (0.9%) in sealed disposable containers. Once the seal has been broken; the containers should not be kept for reuse. The container should not be used after the expiry date.

6.3 Spillage Kits

A kit for clearing up and disinfecting spillages of blood or other body fluids must be available to first aid staff. Kits should contain absorbent granules, a disinfectant (unless incorporated in the granules), gloves & a scoop for picking up the granules. All materials contaminated by human blood or other body fluids should be disposed of appropriately.

6.4 First Aid Notices

First aid notices should be posted on all health and safety notice boards in each building. Notices should be easily recognisable through use of standard first aid symbols and should indicate where to contact first aid. First aiders for the facility should also be signposted.

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Waste Management Procedure				Rev No:	01

1.0 Purpose

To define the processes by which waste is managed by Prospect Training Services (PTS)

2.0 Scope

This procedure relates to the production, handling, keeping, safe storage, transport, collection, and disposal of all waste generated on PTS's sites.

2.1 Waste types covered include:

- hazardous waste and cytotoxic substances /contaminated materials
- waste oils
- cardboard / packaging / wood
- domestic waste • confidential waste
- toner cartridges • redundant IT equipment
- other office waste
- metals
- chemical waste
- hazardous waste electrical and electronic equipment

The above list is not exhaustive but covers the main types produced, handled, and disposed of within the Company.

2.2 The Duty of Care covers the:

- production
- import
- carriage
- storage
- treatment
- disposal of Hazardous and Controlled Waste i.e., Commercial or industrial wastes.

3.0 Definitions

3.1 The definition of waste has been in use in its current wording for over three decades and it is now embedded in the 2008 Waste Framework Directive (Directive 2008/98/EC). This set of guidance provides a legal analysis of Article 3(1) which defines "waste" as: -

"...any substance or object which the holder discards or intends or is required to discard..."

or any substance or object included in the list below (Annex 1 of EC Directive 91/156; schedule 2B to The Environmental Protection Act 1990):

- Production or consumption residues not otherwise specified below.
- Off-specification products.
- Products whose date for appropriate use has expired
- Material spilled, lost, or having undergone another mishap, including any materials equipment etc. contaminated because of the mishap.
- Materials contaminated or soiled because of planned actions (e.g., residues from cleaning operations, packaging materials, containers etc.)
- Unusable parts (e.g., reject batteries, exhausted filters etc.)

- Substances which no longer perform satisfactorily (e.g., contaminated acids, contaminated solvents etc.)
- Residues from pollution abatement processes (e.g., spent filters etc.)
- Machining or finishing residues (e.g., wood dust/shavings etc.)
- Adulterated materials (e.g., oils contaminated with PCBs etc.)
- Any materials, substances, or products whose use has been banned by law.
- Contaminated materials, substances or products resulting from remedial action with respect to land.
- Any materials, substances or products which are not contained in the above categories

3.2 The Controlled Waste Regulations 2012 (CWR 2012) continues to define waste into the category's household waste, commercial waste, and industrial waste

3.3 Industrial waste is the waste produced by industrial activity which includes any material that is rendered useless during a manufacturing process such as that of factories, industries, mills, and mining operations.

3.4 Commercial waste consists of waste from premises used mainly for the general purposes of a business or trade or for the purpose of recreation, education, sport, or entertainment. It does not include household, agricultural, or industrial waste as the result of construction activities.

3.5 Difficult waste - waste which is difficult to handle (hazardous under normal operating conditions which are physically difficult to handle i.e., liquids or wet sludge).

3.6 Hazardous waste - The regulatory requirements for transporting hazardous wastes from a producing site are outlined in the Hazardous Waste (England & Wales) Regulations 2005

Hazardous wastes produced by PTS may include:

- waste chemicals and containers
- batteries
- lamps, fluorescent tubes containing mercury (in significant quantities)
- asbestos

3.7 Hazardous Waste Consignment Note and Controlled Waste Transfer Note – The regulations require that all producers, transporters, and receivers of waste must complete, sign and keep a transfer note that contains an accurate description of the waste to enable the contractor to handle the waste correctly and lawfully. There is an additional regulatory requirement to keep a copy of the description of the waste that is transferred for a period of 3 years.

3.8 All wastes must be collected and transported by an approved waste carrier and in accordance with the Controlled Waste Regulations, Hazardous Waste (England and Wales) Regulations 2005 and where necessary fulfil the regulatory requirement for the carriage of dangerous goods by road and rail.

