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Title: Setting Local Authority Priorities and Targeting Interventions for 2025/2026

Open Government status: Fully Open

Target audience: Local Authority Health and Safety Regulators (Practitioners and Managers)

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Introduction

This Local Authority (LA) Circular is guidance under Section 18 of the Health and Safety at Work etc. Act 1974 (HSWA) and replaces LAC 67/2 (rev 13) and all earlier versions.

This LAC provides details of national priorities identified by HSE and should be used to complement (and support) any priorities identified from local intelligence. Using the guidance and tools for priority planning and targeting of interventions ensures a proportionate and consistent risk-based approach, which meets the requirements of the [National Local Authority Enforcement Code \(hse.gov.uk\)](#) (the Code). The Code provides flexibility for LAs to address local priorities alongside the national priorities set by HSE.

Section 18(4) of the Health and Safety at Work Act etc. 1974 places a duty on Local Authorities to make 'adequate arrangements for the enforcement' of health and safety and the Code sets out what is meant by 'adequate arrangements for enforcement'.

In May 2022 HSE published a 10 year Strategy '[Protecting People and Places](#)'. The Strategy sets out ambitious objectives ensuring protecting people and places will be at the heart of everything we do as regulators of H&S. Local Authorities have a crucial role to play enforcing H&S in nearly half of the workplaces in GB.

The national priorities for 2025/2026 (detailed in Annex A) and entries on 'The List' (Annex B) are similar but subtly different with Annex B focussing on industry sector specific problems (likely to be local intelligence led activity) as opposed to the national approach taken in Annex A. Both Annexes use a blended approach of activities addressing health as well as safety matters, aligning with the Strategic objectives and responding to HSE Board's strategic direction to focus on reducing ill health.

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As the strategy work develops and evolves, local authorities will continue to play a key part in the regulatory framework underpinning achievement of these objectives.

Action

1. Setting Priorities

In delivering their priorities, LAs should ensure their planned regulatory activity is primarily focussed on improving employee health as well as reduced injuries to both employees and members of the public. The Code provides flexibility for LAs to address local priorities alongside the national priorities set by HSE.

Planning should include consideration of how to use resources to deliver national priorities set by HSE, and how to deliver local priorities that meet the requirements of the Code. LAs can also consider whether they can gain regulatory efficiencies by developing their workplans collaboratively with members of their local LA liaison groups.

Investigation of Incidents and Complaints (Reactive visits)

In deciding which incidents and complaints are suitable for investigation, LAs should apply [HSE's risk-based selection criteria](#) (via HELEX). Whilst all reported complaints and incidents may not meet the criteria for investigation, they may help identify and provide evidence of local issues which could form the basis of a local priority.

Investigation of stress complaints – LAs are not expected to undertake any proactive interventions focussing on work-related stress. Note: complaints from individuals do not meet the selection criteria.

Annual National Priorities

The national priorities in [Annex A](#) are determined using HSE's most current regulatory intelligence. HSE review the national priorities in [Annex A](#) on an annual basis to allow flexibility and the inclusion of any emerging priorities which may result from new intelligence or in response to learning from major incidents.

Locally Identified Priorities

LAs also have access to a wealth of local information (see [Annex C](#) - Information sources to assist development of LA intervention plans). This local intelligence should be used by LAs to determine their specific local priorities and poor performers, primarily focussing on identifying the key health risks within workplaces and their wider community.

Matters of Evident Concern (MECs)

MECs are defined as 'those that create a risk of serious personal injury or ill-health and which are observed (i.e., self-evident) or brought to the inspector's attention'. Matters of Potential Major Concern (MPMCs) are those which 'have a realistic potential to cause either multiple fatalities or multiple cases of acute or chronic ill-health' [Matters of evident concern and potential major concern - OC 18/12 - Version 4 \(hse.gov.uk\)](#)

LAs should take appropriate enforcement action where required and monitor MECs or MPMC's dealt with during advisory or other regulatory visits to identify potential local issues. Any MECs or MPMC's identified which may have national significance should be reported to HSE via lau.enquiries@hse.gov.uk LAs are also asked to alert HSE via this email address to new and emerging issues which could have national significance and require HSE to take action.

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2. Targeting interventions

When planning interventions LAs should use the range of techniques available to increase their impact, maximising outreach to influence behaviours and improve the management of risk. LAs should primarily target their health and safety interventions to enable delivery of the Strategy objectives.

To assist LAs in targeting their resources, as well as the national priorities detailed in Annex A, Annex B of this guidance provides a list of higher risk activities/sectors suitable for targeting for proactive inspection (the 'List'). This list is not exhaustive, and whilst some issues may be better suited to other forms of intervention, where there is specific intelligence that risks are not being effectively managed the decision as to whether proactive inspection is appropriate is open to LAs.

LAs should expect to explain to the business why they are being inspected. A business can complain if they consider that they operate in a lower risk sector and have been unreasonably subject to a proactive health and safety inspection by an LA – see [Complaints about regulatory advice \(hse.gov.uk\)](#).

LAs should also consider the wider government and local government agenda of growing the economy, improving public safety and providing preventive measures to improve well-being and health. There may therefore be many opportunities for local authorities to collaborate with other stakeholders to achieve their goals.

Primary Authority inspection plans

Primary Authority (PA) inspection plans should follow the principles of the Code and align with the national priorities (see [Annex A](#)) and proactive inspection consistent with the 'List' or driven by evidence specific to that PA business(es). In line with the Primary Authority Principle if a local authority identifies non-compliant priority issues, they should share these with the Primary Authority. This will help determine a proportionate and consistent response and ensure that any wider implications can be considered.

PAs developing national inspection plans will obtain general advice and feedback on their inspection plan as part of the existing PA processes in which plans are sent to national regulators for comment. PAs that wish to have more detailed advice or engagement to help develop an inspection plan can approach HSE for Supporting Regulator input by submitting the proforma available on the .Gov website: '[Primary Authority – A guide for local authorities](#)' - <https://primary-authority.beis.gov.uk/>

3. Reporting performance

Under the Code, LAs should ensure they have a means of monitoring, capturing and sharing health and safety intervention, enforcement and prosecution activity. LAs must make this information available and share it with HSE via the LAE1 return to allow the preparation of national data. This national data will be on the HSE website to assist LAs when benchmarking and peer reviewing their work against other LAs.

