Setting Local Authority Priorities and Targeting Interventions

LAC 67/2

- For work years 2026/27 – 2028/29
- Version 1

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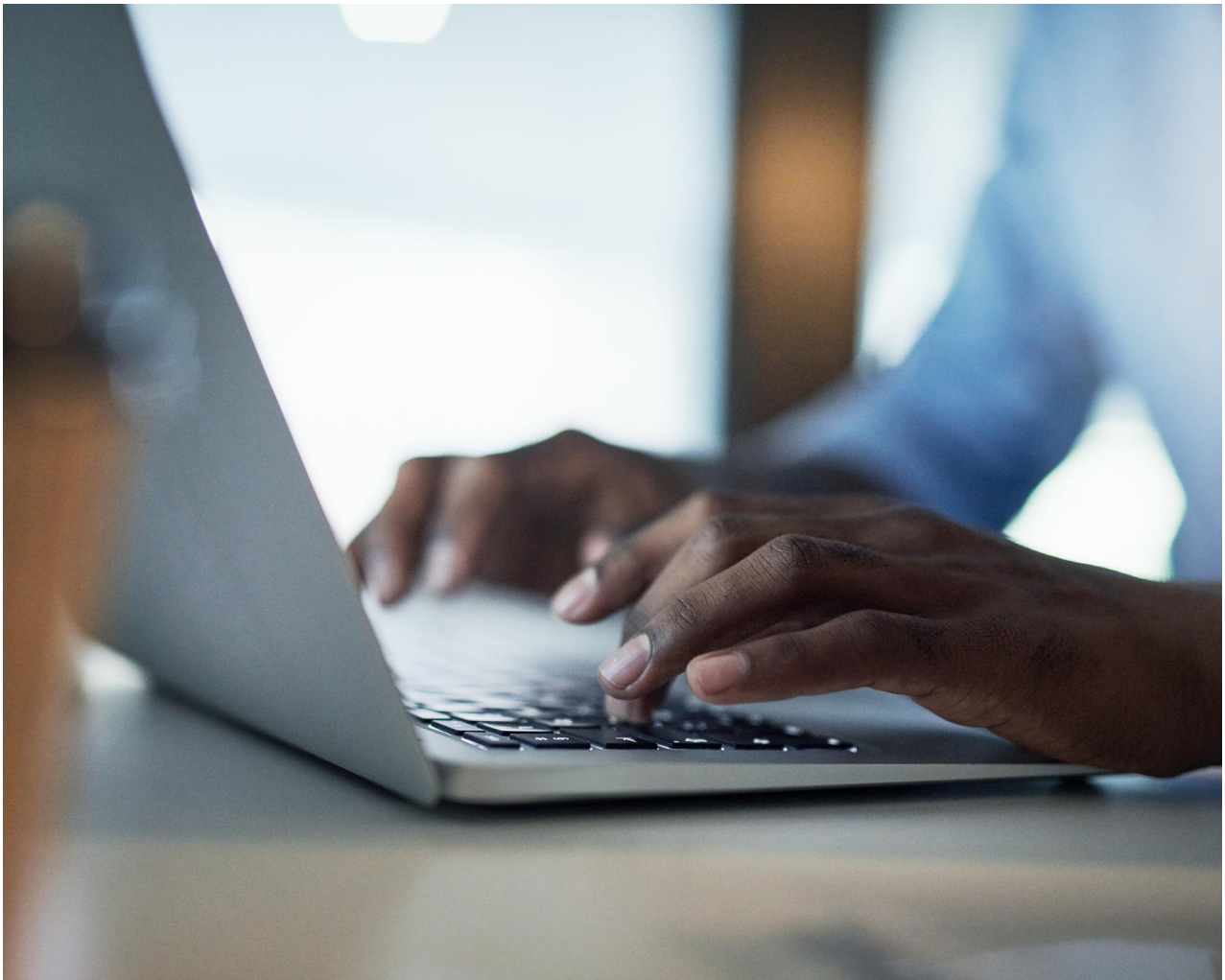

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Introduction

Under **Section 18(4) of the Health and Safety at Work etc. Act 1974**, local authorities (LAs) must make 'adequate arrangements for the enforcement' of health and safety law. The **National Local Authority Enforcement Code** explains what is meant by 'adequate arrangements' and sets out the principles LAs should follow.

The Code requires LAs to adopt a **risk-based, proportionate and consistent approach** when planning and delivering interventions. Using the guidance and tools provided for priority planning helps LAs meet these requirements and ensures alignment with both **national priorities** and **local intelligence**.

- National Local Authority (LA) Enforcement Code | HSE

National and Local Priorities

The Code provides flexibility for LAs to address local issues while supporting national priorities identified by HSE. These priorities are detailed in:

- **Annex A: Focuses on national priorities.**
- **Annex B: Highlights sector-specific problems.**

Some topics, such as noise, violence and aggression, work-related stress (WRS) and musculoskeletal disorders (MSDs), cut across multiple sectors and can complement proactive interventions based on local intelligence.

Neither Annex A nor Annex B should be treated as prescriptive or exhaustive lists. They are intended to guide work planning and support HSE's strategic objectives of maintaining safety and reducing work-related ill health.

Action 1: Setting Priorities

Investigation of Incidents and Complaints (Reactive visits)

LAs should apply HSE's risk-based selection criteria (HASLIB) when deciding which incidents and complaints are suitable for investigation. 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 inspections focussing on work-related stress. Note: complaints from individuals do not meet the selection criteria.

Annual National Priorities

The national priorities are determined using HSE's current regulatory intelligence. HSE review the national priorities on an annual basis to allow the inclusion of emerging priorities resulting from new intelligence or in response to learning from major incidents. Annex A lists the current national priorities.