4.0 Responsibilities

- The Centre and GRC Manager are jointly responsible for ensuring that waste is managed in accordance with legislative requirements.
- All employees are responsible for compliance with this procedure.
- Centre or Department Manager is responsible for writing of the existence, location, and serial numbers (if appropriate) of redundant equipment or scrap materials, which require disposal, and for labelling the equipment accordingly.
- The Centre or Department Manager is responsible for arranging the disposal of redundant equipment in accordance with the provisions of this procedure.

- Contractors have a responsibility to ensure that all waste they produce during their activities on PTS sites is managed safely and in accordance with legislative requirements.
- It is the responsibility of all employees to segregate and store waste in the appropriate containers at designated areas.
- It is the responsibility of employees when planning to undertake, activities likely to generate an additional waste burden to pre-notify the GRC Manager.

5.0 Procedures

5.1 Waste Production

- Waste produced by routine office activities shall be minimised through re-use and recycling wherever practicable.
- Waste produced from plant and equipment shall be minimised through its efficient operation and maintenance in accordance with manufacturers' instructions.
- Waste from refurbishment and other construction activities will be minimised by appropriate design specifications.
- The volume of waste produced on sites shall be monitored through reports provided by the waste removal contractor on a periodical basis.
- Activities likely to produce additional or non-routine waste will be pre-notified to the GRC Manager, giving as much notice as possible.

5.2 Waste Handling and Storage

- Items classified as waste will be handled with a duty of care in accordance with legislative requirements.
- Waste produced through the routine management of outside areas shall be minimised through the prevention of litter accumulation, and through on-site composting of ground waste, wherever practicable.
- Wherever practicable, waste should be compacted before placing in a storage container for off-site disposal/recycling.
- All waste will be stored in a safe and secure manner pending collection by third party contractors for recovery, recycle All waste will be stored in a manner that prevents its escape.
- Wherever possible, access to waste containers will be restricted to t designated employees, contractors and contracted waste collection contractors.
- Liquid wastes shall be stored in containers appropriate for the properties of the waste. Such containers will be stored in a suitably bunded area.
- Waste produced by contractors will be stored in designated areas and in dedicated sealed containers as provided by the contractor, unless otherwise agreed by the Centre or GRC Manager. Contractors will demonstrate a duty of care over any waste produced by them on the site.
- Redundant IT equipment shall be appropriately labelled and stored securely pending disposal and arrangements for its collection must be directed towards the Centre Manager.
- At locations where provision is made for the segregation of waste for recycling the containers will be clearly and appropriately labelled.

5.3 Transportation, Disposal and Collection

- Waste produced on site by PTS, will only be transported off site by a registered waste carrier. A copy of the waste carrier's valid registration certificate must be obtained. Historical records of waste transfer should be retained for three years.
- Copies of valid waste management licenses for the destination of all wastes shall be maintained on sites and records retained for three years.
- Controlled waste will be segregated at source, into wastes requiring disposal and those for which recycling has been arranged. An estimate of the weekly volume of waste for off-site disposal/recycling will be recorded. The estimate will be based on a visual examination of the quantity of waste in waste storage containers prior to their removal off-site.

- Containers will be inspected for extraneous articles within at least 24 hours before collection, where possible and practical. Extraneous articles will only be removed where it has been identified that it is safe to do so.
- All waste transferred off-site will be accompanied by a waste transfer note, completed, and containing information in accordance with the relevant regulatory requirements and codes of practice. For regular collections from the same source, a 'season ticket' may be used to cover all such transfers during a period not exceeding 12 months. Copies of waste transfer notes will always be available and retained for three years.
- Redundant IT equipment will be sent for recycling to an approved contractor wherever practical.

5.4 Audit trail

An Audit Trail of waste production, storage and disposal will be completed on a periodic basis to establish regulatory compliance in line with the Duty of Care requirements. This will be further augmented by Duty of Care audits conducted by the GRC Manager on waste contractor treatment and disposal facilities.

5.5 Waste hierarchy

As far as is reasonably practicable, waste management and waste minimisation will be practiced through the following waste hierarchy approach:


- Avoidance and minimisation
- Reuse
- Recycling
- Recovery
- Disposal Maximisation Conservation of Resources

6.0 Record forms

- Most records for waste management are maintained and held by the GRC Manager and include the following:

Authorisations, Carriers of waste - registration, Consignment Notes, Transfer Notes, 'Duty of Care' documentation etc.

