		. Rec	orded on App
Date 20092	O 1 7 Officer N	VIAITI Natale	Thompson
Name of Business/ Occupier Relay Studio House Name  No 1 Street Continor pe Street Town Post Code F1 7RG  Tel. No. Fax No.  Contact / Title Apple Email:		Visit Type  K = Full audit R = Unitisation L = S.Req visit M = Accident inv N = Revisit to check OR = H&S Advisory/Project visit S = Other incl sampling  A01	NAT8
* delete as appropriate	1, 4		
General topic areas  1. Safety Policy  2. Risk Assessment  3. Accident Reporting  4. Slips and trips  5. First Aid  6. Heating/lighting/ventilation*	7. Sanitary accomm/wash fact 8. Electrical installation/electr 9. Hazardous substances 10. Mechanical/manual hand 11. Storage arrangements 12. Machinery	rical appliances*	13. Emergency Precautions 14. Smoke free 15. Workplace transport 16. Working at height 17. Asbestos
General			
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or ordered	or advertised o	ithout a licence	. All advetsment
including oit	Leo Brook of t	en Show Long	online adjust Shells
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licence.			
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Summary of action to be taken	V O		
Informal Improvement This report is to inform you of contrave at Work etc. Act 1974 and other relevant be remedied as soon as possible. You s contraventions do not recur. This report recommendations but only covers the	ning against the Health & Safety nt statutory provisions which should should take steps to ensure that the rt may also give advice and	Licensing non-conform Signature of Authorised Inspector	nities \( \square \)
The absence of comment does not indic Safety at Work Act or any Regulations in and maintain satisfactory conditions in prosecution.	cate compliance with the Health & nade thereunder. Failure to achieve	*Signature of Proprietor/ Owner/person interviewed *circle as appropriate	A SIGHT MEMBER-NO

apple.