Locally Identified Priorities

LAs local intelligence should be used to determine specific local priorities and poor performers, primarily focussing on identifying key health risks within workplaces and their wider community.

Matters of Evident Concern

Matters of Evidence Concern (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 defined as:

> "those which have a realistic potential to cause either multiple fatalities or multiple cases of acute or chronic ill-health"

LAs should take appropriate enforcement action where required and monitor MECs or MPMCs dealt with during advisory or regulatory visits to identify potential local issues.

Any MECs, MPMCs, or new and emerging issues identified which may have national significance should be reported to HSE via lau.enquiries@hse.gov.uk

Primary Authority Inspection Plans

Primary Authority (PA) inspection plans should follow the principles of the Code and align with the national priorities and proactive inspection consistent with the 'List' or driven by evidence specific to that PA business.

LAs should share non-compliant priority issues identified with PA to help determine a proportionate and consistent response, ensuring that 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 process 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 website: Primary Authority: a guide for local authorities | GOV.UK

Action 2: Targeting Interventions

LAs should ensure their planned regulatory activity primarily focusses on **improving employee health** and **reducing injuries to employees and members of the public.**

Health topics should be considered as a priority when allocating resources.

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.

Priorities in Annex A are all suitable for proactive interventions, including awareness raising, and contact with the dutyholder, but not all are suitable for inspection.

Noise and manual handling national interventions have specific three-year sequential phases - **Identify, Promote, Assess** – to ensure that regulatory activity progresses logically, proportionately and with support. Each plan builds on the previous one, encouraging behavioural change, improved awareness and greater compliance.

Explaining Inspections

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: Complaints about regulatory activity | HSE

Wider Considerations

LAs should consider the wider government and local government agenda of:

- growing the economy
- improving public safety
- providing preventive measures to improve well-being and health

Planning considerations include:

- how to use resources to deliver national priorities set by HSE
- how to deliver local priorities that meet the requirements of the Code
- where regulatory efficiencies can be gained by developing workplans collaboratively with LA liaison groups

Action 3: Reporting Performance

LAs should ensure they have effective systems in place for monitoring, recording, and sharing all health and safety interventions, including enforcement actions and prosecutions. LAs are required to make this information available and submit it to HSE through the LAE1 return, so that national data can be compiled.

This information is published on HSE's website to help local authorities compare their performance and support peer reviews. The LAE1 only collects the occupational health and safety regulatory activity that HSE requires. However, local authorities may choose to report additional activity or information to their managers or elected members beyond what is included in the LAE1.

Further information on the specific details that should be recorded can be found in Annex D: Recording Local Authority Activity and Enforcement Data (LAE1)

Action 4: Application to the Petroleum Certification and Explosives Licensing Regimes

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.

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.

Further information

Certificated petroleum sites

- Overview: Storing petrol safely | HSE

Licensed explosives sites

- Explosives | HSE

Explosives Regulations 2014 guidance

- Safety provisions | HSE
- Security provisions | HSE
- Sub sector guidance | HSE

Annex A: Summary of national priorities

To assist longer term planning, all national priorities will be kept in LAC 67/2 for three years.

Health topics should be considered as a priority when allocating resources.

LAE1 returns will be reviewed annually by HSE to enable oversight and updates on emerging trends.

National priority topics are suitable for inclusion in intervention strategies and service plans. However, not every national priority is suitable for a proactive inspection – it may be more appropriate to raise awareness with dutyholders or gather intelligence.

Health topics

- Occupational lung disease
- Legionella
- Work-related stress
- Musculoskeletal disorders
- Noise in the workplace

Safety topics

- Planned preventive maintenance
- Safety in motorsport
- Inflatable amusement devices
- Trampoline parks
- Adventure Activities Licensing Authority
- Preventing injuries involving large waste bins

1. Occupational lung disease

a) Asbestos – duty to manage

Asbestos was used extensively in building construction from the 1950s until its use was prohibited in 1999. A significant number of buildings constructed or refurbished during this period still contain a wide range of asbestos containing materials (ACMs).

These include a range of “system built” structures, which contain large quantities of ACMs due to their construction method. Light-weight system-built structures are low cost, standardised modular buildings typically built using steel frames with panel infill. These buildings can have structural columns fireproofed with ACMs.

Exposure to asbestos remains the largest cause of work-related deaths, largely from past exposures during the manufacture and installation of asbestos products. There were 2,257 mesothelioma deaths in Great Britain in 2022 according to the latest report, with a similar number of lung cancer deaths linked to past exposures to asbestos. Exposure to asbestos is a substantial contributor to occupational lung disease.

Where ACMs are in good condition, well protected and unlikely to be damaged or disturbed, they can be left in place and managed - provided they are regularly monitored and reassessed if conditions relating to exposure risk change. However, where demolition or major refurbishment work is planned, there is a legal requirement (Control of Asbestos Regulations (CAR) Regulation 7) to ensure that all asbestos is removed, where this is reasonably practicable and does not cause a greater risk to employees than if the asbestos had been left in place.

The failure to manage ACMs may result in them being disturbed or damaged. This can lead to potential exposure to respirable asbestos fibres. Those most at risk include workers carrying out uncontrolled construction, installation and maintenance activities in relation to the building fabric. Disturbance of ACMs can also expose building occupants and members of the public.

ACMs can also be disturbed through:

- vandalism
- accidental damage
- boisterous behaviour

Robust and effective management arrangements are therefore essential to ensure ACMs remain in good condition and are not disturbed or damaged during day-to-day activities or due to maintenance or building work. The asbestos campaign is suitable for the **Identify, Promote, Assess** method of strategic planning, using year one to identify any poor non-compliant sectors.