Refer to PTS-HSE-II-017 Retention of HSE Records.

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HSE Management System Audit Procedure				Rev No:	01

1. Purpose

This procedure specifies the requirements for performing Internal HSE MS Audits at Prospect Training Services (PTS). These audits are a part of PTS's HSE MS and are conducted periodically to ascertain that the HSE MS is properly implemented and continues to conform to planned arrangements for health, safety, and environmental management, including the requirements of ISO 14001: 2015. These audits can also help determine the regulatory status of PTS at time of the audit.

2. Scope

During each twelve-month period, internal HSE MS audits cover the requirements of the ISO 14001: 2015 and ISO 45001:2018 Standards as well as PTS's HSE MS. All parts of the organization covered by the HSE MS are legitimate areas for internal HSE MS audits.

Although PTS are not intending to certificate against the Standards, it has designed its HSE MS around the Standard's Requirements.

3. General Information

Specific guidance and templates for conducting an internal audit is available in the HSE MS Document suite.

Definitions:

Internal HSE MS Audit: A periodic audit of the HSE MS is to verify that it is properly implemented and that it continues to conform to planned arrangements for environmental management. It is an audit of the system and findings are expressed as non-conformances or opportunities for improvement. Audit conclusions are based on the findings and focus on the root causes that led to the non-conformances.

Audit Finding: Any deviation from procedures or requirements of the standard is defined as an audit finding. Findings are categorized into three categories defined as follows:

Major Non-conformance: One or more numbered requirements of the Standards have not been addressed or have not been implemented; or several similar minor nonconformities in documentation and/or implementation, taken together, lead a reasonable auditor to conclude that one or more numbered requirements of ISO 14001: 2015 have not been addressed or implemented.

Minor Non-conformances: One or a single observed non-conformance to the HSE MS standard or the Company's HSE MS, not considered to be a breakdown in the Company's HSE MS.

Opportunity for Improvement: An opportunity for improvement relates to a matter about which the Auditor is concerned but which cannot be clearly stated as a non-conformity. Observations also indicate trends which may result in a future nonconformity.

Lead Auditor: The person responsible for leading the audit.

Audit Plan: A written plan for conducting the audit.

Audit Criteria: Audit criteria consist of questions and tests based upon the specified arrangements for the HSE MS and are designed to elicit evidence of conformity with ISO Standards and provisions of PTS's HSE MS.

Compliance Audit: A periodic audit of compliance to regulatory and other requirements that are imposed on the organization. Findings are expressed as non-compliances. The search for root causes in a typical compliance audit is not as intense as it should be during an HSE MS audit.

Internal audits are scheduled not less than annually. An individual audit may be limited to a sampling of HSE MS elements or specific areas in PTS and can be both random and/or focused on certain activities based on their importance and/or results of previous audits.

The GRC Manager is responsible for creating and managing the Audit Program. He or she is also responsible for selecting the lead auditor for a given audit. The designated lead auditor is responsible for selecting the audit team and ensuring that the audit team conducts and completes the audit as planned.

4. Approach

4.1. Each Audit requires an audit plan

Each audit requires an audit plan that is prepared by the lead auditor for that audit. The audit plan addresses the following preparatory matters:

- Audit scope and objectives.
- Audit criteria to be applied.
- Audit dates, times, and other logistics.
- Protocol for conducting the audit (e.g., interviews, access, coordination, safety, resolution of findings).

4.2. Internal HSE MS audit Requirements

The lead auditor must receive auditor training. HSE MS audits are conducted against pre-established audit criteria. The audit criteria are developed jointly by the HSE MS representative and the lead auditor. Audit criteria consist of questions and tests based upon the specified arrangements for the HSE MS and are designed to elicit evidence of conformity with the Standards and PTS's HSE MS. The focus of the HSE MS audit is to ascertain that the HSE MS has been effectively implemented and is functioning in accordance with established arrangements. Audit findings must be based on objective evidence that is properly corroborated and authenticated. (Auditors should avoid reaching conclusions based on hearsay or opinion.)