The LAE1 is limited to the capture of occupational health and safety regulatory activity required by HSE. LAs are however at liberty to report to their managers or elected members a greater set of activity or information than that required by HSE on the LAE1.

4. Application to the Petroleum Certification and Explosives Licensing Regimes

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The Code applies to all LA enforcement under the Health & Safety at Work etc. Act. This includes the requirement to follow a risk-based approach to regulation for petroleum certification and petroleum and explosives licensing, and the enforcement of relevant health and safety legislation at petrol filling, non-workplaces in relation to petroleum storage and licenced explosives sites e.g. Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) and the explosives/petroleum regulations.

In practice, enforcing authorities for petroleum and explosives sites will need to ensure, by risk-based proactive inspection visits, that site operators are complying with the goal setting duties set out in the relevant health and safety legislation or for domestic and non-workplaces, petrol is stored in accordance with the petroleum storage regulations and any applicable licence/certificate conditions.

This guidance document and the LAE1 have been developed to address conventional health and safety issues and not the potential for high hazard/low frequency major incidents with the potential for substantial off-site effects that petroleum and explosives sites can pose.

In addition, further information to help regulators dealing with certificated petroleum sites or licenced explosive sites can be found at:

For certificated petroleum sites: [Overview: Storing petrol safely](#)

For licensed explosives sites:

General Information: [Explosives](#)

Explosives Regulations 2014 Guidance:

- [Safety provisions](#)
- [Security provisions](#)
- [Sub sector guidance](#)

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Annex A - Summary of national planning priorities 2025 - 2026

This Annex sets out the 2025-2026 local authority national planning priorities. Not all national priorities have a proactive inspection component.

Priorities are presented in two distinct sections, one focussing on health and the other safety. Those listed as Health Topics should be considered as a priority when allocating resources. These national priorities have been collated from intelligence LA colleagues have provided to HSE alongside intelligence held by HSE's Sector teams.

Health topics	Safety topics
Occupational Lung Disease	Planned Preventive Maintenance
Legionella	Inflatable amusement devices
Work related Stress	Trampoline Parks
Violence and Aggression	Safety in the Motorsport
Musculoskeletal Disorders (MSDs)	Provision of licensable adventure activities
Noise in the Workplace	
Visitor attractions – animal contact	

Overarching principles

LAs should use the full range of interventions available to influence behaviours and the proportionate management of risk (see [Annex D](#)).

Targeted / Planned inspections (Proactive inspections)

Proactive inspection should be used for:

- Specific projects/programmes of inspections identified by HSE for LA attention. These may be contained within Annex A of this guidance or may be directly communicated to LAs for urgent attention as a result of new intelligence arising from an incident/investigation.
- High risk premises/activities within the specific LA enforced sectors published by HSE (See the 'List' [Annex B](#)).
- Locally identified potential poor performers. This is where specific local intelligence indicates that a business is failing to effectively manage risk.

In all circumstances, LAs have the discretion as to whether or not proactive inspection is the most appropriate intervention using their local knowledge/intelligence of the dutyholder.

1. OCCUPATIONAL LUNG DISEASE

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Asbestos - Duty to manage asbestos

In premises likely to contain asbestos (i.e. built before 2000) LA health and safety regulators should identify the dutyholders and determine how they are complying with their Duty to Manage. Particular discussion topics with a dutyholder should include the following:

1. People responsible for premises that may contain asbestos should regard the duty to manage as a **proactive duty**. The guidance requires them to review their asbestos plans annually and actively consider whether the removal of known asbestos containing materials should be part of the building management in the coming year.
2. Dutyholders must ensure that anyone at risk of being exposed to asbestos at their premises are aware of where the asbestos is and of the risks associated with asbestos exposure. Anyone who intentionally damages or disturbs asbestos must be suitably trained.
3. In general, and particularly relevant for construction work, what survey/information about the presence of asbestos has been identified before the work commenced.

LA EHOs may wish to ask dutyholders to share their asbestos survey, asbestos register and asbestos management plans as part of the visit. They may also wish to check the register and plan is up to date.

More advice on all of this and additional information on other aspects of asbestos management can be found on the [HSE asbestos webpages](#).

Respirable Silica Dust

Dust, containing harmful respirable crystalline silica (RCS), can be generated during common operations such as block cutting, chasing brickwork, cutting concrete floors and processing of natural and engineered stone worktops. The standards for controlling this dust are detailed in HSE guidance:

- [Construction dust](#)
- [Construction dust - Information Sheet No 36 \(Revision 3\)](#)
- [Stoneworkers](#)
- [Installing stone worktops: protect against harmful natural or artificial stone dust](#)

During visits, LAs may come across minor construction work that is generating significant quantities of silica dust that give rise to a MEC. Poor standards should be addressed with dutyholders and any enforcement action taken in accordance with the EA Regulations 1998, collaborating with HSE where appropriate, using normal channels. See operational guidance on silica, used by HSE Inspectors: [Construction Dust: Inspection and Enforcement Guidance](#)

Information and guidance produced for dutyholders supporting the HSE RCS campaign can be found on the [Work Right website](#)

2. Legionella

Spa pools and hot tubs in the holiday sector

There has been a number of cases of Legionnaires' disease associated with spa pools and hot tubs in the holiday rental sector. Whilst some of the larger organisations are likely to manage the risk well, smaller companies may not have the same level of awareness of the risks and the requirements to manage those risks. LAs should raise awareness of the risks of spa pools and hot tubs and promote careful management to ensure that water quality

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does not encourage microbial growth and pose risks to service users or people in the vicinity of the spa pools or hot tubs.

Systems should be managed in accordance with L8 Approved Code of Practice

- [Legionnaires' disease. The control of legionella bacteria in water systems](#)
- [Control of legionella and other infectious agents in spa-pool systems](#)

Cooling towers located in built-up areas

Cooling towers can have the potential to spread aerosol several hundred metres from the source, which in a built-up area, can potentially expose very large numbers of persons offsite. With the inflationary pressures and post-COVID changes to occupancy to buildings, this could affect risk and the way that systems are being managed. LAs should satisfy themselves that Legionella risks from cooling towers located in built-up areas are being appropriately managed.

