

**HSA**

An tÚdarás Sláinte agus Sábháilteachta  
Health and Safety Authority

# Max Parry

## Inspector – Behavioural Health and Safety Team

**Introduction To Managing Work-related Violence and  
Aggression – Tuesday November 11th**

# Inspection Programme 2025

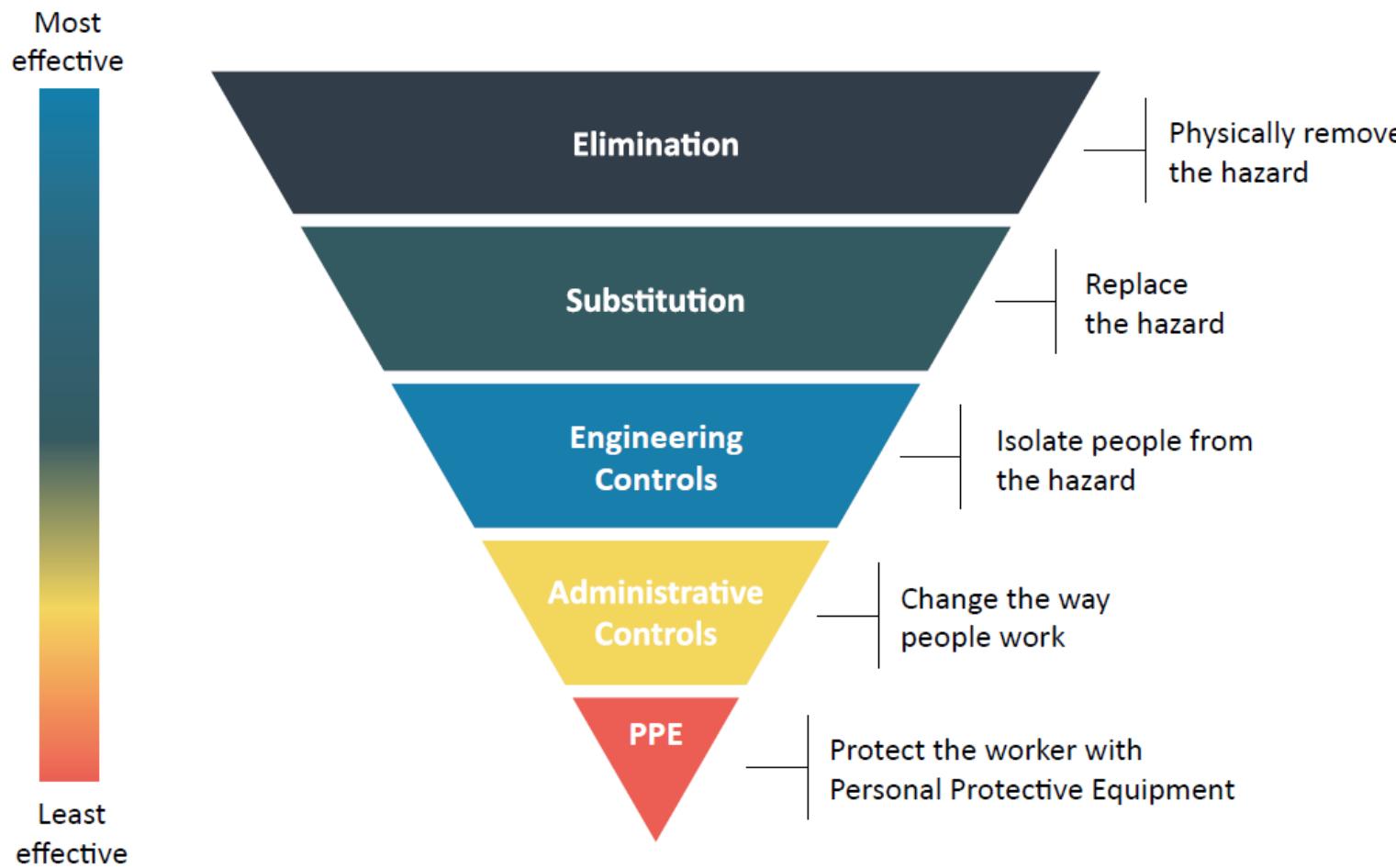
- Psychosocial (Bullying & V&A) Inspections carried out in NACE Sectors that have a public facing role



- Challenges – knowledge gap, facilitation & resources, hybrid systems
- What we see – training, incident reporting, risk assessment & control measures, safety statement (access to documentation), bullying policies.