What should be covered at the inspections?

Inspectors should:

- Undertake a detailed assessment of the effectiveness of the arrangements to determine compliance with the duty to manage asbestos
- Ensure that arrangements are robust enough to control the risks associated with the foreseeable disturbance of presumed or concealed ACMs

Visits should be by appointment to ensure that dutyholder premises has the relevant documentation available, including:

- Asbestos survey
- Asbestos register
- Asbestos management plan

Two webinars are available to support LA regulatory inspectors assessing compliance with duty to manage obligations.

- **Duty to manage asbestos (DTM) clinic | Vimeo** [25 mins]
- **Top 5 Duty to manage misconceptions | Vimeo** [45 mins]

An asbestos duty to manage field package is available on HASLIB. This contains; the full duty to manage operational guidance along with the initial enforcement expectations for LA regulatory inspectors should be viewed before undertaking the interventions; an aide memoir is also available to support LA regulatory inspectors and a voluntary ‘national asbestos duty to manage peer review national case study’ and links to relevant guidance for dutyholders and inspectors.

HSE is requesting that LAs voluntarily complete feedback data on asbestos duty to manage inspections to allow for better targeting and impact evidence, the results of any shared feedback will be shared with LAs for future planning and targeting purposes. These forms will be shared with LAs via HASLIB.

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b) Occupational asthma

Occupational asthma caused by exposure to dusty ingredients at work continues to be a significant occupational disease. Occupational asthma statistics for Great Britain consistently indicate that flour dust is one of the most common causes of new cases of occupational asthma. Workers who develop occupational asthma from dusty ingredients can suffer chronic breathing difficulties, allergic reactions, potential permanent disability, and may be forced to leave their job, significantly impacting health and livelihood.

A HSE inspection campaign in 2018-19 focussed on ensuring Local Exhaust Ventilation (LEV) was in place to control flour dust in HSE regulated bakeries, however occupational asthma cases are still occurring in this sector. We have continued to provide industry specific guidance and messaging to highlight that many dusty ingredients, not just flour dust, can also cause respiratory sensitisation.

In 2025 HSE Regulatory Inspectors commenced an intervention at the large bakery businesses across GB with Head office interventions and then site inspections to sample controls and compliance. This is continuing into 2026/27. To support this work, we wish to address the supermarket bakery element of the sector in a similar approach to drive compliance across the industry.

Intervention

Local Authority (LA) Health and Safety regulators are requested to conduct targeted interventions in supermarket bakeries who use dusty ingredients.

Aim: To reduce work related ill health caused by exposure to dusty ingredients through improved compliance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Objectives

1. Drive sustainable compliance by targeting elimination, substitution and the reasonably practicable controls to reduce worker exposure to flour dust and other dusty ingredients.
2. Improve dutyholders' understanding of their obligations under the COSHH regulations.

Building up inspector knowledge, awareness raising and inspection

This phased intervention plan adopts a graduated approach to enforcement. HSE recognises the value of working closely with LAs in Great Britain to prevent occupational asthma in supermarket bakeries. The strategy is designed to build confidence and competence over the first initial phase for both inspectors and dutyholders. The second phase culminates in full inspection, assessment, and enforcement of COSHH regulations.

The national plan is for a phased intervention plan, however, if individual authorities, already have a confident, competent and experienced workforce in dusty ingredients in supermarket bakeries, this plan is not intended to be restrictive.

Phase 1 (Quarter 1 – 2) April to Sept 2026

HSE will support LAs across Great Britain in raising awareness of issues related to the use of dusty ingredients in supermarket bakeries. In addition, HSE will:

- Reinforce dutyholders' legal obligations through a clear communication plan which will include; press releases and targeted stakeholder engagement.

- Provide briefing for LA inspectors across Great Britain on the principles of elimination, substitution, and the reasonably practicable controls available to reduce worker exposure to flour dust and other dusty ingredients.

- The lead authority will make contact with the Head Offices of the six main Supermarkets in GB – Tesco, Asda, Sainsbury's, Morrisons, Lidl and Aldi to explain the intervention, highlight the controls expected for compliance and ensure suitable focus is provided to the risk

Phase 2 (Quarter 3 – 4) October 2026 to March 2027

LA inspections and assessment of COSHH regulations in supermarket bakeries intended to secure sustainable reductions in worker exposures through preventing exposure by eliminating or substituting the hazardous substances or by using process design controls, wherever this is reasonably practicable where there is exposure to flour dust and other dusty ingredients, including common dusty tasks (which are known to cause high levels of exposure).

Health surveillance should be in place to protect workers from further harm to their health and is an essential element for compliance and alerting managers to poor control.

HSE will co-create operational guidance and initial enforcement expectations for LA inspectors. A webinar will be delivered to explain the guidance, including a Q&A session with an Occupational Hygienist, prior to inspections.

Intelligence gathered can be submitted via: Dusty Ingredients in Supermarket Bakeries | MS Forms

Please refer to the following information for details on COSHH regulations:

- Flour (Bakers and millers) | HSE

- Control of Substances Hazardous to Health | HSE

2. Legionella

a) Cooling towers

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 | HSE
- The control of legionella bacteria in evaporative cooling systems | HSE

b) Water systems

With inflationary pressures and post-COVID changes to occupancy to buildings, the factors that affect risk and the way that systems are being managed may have changed.

Higher risk hot and cold water systems are where showers (or some other means of aerosol creation) are present; where water is stored or potentially unused for long periods of time; and where susceptible users may be present.