4.3. On-site Audit Process

HSE MS audits are conducted primarily through document review and interviews with personnel. HSE MS auditors may also do sampling. The HSE MS auditors may also rely on records for information related to the functioning of the HSE MS and its objectives and targets. The HSE MS auditors may also rely on observations of operating conditions to gauge environmental status and conditions if that is appropriate and efficacious. The lead auditor conducts opening and closing meetings with the HSE Manager. The lead auditor documents corrective actions. Responsibility for corrective actions resides with the designated manager where the findings occurred. If a corrective action relates to the HSE MS itself, the GRC Manager will have primary responsibility to make the correction. The GRC Manager and/or lead auditor are to ensure that corrective and preventive actions are completed. The process for corrective and preventive actions is the same for findings during the HSE MS audit as it is for findings that may be detected from time to time in the HSE MS.

4.4. Completed Audits

When the audit is complete, the audit representative completes the audit report and makes it available to the GRC Manager. The GRC department prepares the Corrective Action Report (CAPA). The GRC Manager addresses findings, by developing corrective and preventive actions and determining whether there are any findings that need to be reported to senior management.

The HSE MS audit is closed when the GRC Manager establishes that the corrective and preventive actions have been accomplished. The GRC Manager is responsible for verifying that each corrective and preventive action is completed.

The Audit Report and actions taken to address findings are inputs to the Management Review.


The status of regulatory compliance of PTS is determined based on the results of the annual HSE MS audit. The GRC Manager is responsible for ensuring evaluation of compliance with requirements from the HSE MS Legislation Registers. Data and records generated in the HSE MS to track the achievement of objectives and targets may also be valuable in determining the compliance status of the facility.

5. Records

Records generated by this procedure include:

- PTS-HSE-V-004 Audit Checklist
- PTS-HSE-II-024 Corrective and Preventive Action Procedure

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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Evaluation of Compliance				Rev No:	01

1. Introduction

To ensure Prospect Training Services (PTS) has a method of evaluating and verifying compliance to all legal and other requirements related to health, safety, and environmental responsibilities to which it subscribes.

2. Purpose

This procedure applies to the periodic evaluation of the regulatory compliance of PTS with relevant HSE legal and other requirements applicable to its operations.

3. Responsibility

The GRC Manager is responsible for assuring the control of the PTS HSE MS including the development of Policies, Procedures, and Guidance as required.

Directors and Managers are responsible for monitoring and implementing this document.

- Centre Managers and the GRC Manager are jointly responsible for the evaluation of compliance of statutory obligations that it manages on behalf of PTS. A register of the obligations can be accessed through the GRC Manager.
- The GRC Manager will be responsible for evaluating compliance with legal and other obligations held within, and relevant to PTS, each local facility.
- Centre Managers, together with the GRC Manager will be responsible for the review of compliance against legal and other obligations relevant to them and acting on the findings.
- The Senior Management Team (SMT) shall receive periodical reports from the GRC Manager which include the results of audits and evaluations of compliance.


4. Procedure

Periodic compliance with identified legal and regulatory requirements will be reviewed by the GRC Manager. The changes will be reported to the SMT. Checks will also be carried out within the internal audit programme. This will include specific aspects including waste legislation, planning conditions etc. Evaluation of compliance against specific operational controls will be checked including monitoring and sampling results.

Subject	Brief Description	Lead	Additional Procedure
Performance measurement and monitoring	Reports through the GRC Manager against environmental objectives and targets. Internal audit to review Objectives and Targets	GRC Manager	Management Review Incident Reporting Internal audit
Occupational Hygiene	Workplace monitoring of local environment (Substance/Noise/Temperature)	Need for monitoring identified through Risk Assessment	Environmental Procedure

Duty of care audits	Biannual audits carried out on hazardous waste contractors checking against Statutory, Licence and Service provision	Operations Coordinator	Link to responsibility table
Internal audits	To include Management System audits carried out by Site Auditor. Subject audits carried out by Joint Internal Audit	GRC Manager	Internal audit Procedure
Workplace inspections	GRC Manager shall carry out workplace inspections as set out in the Monitoring Policy.	GRC Manager	Monitoring Policy
Control of records	Ensure all Statutory records are maintained in an appropriate manner.	GRC Manager	Link to Procedure
Nonconformity, corrective action, and preventative action	The procedure defines responsibility and authority for ensuring that non-conformances are addressed, and appropriate corrective and preventative action is taken in line with the HSE management system	GRC / Centre Manager	Corrective Action Procedure
Evaluation of compliance	GRC Manager and Centre Managers are responsible for the evaluation of compliance of statutory obligations that it manages on behalf of the Site. GRC Manager is responsible for evaluating compliance with legal and other obligations and for reporting the results to senior management.	GRC Manager/ Centre Manager	
Incident investigation	The investigation covers underlying causes, outcomes, and potential outcomes as well as the consequences attributed to what happened. The purpose of the investigation is to limit and reduce the likelihood of reoccurrence.	Investigation undertaken by GRC Manager where incident originated. For serious incidents involvement	Incident Reporting Policy



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Review of Legal and Other Requirements				Rev No:	01

1. Purpose

This procedure describes the methods for identifying and updating the legal and other requirements applicable to the health, safety, and environmental aspects of Prospect Training Services (PTS) and for maintaining access to these requirements.