Systems should be managed in accordance with L8 Approved Code of Practice

- [Legionnaires' disease. The control of legionella bacteria in water systems](#)
- [The control of legionella bacteria in evaporative cooling systems](#)

3. Work Related Stress (WRS)

This year the national priority covers two aspects of linked work, continuing to raise awareness of work-related stress and mental health and the impact it can have on workers, primarily via HSE's website ([Stress and mental health at work](#)) and the 'Working Minds' campaign ([Work Right to keep Britain safe](#)) working with businesses and intermediaries.

We will also be developing approaches to encourage employers to take more action to prevent work-related stress or manage it to reduce the potential negative impact it may have on workers. Currently many employers are limiting action to treating/supporting (tertiary) workers already adversely affected.

i) Awareness raising

Work related stress and poor mental health in the workplace has a direct impact on the health of workers, as well as having significant cost implications for businesses and the economy. It is important that we make employers aware of this and their legal duty to remove, prevent or manage the risk from stress. As co-regulators LA EHOs should continue raising awareness with employers and their workers about the necessary tools to prevent work related stress and help support good mental health at work.

It's also important that employers understand that work-related stress can be prevented or managed and that it's in their interest to do so both to reduce injury to their workers but also because there are significant financial savings for their business.

The Working Minds campaign developed to raise work-related stress with employers that are unaware of the risks, impact or duties they have regarding work-related stress. It is relevant to all businesses but is aimed particularly at SMEs, encouraging them to assess the risks from stress and to take action.

The Campaign uses simpler language than the Management Standards approach even though they are based on the same evidence-based structure using the five 'R' approach to:

- make stress and mental health **ROUTINE**, as part of employee engagement,
- **REACH** out to their colleagues,
- **RECOGNISE** the signs of stress,

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- **RESPOND** to reduce the risk,
- **REFLECT** on how these experiences can be used to improve the workplace.

Information and guidance produced for the campaign can be found on the Work right site and more detailed information and guidance on stress is on the HSE website Stress at work.

ii) Intervention **Design**

HSE has been, and will continue to, gather data, evidence and examples of effective interventions that are used by duty holders, to prevent and manage work-related stress risks. The HSE 10-year strategy – Protecting People and Places, committed HSE to “Reduce work-related ill health, with a specific focus on mental health and stress”. HSE is working to achieve this through:

- enforcement action both reacting to complaints and examining options for proactive investigation/inspection work
- raising awareness of the impact stress can have on individuals, as well as promote prevention and management of work-related stress
- getting an understanding of what is currently being done and an estimation of its effectiveness
- identifying barriers to acting to tackle work-related stress and how these barriers have/can be overcome
- identifying effective interventions currently being used, how they work and how these can be shared with others either in similar industries/sectors or with groups of similar workers
- HSE is also looking to evaluate the need to update the provisions of the Management Standards; initial reviews have clarified that they remain suitable for the purpose of establishing a basis for risk assessment and developing an approach for tackling work-related stress, whilst acknowledging changes in the world of work and working practices.

EHOs participated in intelligence gathering during 2024 for which we are very grateful. These data along with material gathered by HSE’s Insight team, Working Minds campaign and data gathered from the use of the tools, training and support HSE provides, will be considered alongside the outcome of ongoing research ([Project OSCAR | Affinity Health at Work](#)) to determine how it can improve its approach to ensuring employers comply with their legal duties and effectively ensure the health, safety and welfare of their workers at work.

4. **Violence and Aggression**

HSE’s Strategy 2022 to 2032 Protecting People and Places, commits to reducing work-related ill health, with a specific focus on mental health and stress. The risk of physical harm from violence and aggression at work can be a cause of work-related stress, and good management arrangements for avoiding serious or persistent verbal abuse or threats can significantly support better mental health of workers.

Violence at Work statistics 2022/23 show the number of incidents of work-related violence in 2022/23 estimated at 649,000 with assaults accounting for 288,000 of these and 360,000 threats to victims and there was a large variation in the risks at work across occupational groups.

Sales and Health and Social Care associate professionals were found to be in the top five occupational groups with the highest risk for violence in the workplace. Local Authority health and safety regulators are asked to highlight, with dutyholders in these sectors, the importance of suitable and sufficient risk assessments to identify hazards and control the risk from workplace violence and aggression and implement effective control measures to reduce the risks so far as reasonably practicable.

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For further information see:

- [Violence and aggression at work](#)
- [The Violence at Work statistics 2022/23](#)
- [Labour Force Survey \(LFS\)](#)
- [Managing risks and risk assessment at work](#)
- [How employers can protect workers from violence and aggression at work](#)
- [Protecting lone workers: How to manage the risks of working alone](#)
- [Lone working guidance pages](#)
- [Lone workers video](#)

5. Musculoskeletal Disorders (MSDs)

A key strategic objective in HSE's Strategy 2022 to 2032 Protecting People and Places is to reduce work related ill health. According to 2023/24 Labour Force Survey statistics, 543,000 workers were suffering from work-related musculoskeletal disorders (new and long-standing) - a large proportion of these numbers were due to manual handling. 7.8 million working days were lost due to work-related musculoskeletal disorders in 2023/24.

As a result, LA Health and Safety regulators are required to raise duty holder awareness of the regulatory requirement to ensure suitable and sufficient risk assessments for manual handling activities have been undertaken where appropriate. Focus should be given to retail premises and residential care homes (excluding people/person handling risks for manual handling) or where local authority knowledge dictates awareness is required.

For further information see:

- [Manual Handling at Work – a brief guide](#)
- [Manual handling. Manual Handling Operations Regulations 1992](#)
- [Full manual handling risk assessment: Examples of assessment checklists](#)
- [Manual handling assessment charts \(the MAC tool\)](#)
- [Risk assessment of pushing and pulling \(RAPP\) tool](#)
- [Variable manual handling assessment chart \(V-MAC\) tool](#)
- [Musculoskeletal disorders](#)
- [Manual handling at Work - Musculoskeletal disorders](#)
- [Retail industry health and safety research](#)
- [Health and safety in care homes](#)

6. Noise in the Workplace

Occupational hearing loss was the most common occupational health disease claimed against Employers Compulsory Liability Insurance (DWP) and HSE inspections have recently found that health surveillance for occupational noise is the most common type of health surveillance requirement amongst duty holders.

As part of HSE strategy to reduce worker ill-health HSE is running a hearing health inspection campaign in 2025.

Where Local Authority EHOs see hearing protection in use, and they are confident that it is a mandatory requirement within that workplace, they are asked to:

- Check the condition and use of the hearing protection.