In the context of Legionella risk, susceptible persons may be those over 50 years' old; those with existing respiratory diseases or certain illnesses and conditions such as cancer, diabetes, kidney disease; alcoholics; smokers; and those with an impaired immune system.

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

- HSG274 - Legionnaires' disease - Technical guidance - Part 2 | HSE

c) Spa pools

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 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 | HSE
- Control of legionella and other infectious agents in spa-pool systems | HSE

3. Work-related stress

For this year, and for the next two years, the national priority continues to focus on work-related stress and mental health. The aim is to raise awareness of how stress affects workers and what employers need to do to prevent harm.

Information and guidance for employers and workers is available through:

- HSE's website: Stress and mental health at work | HSE
- **The Working Minds campaign** (part of HSE's Work Right programme), which works with businesses and intermediaries to help them understand their legal duties and how to meet them: Work Right to keep Britain safe | Work Right

Current evidence indicates many employers are limiting action to treating or supporting workers already adversely affected via tertiary interventions. We want to work with dutyholders to empower them to prevent work-related stress, rather than addressing work related stress after harm has arisen.

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

HSE's **Working Minds** campaign | Work Right was 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 get businesses to:

- make stress and mental health **ROUTINE**, as part of employee engagement

- **REACH** out to their colleagues
- **RECOGNISE** the signs of stress
- **RESPOND** to reduce the risk
- **REFLECT** on how these experiences can be used to improve the workplace

HSE's **Working Minds** new online learning tool (Working Minds) helps employers manage workplace stress with practical, easy-to-follow guidance. It's free, flexible, and now includes voice narration for the risk assessment module, so dutyholders can choose to listen, read, or do both. We are encouraging businesses to register for access to tools, templates, and resources that make stress management part of everyday routine.

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.

Intervention Design

HSE 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 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 and 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 and 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 assessing whether its Management Standards need updating. 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.

HSE continues to develop a comprehensive evidence base through:

- operational activities
- the **Working Minds** campaign
- data gathered from the use of HSEs tools, training and support

All of this will be considered alongside the outcome of both ongoing internal and extramural research (Project OSCAR | Affinity Health at Work), due to report in Spring 2026. Findings will be used to:

- inform strategic planning
- underpin policy-making decisions
- design targeted regulatory interventions
- develop any additional guidance on the practical actions that employers can take to prevent and mitigate work-related stress and comply with their legal duties

Violence and Aggression

The risk of physical harm from violence and aggression at work can be a cause of work-related stress. Good management arrangements for avoiding serious or persistent verbal abuse or threats can significantly support better mental health of workers.

Violence at Work Statistics 2024/25 show that an estimated 689,000 incidents of work-related violence took place during the year. Of these:

- 370,000 were assaults
- 319,000 were threats

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.

LA health and safety regulators are asked to highlight, with dutyholders in these sectors, the importance of:

- Carrying out suitable and sufficient risk assessments to identify hazards and control the risk from workplace violence and aggression
- Putting effective control measures in place to reduce the risks so far as reasonably practicable

Further information

- Violence at work 2024 to 2025 | HSE
- Violence at Work statistics for 2024/25 | HSE
- Technical note - Workplace injury and work-related illness survey modules of the Labour Force Survey (LFS): Background and survey methods | HSE
- Managing risks and risk assessment at work: Overview | HSE

- How employers can protect workers from violence and aggression at work - Examples of ways to prevent violence | HSE
- Protecting lone workers: How to manage the risks of working alone | HSE

4. Musculoskeletal disorders

HSE statistics estimates over half a million workers were suffering from work-related musculoskeletal disorders | HSE (new and long-standing) in 2024 to 2025. Most of these affect the back (43%) or the upper limbs and neck (41%). They also account for 7.1 million working days lost – a significant burden for individuals, business and wider health services.

HSE has been re-evaluating evidence on work-related MSDs during 2024/25 to re-consider key causal factors and associated challenges. Activities to address these challenges will be ongoing during 2026/27 and coming years. They will have three broad objectives:

1. Setting clearer expectations on good MSD control practice in the workplace
2. Resetting the narrative on MSD causes, issues and impacts
3. Embedding these for higher risk sectors and tasks

Intervention

LA Health and Safety regulators are requested to help support this work in the coming years through three graduated phases

- **Phase 1: Identify**
  Help to identify the higher risk MSD sectors and tasks in LA enforced and develop clearer and more compelling messages on the issues.
- **Phase 2: Promote**
  Interactions with the higher risk LA enforced sectors on MSD risks, the measures they need to take and the importance of this.
- **Phase 3: Assess**
  Inspection of MSDs in higher risk LA enforced sectors to assess compliance with expected control measures.

This is a national plan. Phase 1 is scheduled for the 2026/27 work year. Further information will be provided to brief local authorities on what information is most valuable to collect and how to report this.

Inspection

This plan is not intended to be restrictive for individual authorities who are already engaged with or wish to undertake MSD inspections.

Matters of Evident Concern

In most circumstances the consequence of MSD risks is considered as **significant**.

However, there **may** be a **serious risk of personal injury** where the load weight / frequency enters the purple zone on the Manual handling assessment charts (MAC tool) | HSE (for example an individual lifting more than 50Kg).

This is only the case when the individual is supporting the full weight of the load.

It is important to consider:

- If the load is being partially supported by something else (e.g. on one edge). The risk may be substantially reduced in this situation unless the individual(s) concerned has inadequate control / hold over the load and dropping it might cause a serious injury.
- If a reasonably practical solution exists that can be used to reduce the risk

Note: There may be the option to use a team lift to resolve this as a short-term solution to the immediate risk provided this is not in the purple zone either.