2. Scope

This procedure applies to all relevant legal and other requirements applicable to the environmental aspects of PTS and its suppliers and contractors. Legal requirements include those specified in legislations / regulations and technical memoranda that are legally binding. Other requirements include contract requirements, business codes, guidance notes, code of practices, other technical memoranda and other practice notes produced by overseas government agencies as well as professional institutions.

3. Reference Documents

PTS-HSE-II-001	HSE Management System (HSE MS) Manual
PTS-EN-V-001	Register of Environmental Aspects
PTS-EN-V-002	PTS EMS Legal Register
PTS-HSE-V-003	Context, Risk and Opportunities Evaluation & Needs & Expectations Register

4. Responsibilities

4.1. GRC Manager

The GRC Manager shall maintain and update the Registers of Legal and Other Requirements and ensure that the updated register is available to relevant staff and the relevant requirements listed in the register are accessible.

4.2. Top Management

The top management shall approve the Registers of Legal and other Requirements.

Top Management shall inform the GRC Manager of any changes to the requirements relevant to functions or departments, to ensure that up-to-date copies of the legal and other requirements relevant to their function / departments are accessible.

5. Procedure

The GRC Manager shall identify the relevant legal and other requirements applicable to the environmental aspects of PTS and determine how these requirements apply to its environmental aspects.

The GRC Manager shall maintain the Registers of Legal and Other Requirements, and ensure all information listed in the Registers are available and accessible.

Information in the Register(s) for each requirement shall include but not be limited to:

- Title and description of the legal / other requirement.
- The application of the requirement; and
- The relevant licenses / compliance records required.

The GRC Manager shall review and update the registers annually or when relevant information becomes available. The GRC Manager shall regularly source updated information from the websites such as the Environmental Agency (www.environment-agency.gov.uk) and the Health and Safety Executive (<https://www.hse.gov.uk/index.htm>)


The GRC Manager shall ensure that the most up-to-date copies of the requirements are available to the relevant employees. The GRC Manager shall control the hard copies of documents (e.g., code of practices, technical memoranda, etc.) according to the control procedures

Directions shall also be provided for the soft copies of the requirements on the relevant websites where they are available on Intranet.

The GRC Manager shall ensure that the applicable legal and other requirements are considered in establishing, implementing, and maintaining the HSE MS.

6. Records

Record Description	Record Location/ Retention Responsibility	Minimum Retention Time
Registers of Legal and Other Requirements	GRC Manager holds the master copies	Two Previous Versions

	Prospect Training Services	Created By:	MG	Doc No:	PTS-HSE-II-022
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HSE MS Management Review Procedure				Rev No:	01

1. Purpose

1.1. This procedure establishes minimum requirements for conducting Management Reviews satisfying the requirements for establishing and maintaining the Prospect Training Services (PTS) HSE Management System (EMS).

A Management Review is a formal management evaluation of the status and adequacy of the management system in relation to the policy and objectives and for determination of the suitability, adequacy, effectiveness, and efficiency of the HSE MS.

2. Scope

2.1. This procedure identifies process for the full review of the HSE MS at PTS. This will ensure that the system is effective and shows continual improvement.

2.2 The aim is to assess the adequacy of the HSE EMS and ensure its continued suitability and effectiveness in satisfying the requirements of the PTS environmental policies and objectives.

3. Responsibility

3.1. Senior management shall review all aspects of the PTS HSE EMS at planned intervals to ensure its continuing suitability, adequacy, and effectiveness. This review shall include assessing opportunities for improvement and the need for changes to the management system, including the policy and objectives. Records of these meeting will be kept.

4. Procedure Requirements

4.1 General Requirements

4.1.1 Reviews shall be carried out by top management, on a regular planned intervals basis e.g., annually

4.1.2 The review should focus on the overall performance of the management system and not on specifics since these should be handled through processes, such as health, safety and environmental meetings and incident management.