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- Check the duty-holder is providing hearing health surveillance for the affected employees.

Damage to earmuff seals, removal of foam from within the earmuff, incorrect wearing of hearing protection (e.g. earmuff worn over hats or ear plugs not fitted correctly) or not wearing hearing protection the entire time a worker is in a high noise area are matters of evident concern.

Indicators that hearing protection is mandatory could be; the presence of hearing protection zone signage or written risk assessments that indicate daily exposures exceed a daily level of LEP,d 85dB (A). If a worker is likely to be in a noisy environment for more than 2 hours, and a conversation at 2 m is only possible by shouting (when not wearing hearing protection) this can also indicate that at the very least an assessment of workplace noise is necessary, and hearing protection could be necessary.

For further information please see:

- [Controlling noise at work](#)
- [Noise: Hearing protection](#)
- [Noise: Health surveillance](#)

7. Visitor attractions prevention/control of ill health arising from animal contact

Please select the most appropriate intervention (Some Open Farms/Animal Visitor Attractions may require proactive inspections – See the 'List'), other situations may be usefully addressed via awareness raising or education.

For information regarding the prevention or control of ill-health from animal contact at visitor attractions see: [Appendix 1: IEE table when considering zoonotic risk and control measures at animal visitor attractions](#) and revised industry guidance [Industry Code of Practice](#)

8. Planned Preventive Maintenance

Planned preventive maintenance (PPM) of work equipment is essential to the reduction of serious injuries and fatalities in the workplace.

Maintenance ensures that plant and equipment continue to operate safely and that it continues to be reliable and productive. Newly published [British Standard BS 14200 entitled "Maintenance of machinery"](#) is a "User Standard" which is one intended to inform those who use machinery in how to comply with good practice. It is under the topic of "machinery" and was written with the intention for it to be applied to all sorts of industrial, retail, commercial and leisure equipment. It provides users with requirements for the approaches to be taken so that machinery remains in a safe, reliable, and effective condition throughout its working life. BS 14200 also considers factors relevant to the ongoing safe condition, including the environment in which machinery operates and the human factors that can lead to ineffective maintenance being completed.

Failure to maintain work equipment can result in dangerous situations arising in all workplaces and the implementation of PPM strategies supports a policy of regular checks to be carried out depending on time or usage. Keeping records of maintenance history in this way makes it easier to monitor usage and where necessary, plan appointments with properly trained maintenance contractors.

The Provision and Use of Work Equipment Regulations 1998 (PUWER) place a general legal requirement on the employer to ensure:

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- all work equipment be maintained in an efficient state, in efficient order and in good repair;
- where any machinery has a maintenance log, the log is kept up to date;
- maintenance operations on work equipment can be carried out safely.

In addition to this, there are specific maintenance requirements under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and Pressure Systems Safety Regulations 2000 (PSSR). Statutory examinations, such as those required by LOLER or PSSR, are not intended to be a substitute for adequate maintenance, however the results of such inspection regimes can influence the ongoing maintenance of plant and equipment.

LA health and safety regulators are asked to raise awareness, with all of their local dutyholders, of their statutory duties and signpost to relevant guidance material.

You can find more information on the subject of work equipment maintenance here: [Maintenance of work equipment](#)"

9. Inflatable amusement devices

There has been a number of serious incidents where inflatable amusement devices have collapsed or blown away in windy conditions. Inflatables can be found at many premises that fall to LAs for enforcement, and LAs should raise awareness of the general risks associated with the operation of such devices. In particular, that devices are correctly anchored to the ground, there are suitable arrangements for measuring wind conditions at regular intervals, there is written documentation from a competent inspection body to show it complies with British Standard BS EN 14960 and it is subject to an annual inspection by a competent person.

Useful guidance:

- [Bouncy castles and other play inflatables: safety advice](#)
- [British Standard BS EN 14960: 2019 Inflatable play equipment. Safety requirements and test methods](#)

10. Trampoline Parks – improved information provision and supervision of users

Over the past few years there has been an increase in the number of accidents occurring at the parks, involving both children and adults, which resulted in a specified major injury (fracture) as well as a small number which resulted in life-changing injuries. Analysis of RIDDOR reports suggests a lack of user understanding of the risks accompanied by reckless, unchallenged behaviour plays a factor in the number of injuries reported by this sector.

LA health and safety regulators are asked to highlight, with their local dutyholders, the importance of ensuring that there are suitable and sufficient standard operating procedures in place to ensure the safety of users, spectators, employees, and others.

Trampoline Park operators should ensure that they have in place;

- Procedures to check user understanding of the risks following the delivery of parks safety messages;
- Effective supervision of users of all activities within the facility, and;

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- Provide suitable and sufficient information, instruction, and training to all staff members, giving special consideration to employees who supervise the trampoline court.

In addition to ensuring that there are safe operating procedures, Trampoline Park operators should ensure that their equipment is maintained in a safe condition and is subject to regular inspection by a competent person.

Useful guidance: [BS EN ISO 23659:2022 Sports and recreational facilities — Trampoline parks — Safety requirements](#)

11. Safety in the Motorsport and Motor Leisure Industries

The motor leisure and motorsport industries are adrenaline/high energy activities (karting, track days etc.) and can place members of the public in proximity of risks which if not controlled can lead to serious incidents and injury, including fatalities. As a leisure industry, in addition to public safety, it can also expose both members of the public and employees to health risks.

Where inspection visits are undertaken LAs are asked to focus upon Health risks.

Topics may include:

- Noise – has a risk assessment for noise been undertaken and where issues identified control measures implemented.
- Ventilation – are there monitoring and control measures in place to maintain air quality and prevent a build-up of carbon monoxide within areas of the venues. This aspect can include the control of welding fume in garage areas or other places where such activities occur.

Public Safety topics may include:

- The potential to be struck by vehicles – including the management of exclusion zones for the public and access to trackside areas for employees and participants.
- Pre-start information\induction for participants.
- Management of scalping\choking risk from operating karts whilst wearing loose clothing or long hair exposed. This may include measures to enclose moving parts of the engine of the kart.
- Gas safety – Gas safety should be considered at circuits and venues with catering facilities (bars, cafes, hospitality areas, etc.)

Other information

The inspection of track day activities, whilst of high importance and concern, are difficult to proactively plan without local knowledge as they do not take place every weekend or in the same place. To counter this we ask that any RIDDOR or concern received by LA be **considered** for an inspection visit and contact to the event organiser, where this is a different entity to the venue, be made.