Further information on Manual Handling

- Manual handling at work | HSE
- A brief guide to manual handling at work | HSE
- Manual handling assessment charts (the MAC tool) | HSE
- Risk assessment of pushing and pulling (RAPP) tool | HSE

Further information on upper limb disorders

- Upper limb disorders | HSE
- Managing upper limb disorders in the workplace | HSE
- Assessment of repetitive tasks of the upper limbs (ART Tool) | HSE

5. Noise in the workplace

Hearing loss

A key strategic objective in HSEs **Protecting People and Places: HSE Strategy 2022 to 2032** is to reduce work related ill-health.

Hearing loss caused by exposure to noise at work continues to be a significant occupational disease. An estimated 15,000 people in the UK suffer deafness, tinnitus or other ear conditions due to excessive noise exposure in the workplace.

Hearing loss caused by work is preventable, but once hearing is lost, it cannot be restored.

Damage can cause loss of hearing ability and people may also suffer a permanent sensation of ringing in the ears, known as tinnitus.

Workers affected by noise in the entertainment sector are often reliant on their hearing to help them remain economically active (e.g. professional musicians).

Intervention

LA Health and Safety regulators are requested to carry out interventions on noise induced hearing loss in premises where local intelligence indicates that loud music will be played in entertainment venues.

The aim is to reduce work related ill-health caused by exposure to noise at work through improved compliance with the noise at work regulations.

Objectives

1. Increase the use of hearing protection for workers in bars, clubs, music venues, and entertainment venues where loud music is played
2. Build understanding on who should receive health surveillance and how it should be provided

3. Improve dutyholders' understanding of their obligations under the regulations.

Building up inspector knowledge, awareness raising and inspection

This phased intervention plan is designed for a graduated approach to enforcement. It has been many years since HSE has advised LA health and safety regulators to have a noise focus in the entertainment industry. The aim is to build confidence and competence over two phases for both the inspector and the dutyholder. The third phase culminates in the inspection, assessment and enforcement of the noise at work regulations.

- **Phase 1: Identify**
  Awareness raising; focussing on provision and suitability of hearing protection, sharing clear messaging on noise protection. Identify premises where interactions will be most impactful.

- **Phase 2: Promote**
  Interactions with identified premises focus on hearing protection and–improving understanding around health surveillance. Long-term health focus.

- **Phase 3: Assess**
  Inspection and assessment of noise at work regulations in entertainment venues, assessing compliance with expected control measures.

This is a national plan. Phase 1 is scheduled for 2026/27 work year. Further information will be provided to LAs on intelligence collection and hearing protection in Quarter 3 and 4 of 2026/27.

Inspection

The national plan is for a phased intervention plan. However, this plan is not intended to be restrictive if an LA has a confident, competent and experienced workforce in noise at work control.

Further Guidance

- Noise at Work | HSE
- Noise advice for workers - prevention and protection | HSE
- Audio/visual demonstration of noise induced hearing loss | HSE

- Sound advice: Control of noise at work in music and entertainment | HSE
- Workplace noise – entertainment industry focus - 2026 | Vimeo [25 mins]

6. Planned preventive maintenance

Planned Preventive Maintenance (PPM) of work equipment is essential for reducing serious injuries and fatalities in the workplace. Effective maintenance ensures that plant and equipment continue to operate safely, reliably and efficiently.

British Standard, BS 14200: Maintenance of Machinery | BSI Knowledge, provides comprehensive guidance to support good maintenance practice. As a “User Standard”, it is designed to help those who operate or manage machinery understand how to maintain equipment throughout its working life. BS 14200 is intended to apply widely across industrial, retail, commercial and leisure equipment.

The standard outlines the principles and approaches required to ensure machinery remains safe, reliable and effective. It also addresses factors that influence ongoing safety, including environmental conditions and human factors that may contribute to ineffective or incomplete maintenance.

Failure to maintain work equipment can create dangerous situations in any workplace. Implementing a robust PPM strategy enables regular checks to be carried out at appropriate intervals, based on time or usage. Keeping accurate maintenance records helps monitor equipment condition, plan future servicing, and ensure work is carried out by suitably competent contractors.

Under the Provision and Use of Work Equipment Regulations 1998 (PUWER), employers have a general legal duty to ensure that:

- all work equipment is maintained in an efficient state, in efficient working order and in good repair
- where a maintenance log exists, it is kept up to date
- maintenance operations can be carried out safely

There are also specific statutory requirements under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and the Pressure Systems Safety Regulations

2000 (PSSR). These examination regimes are not a substitute for day-to-day maintenance, but their findings should inform ongoing maintenance plans.

LA health and safety regulators are asked to raise awareness among dutyholders of their statutory responsibilities and signpost them to appropriate guidance.

Further information

- Maintenance of work equipment | HSE

7. Safety in motorsport

The motor leisure and motorsport industries involve high-energy, adrenaline-based activities such as karting and track days. These environments can place members of the public in close proximity to significant hazards which, if not properly controlled, can result in serious injuries or fatalities. As part of the wider leisure sector, these activities can also expose both the public and employees to various health risks.

LAs undertaking inspection visits are asked to focus specifically on health risks.

When inspecting motor leisure and motorsport venues, LAs should consider the following health-related topics:

Noise

- Has a suitable and sufficient noise risk assessment been completed?
- Where risks are identified, have appropriate control measures been implemented?

Ventilation

- Are systems in place to monitor and control air quality?
- Are controls effective in preventing the build-up of carbon monoxide in enclosed or partially enclosed areas?
- Does ventilation adequately control welding fumes in garages or other areas where welding or similar activities may occur?

LAs undertaking inspection visits should also remain mindful of key public safety issues.

Risk of being struck by vehicles

- Are exclusion zones for the public adequately designed and managed?