4.1.3 The reviews will include assessing opportunities for improvement and the need for changes to the management system, including the environmental policy and objectives.

4.1.4 Records of the management reviews shall be retained.

4.2 Inputs

4.2.1 In planning for a management review agenda, consideration should be given to the following:

- The topics to be addressed.
- Who should attend (Senior Managers, GRC Manager and advisors, Centre Managers).
- Responsibilities of individual participants in respect of the review.
- Information to be brought to the review

4.2.2 Input to management reviews shall include:

- the status of actions from previous management reviews.

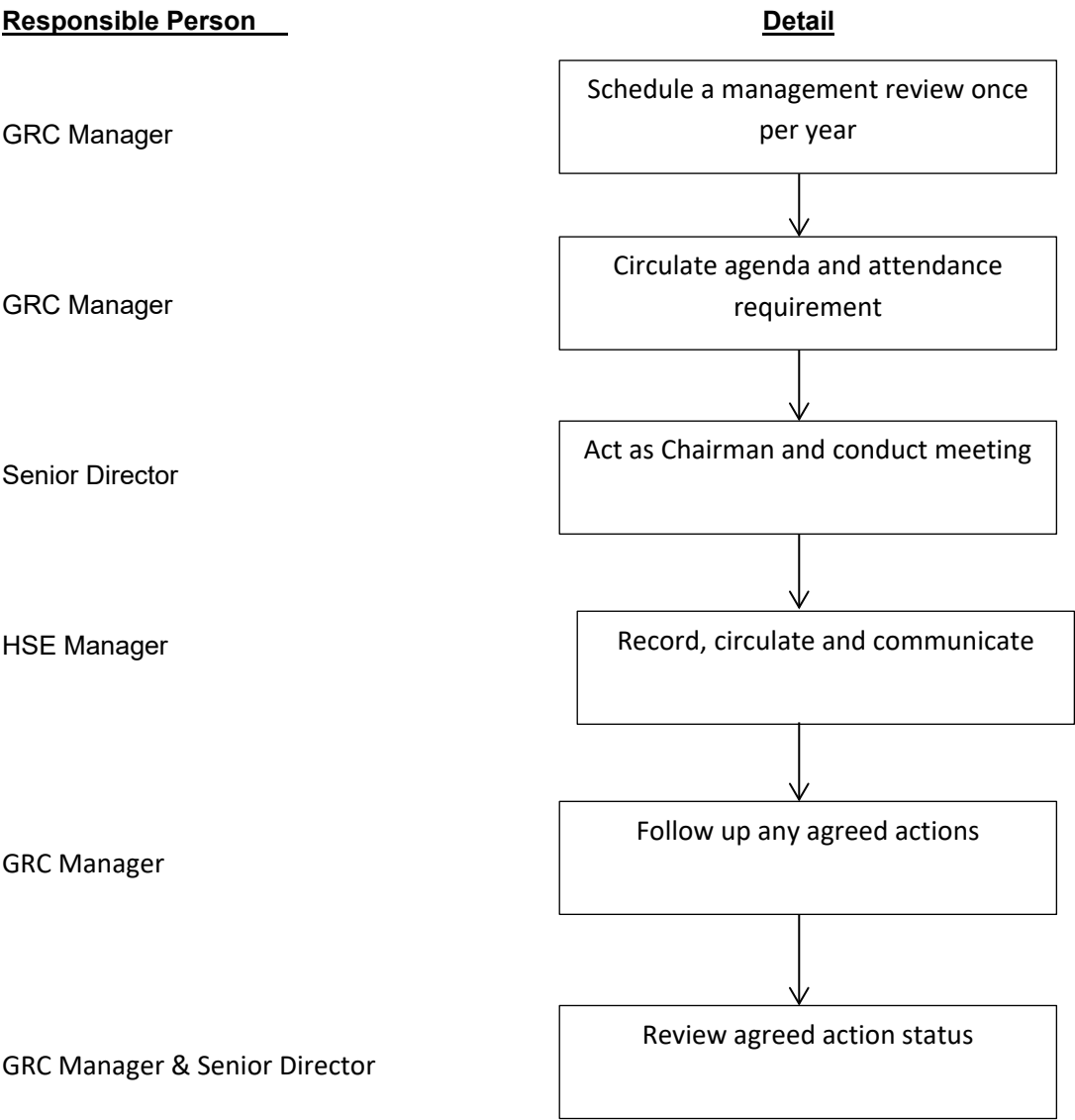
- b) changes in.
 - 1) external and internal issues that are relevant to the HSE MS
 - 2) the needs and expectations of interested parties, including compliance obligations.
 - 3) its significant environmental aspects.
 - 4) risks and opportunities
- c) the extent to which HSE objectives have been achieved.
- d) information on PTS's HSE performance including trends in:
 - 1) nonconformities and corrective actions.
 - 2) monitoring and measurement results.
 - 3) fulfilment of its compliance obligations.
 - 4) audit results.
- e) adequacy of resources.
- f) relevant communication(s) from interested parties, including compliants.
- g) opportunities for continual improvement.