A useful resource to assist during visits to motorsport and motor leisure premises may be [Managing health and safety at motorsport events: A guide for motorsport event organisers](#).

12. Provision of licensable adventure activities without an AALA licence

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The Adventure Activities Licensing Regulation 2008 (as amended) 1989 requires anyone who provides facilities for adventure activities to under 18s in return for payment to hold a licence.

Local authority enforcement officers are asked to be alert to providers in their local area who may be operating without a licence, and to take appropriate action.

Feedback is requested on the number and type of interventions (include telephone calls, email correspondence, proactive mail shots and site visits) and any enforcement action taken. This feedback can be submitted via email: aala@hse.gov.uk.

Guidance

A list of licensed providers is available on the [public register](#) of the Adventure Activities Licensing Authority. The register should be checked prior to any intervention. Whilst the priority is **providers who are not on the register**, inspectors should be mindful of the possibility of licensed providers operating beyond the permissions on their licence.

AALA will inform LAs when licenses expire and share details of complaints relating to non-licensed provision when received, to help with targeting.

Many providers have websites and a social media presence where they advertise activities. These sometimes provide useful information about the activities being offered and whether they are in scope of the legislation. Inspectors should watch the HSE Webinar “introduction to the Adventure Activities Licensing Authority” for more information about the scope of the legislation.

Where there is sufficient evidence of a breach of Regulation 16(1) a prosecution should be considered. Where there is significant concern that provision of licensable activities without a licence is likely to take place, but evidence of a prior or ongoing breach of Reg 16(1) falls short of that required for a prosecution, inspectors can consider whether a Prohibition Notice would be effective in preventing a breach from occurring. Scenario: complaints from multiple sources but repeated denial from dutyholder, e.g. notifiers allege provision to unaccompanied children, but provider claims parents are always present.

Further Information:

- HSE webinar - [Introduction to the Adventure Activities Licensing Authority](#)
- Adventure activities licensing - [AALA website](#)
- For queries and/or advice relating to the register, please contact AALA-Applications@hse.gov.uk
- For enforcement advice/support please contact aala@hse.gov.uk.

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Annex B – List of activities/sectors considered suitable for proactive inspection

Topic	Hazards	Potential Poor Performers within an Industry Sector	High Risk Activities
Health	Lead poisoning	Indoor firing ranges/gun clubs	Ineffective air extraction, poorly managed cleaning procedures, inadequate handwashing facilities.
Health	E.coli/ Cryptosporidium infection esp. in children	Open Farms/Animal Visitor Attractions Note: Animal visitor attractions may include situations where it is the animal that visits e.g. animal demonstrations at a nursery.	Lack of suitable micro-organism control measures
Health	Occupational lung disease – Asbestosis/ Mesothelioma	Premises build 1950-1980 where intelligence suggests risks are generally not being adequately managed.	Exposure to asbestos fibres through inadvertent disturbance or suspected poor management of asbestos exposure risk.
Health	Occupational lung disease - Silicosis	Industrial retail Retail outlets cutting/shaping their own stone or high silica content 'manufactured stone' e.g. gravestones or kitchen resin/stone worktops	Exposure to respirable crystalline silica
Health	Occupational lung disease - Cancer linked to welding fume exposure	Industrial retail/wholesale premises e.g. Hot cutting work in steel stockholders	Exposure to all welding fume regardless of type or duration may cause cancer. Welding fume guidance: Welding fume: protect your workers
Health	Occupational lung disease - Asthma	In-store bakeries and retail craft bakeries where loose flour is used and inhalation exposure to flour dust is likely to frequently occur i.e. not baking pre-made products. Note: For supermarket and other chain bakeries etc check to see if there is a Primary Authority inspection plan with more specific guidance.	Tasks where inhalation exposure to flour dust and/or associated enzymes may occur e.g. tipping ingredients into mixers, bag disposal, weighing and dispensing, mixing, dusting with flour by hand or using a sieve, using flour on dough brakes and roll machines, maintenance activities or workplace cleaning.
Health	Musculoskeletal Disorders (MSDs)	Residential care homes and provision of social care	Lack of effective management of MSD risks arising from moving and handling of persons

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Topic	Hazards	Potential Poor Performers within an Industry Sector	High Risk Activities
Health	Manual Handling	High volume Warehousing/Distribution	Lack of effective management of manual handling risks
Health	Occupational deafness	Industrial retail/wholesale premises/Leisure Such as steel stockholders; builder's or timber merchants, night-time economy for example pubs, clubs, nightclubs, concert venues.	Exposure to excessive noise
Health	Carbon monoxide poisoning	Commercial catering premises	Badly installed or faulty appliances; lack of suitable ventilation resulting in lack of make-up air to support combustion; and/or inadequate extraction systems.
Health	Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances
Safety	Electrical Safety	Hospitality venues with 'outdoor' facilities	Use of appropriate outdoor electrical equipment, installed by a competent person and checked regularly for damage or water ingress.
Safety	Explosion caused by leaking LPG	Catering establishments.	Unsafe gas appliance installation, conversion/use of LPG cylinders and cartridges.
Safety	Violence at work	Premises with vulnerable working conditions. Such as lone working, night working or cash handling for example care providers, betting shops, off-licences and where intelligence indicates that risks are not being effectively managed	Lack of suitable security measures/procedures. Operating where police/licensing authorities advise there are local factors increasing the risk of violence at work e.g. located in a high crime area, or similar local establishments have been recently targeted as part of a criminal campaign
safety	Fatalities/injuries resulting from: <ul style="list-style-type: none"> Being struck by vehicles Amputation and crushing injuries Falls from height 	High Volume warehousing/Distribution	Poorly managed workplace transport, cutting machinery, lifting equipment or work at height risks

Annex C – Information sources to assist development of LA intervention plans

Although not exhaustive the following summarises the potential information sources that may be available to assist LAs when developing intervention plans - data protection issues may need addressing when sharing information of this type.