- Are procedures in place for controlling access to trackside areas for employees, marshals and participants?

Participant induction

- Is adequate pre-start information or induction provided to all participants before taking part?

Scalping and choking risks

- Are controls in place to prevent entanglement of loose clothing or long hair in moving kart components?
- Have engine and machinery moving parts been enclosed where reasonably practicable?

Gas safety

- Have gas safety risks been assessed and controlled in areas with catering facilities (e.g., cafés, bars, hospitality areas)?

Track day activities can be challenging to proactively plan for, as they may not occur regularly or at consistent locations. To address this, LAs are asked to:

- review any RIDDOR reports or concerns raised relating to motorsport or motor leisure events
- **consider** whether these notifications warrant an inspection
- make contact with the event organiser, especially where this is a separate entity from the venue operator

Further guidance

- Managing health and safety at motorsport events: A guide for motorsport event organisers | HSE
- Motorsports Inspection aide-memoire | HASLIB. This document has been created by the Local Authority motorsports working group and provides additional information to complement the HSE guidance.

8. Inflatable amusement devices

There have been a number of serious incidents where inflatable amusement devices have collapsed or blown away during windy conditions. Inflatables are commonly found at premises enforced by LAs, and LAs should raise awareness among dutyholders of the general risks associated with operating these devices.

Key safety expectations include ensuring that:

- Devices are correctly anchored to the ground using the methods and number of anchor points specified by the manufacturer.
- Wind conditions are measured regularly using suitable equipment, and that operators follow wind-speed limits set out in relevant standards.
- Written documentation is available from a competent inspection body confirming that the inflatable complies with British Standard BS EN 14960.
- The inflatable is subject to a thorough annual inspection by a competent person.

Further guidance

- Bouncy castles and other play inflatables: safety advice | HSE
- BS EN 14960:2019 | Inflatable play equipment - safety requirements and test methods | BSI Knowledge

9. Trampoline parks

In recent years, there has been an increase in accidents at trampoline parks involving both children and adults. Many of these incidents have resulted in specified major injury (fracture), and a small number have led to life-changing injuries. Analysis of RIDDOR reports indicates that a lack of user understanding of the risks, combined with reckless or unchallenged behaviour, is a contributing factor to the injury levels reported by this sector.

LA health and safety regulators are asked to highlight to their local dutyholders thee 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 verify user understanding of risks and rules conveyed in the safety briefing or induction

- Effective supervision of users of all activities within the facility
- Suitable and sufficient information, instruction, and training provided to all staff members, giving special consideration to employees who supervise the trampoline court

In addition to safe operating procedures, trampoline park operators must ensure that:

- All equipment is maintained in a safe condition
- Regular inspections are carried out by a **competent person**
- Any defects identified are addressed promptly and effectively

Further guidance

- BS EN ISO 23659:2022 | Trampoline parks – safety requirements | BSI Knowledge

10. Adventure Activities Licensing Authority

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 any providers in their local area who may be operating without a licence and to take appropriate action.

We also ask local authorities to give feedback on any activity carried out to check compliance. This includes:

- telephone enquiries
- emails or written correspondence
- proactive letters or mailshots
- site visits
- any enforcement action taken

Feedback can be sent to: 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.

To help with targeting, AALA will:

- inform LAs when licenses expire
- share details of complaints relating to non-licensed provision when received

Many providers have websites and social media where they advertise activities. This can provide useful information about the activities being offered and whether they are in scope of the legislation (inspectors are encouraged to watch the HSE Webinar “Introduction to the Adventure Activities Licensing Authority” for more information about the scope of the legislation).

Where there is clear evidence of a breach of Regulation 16(1) - providing licensable adventure activities without a licence - inspectors should consider prosecution.

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.

Example

Multiple complaints suggest a provider is offering activities to unaccompanied children. The provider denies this and claims parents are always present. In cases like this, where there is serious concern but conflicting information, a Prohibition Notice can be considered.

Further Information

- Introduction to the Adventure Activities Licensing Authority | Vimeo
- AALA website | HSE

Contacts

- AALA-Applications@hse.gov.uk for queries or advice relating to the register
- aala@hse.gov.uk for enforcement advice or support

11. Preventing injuries involving large waste bins

Raising awareness of the need to prevent injury to members of the public from accessing large commercial waste and recycling bins

There have been numerous cases where members of the public have gained access to commercial bins for shelter and then been injured or killed when those bins were emptied into collection and compaction vehicles. HSE supports the strategic industry initiative to prevent people being injured or killed after entering large commercial bins (typically 660 litres capacity and above).

When engaging with businesses that use commercial waste bins e.g. retail or licensed premises; LA health and safety regulators should raise duty holder awareness of the need to manage the risks of unsecured access to bins. Where the risks arise as a MEC i.e. there are signs of people getting or trying to get into bins and/or other risk factors suggest it is reasonably foreseeable, then LAs should take appropriate enforcement action, in accordance with the EA Regulations 1998, collaborating with HSE where necessary via normal channels.

Further guidance

To advise dutyholders and provide benchmark standards:

- Managing access to large waste and recycling bins | Waste Industry Safety and Health Forum (WISH)

Annex B: List of sectors/activities suitable for proactive inspection

Health hazard	Potential poor performers	High risk activities
Musculoskeletal disorders	Retail / wholesale businesses High volume warehousing and distribution	Manual handling of large or heavy items, including lifting, handling, moving, pushing and pulling. Repetitive movement of the upper limbs over extended periods. Progressive approach recommended with **Identify, Approach, Assess** method
Occupational deafness	Entertainment Sector	Exposure to excessive workplace noise. Progressive approach recommended with **Identify, Approach, Assess** method.
Occupational lung disease: asbestosis and mesothelioma	Buildings constructed between 1950-2000 where there is intelligence of likelihood poor management e.g. from complaints, RIDDORS, other regulatory activity	Exposure to asbestos fibre through inadvertent disturbance or suspected poor management of asbestos exposure risk. **Identify** – In order to help demonstrate impact and identify poor performing sectors please share asbestos intelligence using the recording form provided on HASLIB.