4.3 Outputs

4.3.1 The outputs of the management review shall include:

- a) conclusions on the continuing suitability, adequacy, and effectiveness of the HSE MS
- b) decisions related to continual improvement opportunities.
- c) decisions related to any need for changes to the HSE MS, including resources.
- d) actions, if needed, when HSE objectives have not been achieved.
- e) opportunities to improve integration of the HSE management system with other business processes, if needed.
- f) any implications for the strategic direction of the organisation.
- g) documented information by means of meeting minutes.

4.4 Process Flow



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Monitoring and Measurement of the HSE MS				Rev No:	01

1. Introduction

The policy and procedure aims to address the HSE MS Monitoring and Measurement. The guidance outlines the implementation of programs and procedures with the intent to meet or exceed all applicable HSE laws and regulations.

Continual improvement of our environmental performance that is monitored and measured through proactive environmental management, self-assessments and/or third-party assessments.

2. Purpose

As a responsible employer Prospect Training Services (PTS), have developed an HSE MS Monitoring and Measurement.

This document describes the procedure for monitoring and measuring key environmental performance indicators. The intent of such monitoring and measuring is to track HSE performance, assess implementation and effectiveness of operational controls, and monitor assessments.

This procedure addresses operations and activities that can have a significant impact on the environment and applies to PTS's Health, Safety and Environmental Management System (HSE MS) Team members and personnel with monitoring and measurement responsibilities.

3. Responsibility

The HSE Department are responsible for assuring the control of the PTS HSE Management system including the development of Policies, Procedures, and Guidance as required.

Directors and Managers are responsible for monitoring and implementing this procedure.

3.1. The GRC Manager is responsible for:

- Assisting Directors and Managers in monitoring and measurement development associated with the HSE MS performance indicators.
- Consolidating and reporting HSE performance and presenting results during HSE MS review meetings.
- Conducting periodic compliance and HSE MS audits as described in the HSE MS Audits Procedure
- Assisting in the development of HSE MS objectives/target and management programs quarterly
- Implementing and monitoring assigned HSE management programs throughout affected facilities
- Monitoring and tracking results
- Maintaining on-going communication with SMT regarding HSE MS program implementation efforts

3.2. Employees:

- Assist in the compilation of data related to performance indicators as assigned by the HSE Manager when required

4. Procedures

After an objective and target is developed and approved, action plans are created to specify the implementation details.


Performance indicators (metrics) are then assigned to each associated objective/target. Performance indicators will be used to determine progress and the success of the objective/target. Factors to be considered when selecting a performance indicator or metric:

- Must be quantifiable
- Must be measurable
- Revisions or additions to action plans will result in review of performance indicators and necessary adjustments.
- Performance indicators are to be tracked throughout execution of the action plan to quantify the environmental impact of the objective/target.
- Performance indicators for each objective/target are to be reviewed quarterly

5. Related Documents

- PTS-HSE-V-003 Context, Risk and Opportunities Evaluation & Needs Register.
- PTS-EN-V-002 PTS Legal Register
- PTS-HSE-II-001 HSE Manual
- Objectives and Targets and their Revisions

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.

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Corrective and Preventive Action Procedure (CAPA)				Rev No:	01

1. Introduction

The policy and procedure aims to ensure that any health, safety, or environment non-conformances are addressed as soon as possible to facilitate the continuous improvement philosophy.

2. Purpose

The purpose of this procedure is to set out the instructions by which non-conformities and possible non-conformities in the Prospect Training Services (PTS) Health, Safety, and Environmental Management System (HSE MS) are corrected.

3. Responsibility

The GRC Manager is responsible for assuring the control of PTS HSE MS including the development of Policies, Procedures, and Guidance as required.