Sources within your Local Authority:

- Adverse Defect Reports (also known as Adverse Insurance Reports (AIRs)) - may indicate poor management or maintenance systems suggesting a failure to manage safety appropriately.
- Building control - changes in business activity, consider if this should be a MEC for workplace health and safety.
- Business rates - new businesses, consider if they identified in the [Annex A](#) priorities or the 'List'.
- Community protection teams - issues identified by multi-regulatory working
- Food Safety Officer observations – confidence in management as a possible health and safety MEC. Based on a number of LA reports and some limited statistical analysis by HSE, it is seen that there can be a strong correlation between a lack of confidence rating in food safety management and poor health and safety management. Using recent food hygiene assessments as a proxy for a recent assessment in the management of health and safety at a site can be useful to assist in targeting likely poor performers of H&S management.
- LA inspection/complaints database - risk ratings, past performance, local trends and MECs can provide useful background intelligence on the health and safety performance by a duty holder or provide evidence for local projects using education/awareness raising or targeted risk based inspections e.g. use of targeted information campaigns to raise awareness which could be followed up with targeted risk based inspections to assess standards, and the effect of awareness raising campaign and any need for further action.
- Local knowledge - local sector changes, poor performers.
- Registration/Licensing schemes - new businesses, changes in business activity, confidence in management.
- Trading standards - confidence in management, consider if this should be a MEC for workplace health and safety.

Sources within your local community and region:

- Clinical Commissioning Groups - anonymised local work-related ill health statistics, issues that span the health and safety/ public health boundary.
- Regulators of Health & Social Care and County Councils - identification of establishments with poor or failing management systems, issues that span the health and safety/ public health boundary.

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- Fire services - information regarding poor on-site conditions, identified in response to attendance at incidents or as part of their wider business engagement.
- GPs - reportable cases of work-related ill health, reports disclosed by patients Local Enterprise Partnerships and their associated structures.
- Information within the Joint Strategic Needs Assessment (JSNA)
- Local Head of Public Health, or Health Protection Partnerships may also have knowledge of other community health issues related to work activity.
- Local health and safety Liaison Groups - Local trends, sharing good regulatory practice, methods of effective engagement, poor performing companies that operate in more than one LA.
- Local Media/Press - reported near misses, complaints and incidents.
- Local Trade Association contacts - issues of poor practice, requests for advice.
- Local training establishments - requests for advice, joint activity, changes in local business profiles.
- Police - information regarding violence in workplace or issues from the local community safety scheme.
- Safety representatives/local Trade Union contacts - worker complaints.
- Social media – e.g. Facebook and twitter can provide anecdotal evidence of poor performing local businesses.
- Utility suppliers – Gas, Electricity, Water companies – as part of their work to address fraud and utility theft they may bring to the attention of regulators information on businesses that are disregarding health and safety management e.g. untrained staff making gas connections, doing electrical work etc.
- Devolved Government initiatives (e.g. Wales Health at Work Project)

HSE sources:

- HSE's insight research reports <http://www.hse.gov.uk/research/insight.htm>
- HSE's social media feeds
- Latest news page on the HSE website
- Industry sector updates via HSE email bulletins
- Information provided to all LA Health and safety regulatory staff via HELEX system.
- Labour Force Survey - societal trends may include otherwise unreported trends.
- Local HSE office contacts - shared local knowledge, issues crossing the HSE/LA

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regulatory boundaries.

- National planning priorities - issues identified and analysed by HSE policy teams as having a national priority. RIDDOR data - reported ill health and accidents, statistical comparisons and trends.

Annex D – Examples of Intervention approaches

Intervention	Description	Examples
<i>Partnerships (Non-inspection intervention)</i>	<p>Strategic relationships between organisations or groups who are convinced that improving health and safety will help them achieve their own objectives.</p> <p>This may involve duty holders or trade unions, regulators, other Government departments, trade bodies, investors.</p>	<p>Developing new relationships between businesses and regulatory services to reduce the regulatory burden on businesses; promote two-way communication between businesses and regulatory services; supporting regulators to find the right balance between encouragement, education and enforcement and offering support from regulatory services for businesses e.g. Local Enterprise Partnerships.</p> <p>Working with a range of agencies e.g. work experience co-ordinators, secondary school students and other regulators/enforcement organisations from the coast guard to school wardens to raise awareness on sensible health and safety.</p> <p>Estates Excellence type projects involve a range of organisations (e.g. LAs, Fire and Rescue Service, the Federation of Small Businesses, EEF, service providers, trade unions and local business groups) to set up/fulfil the need for advice and training for businesses and workers. Targeting SME on selected industrial estates to offer advice to managers and workers -providing free workshops, training, advice and guidance specifically targeted to a business' individual needs.</p>

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<i>Motivating Senior Managers</i> (Non-inspection intervention)	Encouraging the most senior managers to enlist their commitment to achieving continuous improvement in health and safety performance as part of good corporate governance, and to ensure that lessons learnt in one part of the organisation are applied throughout it (and beyond).	Business engagement partnerships (e.g. Local Enterprise Partnerships) can link a range of local partners including representatives from the Federation of Small business and Chamber of Commerce to influence the controlling minds of business to get wider commitment and prioritisation of resources to address H&S and understanding and commitment to the 'Helping Great Britain Work Well' strategy.
<i>Supply Chain</i> (Non-inspection intervention)	Encouraging those at the top of the supply chain (who are usually large organisations, often with relatively high standards) to use their influence to raise standards further down the chain, e.g. by inclusion of suitable conditions in purchasing contracts.	Given an LA's local focus, national supply chain activity is often outside of their remit (although large Primary Authority Schemes may help develop this). However, there can be opportunities for LAs to get local supply chains to improve health and safety e.g. office cleaning suppliers, builders' merchants. LAs can also be involved in helping to collect intelligence that feeds into supply chain monitoring e.g. linking in with trading standards or public health work on sunbeds, tattoo inks.
<i>Design and Supply</i> (Non-inspection intervention)	"Gearing" achieved by stimulating a whole sector or an industry to sign up to an initiative to combat key risks, preferably taking ownership of improvement targets.	Initiative to reduce workplace violence in takeaways – the LA working with the Police and local takeaways to pledge and commit to certain activities e.g. takeaways prohibiting customers possessing alcohol from entering the premises; the Police and the LA providing specific guidance, training, promotion and publicity.