Health hazard	Potential poor performers	High risk activities
Occupation lung disease: asthma	Bakeries where loose flour is used and inhalation is likely to frequently occur	Tipping and mixing of ingredients, bag disposal, flour dusting by hand or sieve, workplace cleaning
Zoonosis	Open farms and animal attractions, including animals being taken off-site for visits	Animal handling by children with lack of suitable micro-organism control measures

Safety hazard	Potential poor performers	High risk activities
Electrocution	All small to medium enterprises (SME)	Inappropriate use of electrical equipment, installation and maintenance by non-competent person
Explosion caused by leaking liquefied petroleum gas (LPG)	Events and catering premises	Unsafe gas appliance installation and conversions, use of LPG cylinders and cartridges, inadequate storage
Violence and aggression at work	Public facing roles	Roles where staff deal with customers who may become upset or angry because of money or personal issues; supporting individuals with dementia or challenging behaviour
Fatalities and amputation caused by crushing	High volume warehousing and distribution	Poorly managed workplace transport, cutting machinery and lifting equipment
Fatalities and serious injuries caused by falls from height	High volume warehousing and distribution	Poorly managed working at height

Annex C: Examples of interventions

Intervention: Partnerships (non-inspection intervention)

Description: Strategic relationships between organisations or groups who are convinced that improving health and safety will help them achieve their own objectives. This may involve duty holders or trade unions, regulators, other Government departments, trade bodies, investors.

Examples

- 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.

- 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

- 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.

Intervention: Motivating Senior Managers (Non-inspection intervention)

Description: 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).

Examples

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.

Intervention: Supply Chain (Non-inspection intervention)

Description: 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.

Examples

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.

Intervention: Design and Supply (Non-inspection intervention)

Description: "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.

Example

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.

Intervention: Intermediaries

Description: 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.

Examples

- Using local HABIA and training college contacts to influence hairdressers and managers to take up published materials and working practices

- Using insurance companies to explain the benefits of LOLER examinations for businesses operating forklift trucks

Intervention: Working with other regulators and Government departments

Description: 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.

Examples

Working with relevant signatories of the Work-Related Death Protocol.

Working with DVSA to raise awareness amongst hauliers and delivery drivers about load safety.

Intervention: Encouraging and recognising compliance

Description: 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.

Examples

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.

Intervention: Proactive Inspection

Description: 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.

Example

Proactive inspection of retail/wholesale warehouse to ensure adequate control of work at height, workplace transport and loading and unloading of vehicles.

Intervention: Incident and Ill Health Investigation (Reactive)

Description: Making sure that the immediate and underlying causes are identified, taking the necessary enforcement action, learning and applying the lessons.

Example

Using HSE Incident selection criteria, 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.

Intervention: Dealing with Concern and Complaints (Reactive)

Description: Encouraging duty holders to be active and making sure that significant concerns and complaints from stakeholders are dealt with appropriately.

Example

Adoption of the HSE complaints handling procedures to ensure that resources are targeted on complaints that indicate the poor management of risk.

Intervention: Enforcement

Description: 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.

Examples

Ensuring that adequate arrangements are made for enforcement.

Taking proportionate enforcement action in line with HSE's:

- Enforcement Policy Statement | HSE
- Enforcement Management Model | HSE

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.

Intervention: Revisit

Description: To follow up on earlier interventions to check their impact and efficacy.

Annex D: Recording Local Authority Activity and Enforcement Data (LAE1)

The information from the LAE1 is shared with the Chartered Institute of Public Finance & Accountancy (CIPFA).

General principles and recording practices

- Only provide data which relates to health and safety regulatory activity
- Count each visit once

  Example: 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.
- Record visits undertaken for multi-regulatory purposes if there was preparatory work targeting health and safety issues

  Example: a planned 50/50 split for inspecting work-related stress and food hygiene in hospitality sector
- Count events attended by numerous businesses once as they are one intervention
- Count mailshots and general social media posts once as they are one intervention
- If in doubt what to record or which category to use, ask your County Liaison Group or contact lau.enquiries@hse.gov.uk

Staff resources devoted to health and safety enforcement work

This section captures the number of officers who hold warrants under HSWA and how much time is spent on HSWA activity.

Validation

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

Proactive Inspections

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

Where local intelligence suggests individual businesses (even those outside the sectors or activities in Annexes A and B) are not effectively managing their risks, proactive inspection may be appropriate.

A proactive inspection is a visit to premises to examine and assess how a business manages occupational health and safety risks. The visit may be:

- **Unannounced**
  where the business is unaware that the visit will take place

- **By appointment**
  arranged at a mutually convenient time to maximise the intervention or reduce unnecessary burden on the business – such as ensuring key personnel are present, or when a specific activity is due to occur

In either case, the business has does not have the opportunity to decline the inspection. If entry was refused, the inspector should be prepared to exercise their **HSWA Section 20 powers of entry**.

"No inspection without a reason"

Proactive inspections should only be used when there is a justified need. This includes:

- Higher-risk activities listed by HSE in Annex B

- Situations where local intelligence indicates risks are not being effectively managed

There should be a reasonable expectation that a higher-risk material breach may be identified during the visit.