Directors and Managers are responsible for monitoring and implementing this document.

- **Managers** (or other person specifically designated for this purpose): are responsible for the coordination of the response to an identified non-conformance unless it is deemed a major non-conformance.
- **GRC Manager:** Has the general responsibility to ensure compliance with all HSE obligations and is accountable to the Director and for the discharge of this duty. Within the terms of this procedure, he is responsible for ensuring that incidence of non-conformance on site is addressed as soon as possible and to an appropriate timescale based on level of risk. The GRC Manager is personally responsible for the coordination of response to any major non-conformance.

It is the responsibility of the GRC Manager to ensure that an effective, documented internal procedure is in place for escalating incidence of non-conformance within the work area to ensure corrective action is taken. This system must be, as a minimum, comparable to the one described in this procedure.

Where, in the judgment of the GRC Manager, a major non-conformance has not been appropriately or adequately addressed it is the responsibility of the GRC Manager to gain assurance from the relevant Line Supervisor that the non-conformance will be addressed within a prescribed timescale.

- **Centre Manager:** is responsible for ensuring that departmental managers are aware of their responsibilities about addressing non-conformance and for monitoring progress against agreed action plans. The Centre Manager will ensure that any non-conformance that is identified through Company audits, inspections etc. is brought to the attention of the GRC Manager. The Centre Manager is responsible for the initial escalation of incidents of non-conformance to the GRC Manager when they have not been resolved between the initiator and the relevant responsible person in the workplace. If this first stage of escalation does not result in satisfactory resolution and the appropriate remedial/corrective action being taken, then the Centre Manager will bring to the attention of the GRC Manager any major non-conformance or any minor non-conformance that has not been addressed within appropriate timescales.

N.B. If, in the opinion of the Centre Manager, there is potential for serious or imminent danger the Centre Manager has the authority to stop the work until satisfied that the situation has been addressed. Furthermore, in exceptional circumstances the Centre Manager may contact the GRC Manager.

4. Definitions

A non-conformity is a requirement of the HSE MS, where a procedure or policy that has been omitted, has not been adhered to (non-compliance) and/or does not conform to specifications.

Description	Definition	Comment
Observation	Evidence of non-conformance which is deemed not to be a systemic failure of the management system as evidenced by the general level of conformance, but which needs to be addressed.	Noted but dealt with verbally or through e-mail correspondence /within action plan.
Non-conformance	A significant deviation from work standards, practices, procedures, regulations, management system performance either in number of occurrences or in seriousness. Individual observations that are not addressed within a given timescale. A significant number of single observations can lead to a formal non-conformance.	Requires recording by the GRC Manager and the generation of a CAPA
Major Non-conformance	A situation that requires immediate corrective action due to a situation which poses imminent danger; a significant breach in legislation; previously identified significant non-conformance(s) that has not been addressed or has been inadequately addressed.	Requires recording by the GRC Manager and the generation of a CAPA.
Initiator	The person who identifies the incidence of non-conformance and initiates a CAPA This is normally the GRC Manager.	Requires recording by the GRC Manager and the generation of a CAPA
Corrective and Preventive Action	Action taken to eliminate the cause of an identified non-conformance or other undesired situation.	Requires recording by the GRC Manager and the generation of a CAPA

5. Procedure

5.1. Corrective and Preventative Action

The corrective and preventative action process of the HSE MS Management System and is a key contributor to the improvement process and thus should always add value to the organisation. The process hinges on the identification of the root cause of an environmental non-conformance or potential non-conformance, a safety hazard, customer complaint or similar system failure and the planned rectification of that cause. Its purpose is to avoid fixing an immediate problem that may occur again at a later stage.

Raising a Corrective and Preventative Action Request (CAPA) should be undertaken in the spirit of improving processes.

CAPA's should be raised to address issues that are important to maintaining the quality and viability of PTS. Their use as a means of addressing significant health, safety and environmental issues, customer complaints or consistent deviations from non-quality related standard practices is also recommended.

CAPA's should not be raised with the intent to target an individual or section, or for minor or management related issues such as routine maintenance and staff discipline. Raising CAPA's should not replace good communications and cooperation.

5.2. Process for Corrective and Preventative Action

All staff in the organisation can propose and implement corrective and preventative action within the boundaries of their job description and extent of authority. Action outside of this boundary must be authorised by the GRC Manager prior to implementation.

This Policy and procedure applies to all employees and will be reviewed continuously, to ensure it remains effective.