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<i>Intermediaries</i>	Enhancing the work done with people and organisations that can influence duty holders. These may be trade bodies, their insurance companies, their investors or other parts of government who perhaps are providing money or training to duty holders.	<p>Using local HABIA and training college contacts to influence hairdressers and managers to take up published materials and working practices.</p> <p>Using insurance companies to explain the benefits of LOLER examinations for businesses operating forklift trucks.</p>
<i>Working with other regulators and Government departments</i>	Where appropriate work with other regulators (including HSE, DVSA other LA regulators, the Police etc.) to clarify and set demarcation arrangements; promote cooperation; coordinate and undertake joint activities where proportionate and appropriate; share information and intelligence.	<p>Working with relevant signatories of the Work-Related Death Protocol.</p> <p>Working with DVSA to raise awareness amongst hauliers and delivery drivers about load safety.</p>
<i>Encouraging and recognising compliance</i>	Encouraging the development of examples with those organisations that are committed to performance and then using these examples to show others the practicality and value of improving their own standards.	Promoting and sharing compliant practice through campaigns, local business forums, large business mentoring small businesses etc. to improve the management of health and safety risks. Business Awards to give public recognition to workplaces that have taken positive action to improve employee's health and wellbeing.

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<i>Proactive Inspection</i>	Alongside the Code, HSE publishes a list of higher risk activities falling into specific LA enforced sectors. Under the Code, proactive inspection should only be used for the activities on this list and within the sectors or types of organisations listed, or where there is intelligence showing that risks are not being effectively managed. The list is not a list of national priorities but rather a list of specific activities in defined sectors to govern when proactive inspection can be used. However, if a business carries out an activity on this higher risk list, it does not mean that it must be proactively inspected: LAs still have discretion as to whether or not proactive inspection is the right intervention for businesses in these higher risk categories.	Proactive inspection of retail/wholesale warehouse to ensure adequate control of work at height, workplace transport and loading and unloading of vehicles.
<i>Incident and Ill Health Investigation (Reactive)</i>	Making sure that the immediate and underlying causes are identified, taking the necessary enforcement action, learning and applying the lessons.	Using HSE Incident selection criteria (via HELEX) . When there is only limited information regarding the potential need for a more involved intervention it may be prudent to maintain an active 'watching brief' to see if there is cumulative evidence that identifies poor performance.
<i>Dealing with Concern and Complaints (Reactive)</i>	Encouraging duty holders to be active and making sure that significant concerns and complaints from stakeholders are dealt with appropriately.	Adoption of the HSE complaints handling procedures to ensure that resources are targeted on complaints that indicate the poor management of risk.

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Enforcement	Inspection and investigation provide the basis for enforcement action to prevent harm, to secure sustained improvement in the management of health and safety risks and to hold those who fail to meet their health and safety obligations to account. Enforcement also provides a strong deterrent against those businesses who fail to meet these obligations and thereby derive an unfair competitive advantage.	Ensuring that adequate arrangements are made for enforcement. Taking proportionate enforcement action in line with HSE's <i>Enforcement Policy Statement</i> (EPS) (www.hse.gov.uk/pubns/hse41.pdf) and <i>Enforcement Management Model</i> (www.hse.gov.uk/enforce/emm.pdf). When taking enforcement action, making it clear to the dutyholder which matters are subject to enforcement, where compliance has not been achieved, what measures are needed to achieve compliance (including timescales) and their right to challenge/appeal. Following up on enforcement action taken to check that the necessary improvements have been made.
Revisit	To follow up on earlier interventions to check their impact and efficacy	

ANNEX E - Recording Local Authority Activity and Enforcement Data (the LAE1)

This annex is aimed at helping LAs, especially managers; ensure data is being reported accurately and correctly. The information from the LAE1 is shared with the Chartered Institute of Public Finance & Accountancy (CIPFA).

Completing the LAE1 – general principles and recording practices

- The only data which needs to be captured on the LAE1 is that which relates to an LA's health and safety regulatory activity.
- Where there is a multi-layered regulatory purpose for your visit, and if there was preparatory work targeting health and safety issues you can record that as a proactive inspection on the LAE1.
- Do not 'double count' visits. Each visit can only be counted once (e.g., a follow up for a MEC where an inspection is undertaken should only be counted as a proactive inspection – not proactive inspection **and** a reactive visit).
- For face-to-face non-inspection interventions, an event attended by numerous businesses should only be counted once. It is one intervention (with numerous attendees).
- Mailshots and general social media posts should only be counted once as they are one intervention.
- If in doubt what to record or which category to use – ask. A discussion with colleagues at your County Liaison Group may be useful, or contact lau.enquiries@hse.gov.uk

Staff resources devoted to health and safety enforcement work

This section is to capture the number of officers who hold warrants under HSWA and also how much of their time they are spending on HSWA activity.

Validation

LAE1s should be validated by heads of service or above and signed accordingly. The purpose of this is to ensure senior management have an understanding of the work undertaken in your LA to support businesses manage the health and safety risks they create.

Proactive Inspections

Principles

Inspection can be very effective in the right circumstances – where individual face-to-face contact with a dutyholder is necessary to influence their management of risk. However, it is the most resource intensive form of intervention and should be limited to the highest risk premises. High risk activities/sectors considered suitable for proactive inspection can be found in the list (Annex B).

Where there is local intelligence that suggest individual businesses, which fall outside sectors/activities detailed in Annexes A or B are not effectively managing their risks, proactive inspection may be appropriate.

HSE has produced an inspection procedure for their own inspectors, and although it refers to specific HSE only activities (such as applying Fee for Intervention), the principles included may be useful when considering use of proactive inspection: [OPERATIONAL GUIDANCE: INSPECTION PROCEDURE](#)

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A proactive inspection is a visit to premises to examine and assess the business' management of occupational health and safety risk. The visit can either be one in which the business was:

- unaware that the visit will take place, or
- by appointment at a mutually agreed time, to maximise your intervention or reduce unnecessary burden on the business e.g. to ensure that key persons are available (site senior manager, or regional support staff); or when a key activity you wish to observe will be undertaken such as shelf stacking/delivery handling, cleaning, or avoiding the lunch time rush or when a stock take is underway.

Either way, the business has not been offered the opportunity to freely decline the inspection and if entry was denied the inspector is/was prepared to gain entry using their HSWA Section 20 "powers of entry".

"No inspection without a reason" – reserve proactive inspections for higher risk activities in the sectors specified by HSE (Annex B), or where there is local intelligence showing that risks are not being effectively managed. There should be a reasonable expectation higher risk that a material breach will be identified.