The list accompanying the National Code is publicly available, so inspectors should always be prepared to explain to businesses why a proactive inspection is appropriate in their specific case.

Proactive inspection must not be used simply to gather general intelligence or to maintain the currency of a database.

Recording proactive inspections

HSE recognises that LAs often take a multi-regulatory approach when visiting dutyholders.

Where premises are 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 visit can be recorded as a proactive inspection.

However, if the primary purpose was for another regulatory reason, (e.g. licensing, food safety) and health and safety matters were discussed as an afterthought or as a Matter of Evident Concern (MEC), do not record this as a proactive inspection.

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 intelligence, or
- national intelligence

Do not record an individual inspection under both.

Non-inspection interventions

Non-inspection interventions fall into two categories:

- face-to-face contacts
- non face-to-face contacts

LAs should make best use of resources by using the range of risk-based regulatory interventions available in Annex C.

These interventions can be highly efficient and effective, allowing engagement with a wider business population than is possible through individual inspections. Examples include:

- awareness sessions
- training events
- workshops

Such approaches reach a much wider audience with the benefit of allowing business to share good practice.

Recording non-inspection interventions

Other visits/face-to-face contacts may include:

- **Proactive advisory visits offered by the LA**
  conducted at a time convenient for the business, aimed at supporting new businesses in particular, and carried out without using Section 20 powers of entry

- **Safety and health awareness events**
  e.g. talks to a group of retail businesses on manual handling and violence prevention

- **Advice 'drop in' sessions**
  where businesses can visit a designated office/desk for health and safety advice

Other contacts or interventions may include:

- **Targeted emails or letters**
  e.g. letters to licensed premises raising awareness of cellar safety

- **Telephone advice calls**
  to individual businesses

- **Targeted (not blanket) social media posts or mailshots**
  focused on specific risks or sectors

Do NOT record the following as other contact or interventions:

- general newsletters

- generic service magazines

- website traffic or number of hits

These are not considered targeted regulatory interventions.

Reactive Visits

Reactive visits are undertaken for three main reasons:

1. To investigate RIDDOR reported accidents, cases of ill health, or dangerous occurrences

2. To investigate concerns or complaints about the way a specific business is managing health and safety risks

3. In response to requests from individual businesses asking for a visit

Intelligence gathered from reactive visits can be valuable for identifying poor performance, trends, and local issues which may require further interventions. Matters which may require action at a national level should be flagged to HSE.

Matters of Evident Concern

A Matter of Evident Concern (MEC) is a risk of serious injury or ill health that is:

- self-evident, or
- brought to the attention of LA staff

during any inspection, non-inspection, or other regulatory visit.

MECs should normally be dealt with at the time, using enforcement powers where necessary.

If addressing a MEC requires a **follow-up visit**, that follow-up visit should be recorded as a **reactive visit**.

Recording reactive visits

Record a reactive visit **when**:

- the visit was triggered by a RIDDOR report,
- the visit was triggered by a complaint or concern
- a follow-up visit was needed to deal with a Matter of Evident Concern (MEC)

Do NOT record the following as reactive visits:

- MECs addressed during another type of intervention or regulatory visit
- Visits primarily undertaken for a separate regulatory purpose (e.g., food hygiene inspections, entertainment licensing)

Where a premises is being targeted for another regulatory purpose, the relevant regulatory agency (e.g., the Food Standards Agency) should be notified as appropriate. These visits must not be double counted.

Peer Review

Section 4 of the National Code states local authorities will provide assurance that they are meeting the requirements of the Code through:

- annual LAE1 submissions

- inter-authority peer review

Peer review offers the opportunity to discuss, refresh and share working practices. It supports verification that key messages have been understood and any required changes have been effectively embedded. When carried out in an open, constructive manner, peer review strengthens confidence and competence by reinforcing and promoting good practice through the sharing of expertise.

HSE has developed a national peer-review evolving case study in conjunction with HELA and Practitioners Forum. Participation in the exercise is voluntary, but LA feedback is vital. By sharing reflections and experiences, it builds a stronger national picture of how LAs interpret and apply regulatory principles.

This enables:

- meaningful benchmarking
- improved consistency
- identification of differences in approach
- greater clarity on where further support or guidance is needed

LA input strengthens the profession, supports more consistent and confident decision-making, and helps shape future guidance. The more LAs who take part, the more powerful and useful the insights become.

Comments section

This section is voluntary and does not constitute a formal part of the LAE1 return. It can be used to share information HSE and the wider local authority community may be interested in.

Examples of information are:

- new and emerging issues
- local intelligence lead projects
- issues impacting resource and competency

Comments should only relate to health and safety matters.

Intervention	Where to record	How many to record
Receipt of **several** reports of defective lifting equipment	Proactive inspection targeted using local intelligence	1 per visit for health and safety purposes
Health and safety awareness event	Other visits / face-to-face contact	1 per event
Participation in a local task force	Other visits / face-to-face contact	1 per premise where health and safety was discussed
Advice for SMEs	Other visits / face-to-face contact	1 per business who discussed health and safety
Presenting at a local trade body meeting	Other visits / face-to-face contact	1 per each event
Social media post	Other contact intervention	1 per post
General or sector specific mailshot	Other contact intervention	1 per mailshot
Directly messaging through a businesses' social media accounts	Other contact intervention	1 per business individually contacted
Direct messaging by letters tailored to the business	Other contact intervention	1 per business individually contacted
Concern about business raised by another local authority department	Visits following requests for H&S service from businesses	1 per visit for health and safety purposes

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit the HSE website.

You can order HSE priced publications at the HSE books website.

HSE priced publications are also available from bookshops.

This publication is available on the HSE website here.

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