The list which accompanies the Code is freely available to businesses and you should always be prepared to explain to the business why this particular proactive inspection is appropriate. Proactive inspection should not be used simply as a means of gathering general intelligence [e.g. to maintain currency of a database].

Recording proactive inspections

HSE recognise LAs take a multi regulatory approach to dutyholder visits.

Were premises were targeted for more than one LA regulatory purposes e.g. food premises identified as a priority for both health and safety and food safety with appropriate targeted preparation the inspection visit can be recorded as a proactive inspection on the LAE1.

If the primary purpose was for another reason, (e.g. entertainment licensing purposes, food safety inspection etc.) but you touched on health and safety issues as a consequence or identified a matter of evident concern (MEC) **do not record as a proactive health and safety inspection on the LAE1** (you can detail such visits in the comments section of the LAE1 if you feel this helps give a better picture of your overall regulatory activity).

Record whether the proactive inspection was undertaken as a result of local or national intelligence in either one of the two columns of the table, but not both.

Non-inspection interventions

Non-inspection interventions fall into 2 categories: either 'face to face', or other contacts i.e. 'non face to face'.

Principles

Make the best use of resources by using the range of other available and permitted risk-based regulatory interventions (See Annex D - Examples of Interventions).

Such interventions are an efficient and effective mechanism to reach a wider population than can be achieved by individual inspection contacts e.g. awareness and education via business seminars, training course etc. reach a much wider audience with the benefit of allowing business to share good practice.

Recording non-inspection interventions

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Activities which would fall within the category of “other visits/face-to-face contacts” could include:

- LA advisory visits, proactively offered by the LA (as opposed to reactively in response to a request from the business), and made at the convenience of the business, to provide helpful health and safety advice and support especially to new business start-ups and without recourse to section 20 powers of entry.
- Safety and health awareness events (e.g. talk to a gathering of retail businesses to discuss manual handling and violence prevention for employees).
- Advice ‘drop in’ sessions where businesses can visit a designated office/desk for health and safety advice.

Activities which could fall within the category of “other contact/interventions” could include:

- Specifically, targeted emails or letters to businesses to raise awareness on particular risks (e.g. letters to licenced premises to raise awareness of cellar safety)
- Telephone calls to individual businesses to offer health and safety advice
- Targeted (not blanket) social media posts or mailshots

Do not record non-targeted general newsletters, service magazines, or the number of hits on your website as “other contact/interventions”.

Reactive Visits

Principles

LAs undertake reactive visits for 3 main reasons:

1. To investigate RIDDOR reported accidents, cases of ill health, or dangerous occurrences.
2. To investigate concerns raised, or complaints about the management of health and safety by specific businesses.
3. In response to requests made for a visit by individual businesses.

Intelligence gathered from reactive visits can be used to identify, poor performance, trends and local issues which may require further interventions or matter which may need to be taken forward nationally and should be flagged up to HSE.

Matters of Evident Concern (MECs – those that create a risk of serious injury or ill-health and which are observed (i.e. self-evident or brought to the attention of LA staff)) during an inspection, non-inspection or other regulatory visits should normally be addressed at that time using enforcement powers if necessary. If a MEC requires a follow-up visit those visits should be counted as reactive visits.

Recording reactive visits

Record the reactive visit as directed by the incident, complaint or service request.

Do not record MECs dealt with during interventions or visits for other regulatory purposes.

Premises targeted for other regulatory purposes should be reported to the relevant regulatory agencies (e.g. Food Standards Agency in relation to food hygiene inspections) and should not be double counted.

If a further visit is necessary to address a specific MEC, this should be recorded as a reactive visit to investigate health and safety complaints on the LAE1.

Peer Review

Section 4 of the National Code sets out how LAs will provide assurance that they are meeting the requirements of the Code. Together with submission of the LAE1, LAs should undertake inter-authority peer review. Peer review offers LAs the opportunity to discuss, refresh and share working practices, as well as allowing them to verify that key messages have been understood and necessary change has been properly embedded. Undertaken in an effective and open manner it should raise confidence and competence, by reinforcing and promoting good practice by sharing expertise across LA boundaries.

Comments section

This section is voluntary and does not constitute a formal part of the LAE1 return. LA's can use it to share information regarding areas they think LAU and the wider LA community would be interested in hearing about. Some examples of information provided in the past have included new and emerging issues and further information regarding local intelligence lead projects. Comments should only relate to health and safety matters.

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EXAMPLES OF DIFFERENT INTERVENTIONS AND WHAT SHOULD BE RECORDED ON THE LAE1

INTERVENTION	EXAMPLE	WHAT AND HOW MANY TO RECORD
Health and safety awareness event	Seminar for invited craft bakeries to offer advice on occupational lung disease	Non-inspection intervention – other visits/face to face contact One recorded (it is one intervention)
Participation in 'local task force'	Joint initiative with police, trading standards and home office, targeting modern slavery in nail bars.	Non-inspection – other visits/face to face contact One recorded for every premises where you discuss H&S.
Advice for SMEs	Stall set up in shopping centre where business can drop in for H&S advice	Non-inspection – other visits/face to face contact. One recorded for each business who drops in and discusses H&S
Presenting at local trade body meeting	As part of a wider meeting, encourage warehouse manager to let delivery drivers use their welfare facilities	Non-inspection – other visits/face to face contact One recorded for each event presented at.
Concern about business raised by LA colleague	Informed by building control officer of an office block they suspect of failing to manage asbestos	Reactive – visit to investigate whether business is managing risk. One recorded for every visit undertaken to that business for health and safety purposes.
Receipt of several reports of defective lifting equipment	A tyre and exhaust fitter with both a vehicle lift and vehicle hoist reported as defective by competent person	Proactive inspection – more than one report could indicate poor health and safety management. One recorded for every visit undertaken to that business for health and safety purposes.
Mailshot or social media messaging	Catch all messaging, not targeted to specific dutyholders	Non-inspection –other contact/intervention One recorded (it is one intervention)
Sector specific mail shots	Standard/generic information letter/leaflet sent to all retail premises to offer advice on reducing risk of violence to staff	Non-inspection - other contact/intervention One recorded for each mail shot campaign.
Direct messaging businesses either via social media or business tailored letter	Using social media platforms e.g. twitter/Facebook to contact individual businesses or sending individual letters to businesses where there is a known potential risk at their premise.	Non-inspection –other contact/intervention One recorded for each business individually contacted