# Hierarchy of Control



# Enforcement/Legislation



- Safety Health and Welfare at Work Act 2005
  - Section 19 (Risk Assessment)
  - Section 20 (Safety Statement)
  - Section 10 (Training, information and instruction)
  - Section 225 (GARs 2016) Reporting of Accidents and Dangerous Occurrences
  - Section 64 (Powers of inspectors)

**Safety, Health and Welfare at Work Act, 2005**  
**Report of Inspection from the Health and Safety Authority**

**HSA**

An Údarás Sláinte agus Séibhleáinteacha  
Health and Safety Authority

To: \_\_\_\_\_

Page 1 of \_\_\_\_\_

RI7468599

Photocopy given to Safety Representative

Yes  No

Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ 20\_\_\_\_\_  
Workplace Visited: \_\_\_\_\_

Following my inspection, this Report of Inspection was handed to the person confirming receipt below. The items listed should receive your attention. A response detailing how these matters have been addressed is to be sent to the Inspector at the address given over leaf on or before \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. Yes  No

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**Confirmation of Receipt:** Signature \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CRI RESPONSE SLIP**

**REPORT OF INSPECTION**

Yes  No

This original slip should be completed and detached and returned to the Inspector at the address overleaf.

Dear Inspector \_\_\_\_\_

CR17468599

I refer to the Report of Inspection served by you on the following date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I am of the opinion that the matters identified in the Report of Inspection have been remedied.

I enclose additional documentation/photographs supporting my opinion:

Yes  No

I have copied the documentation/photographs to the Safety Representative:

Yes  No

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

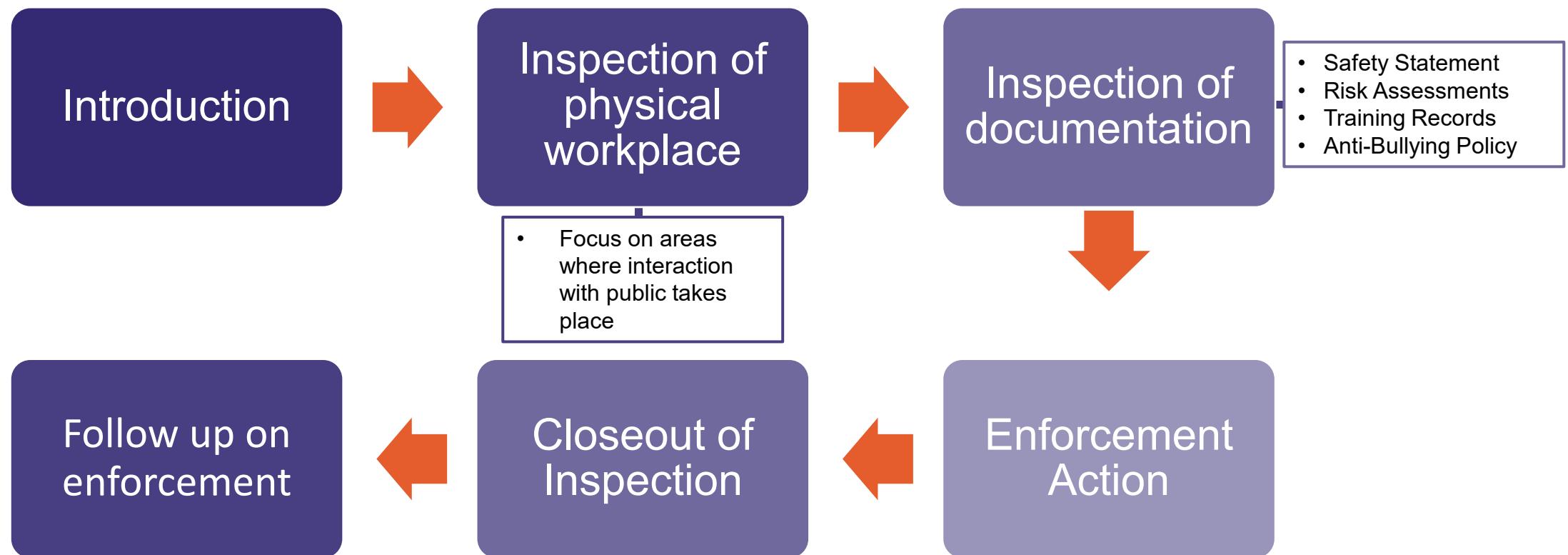
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

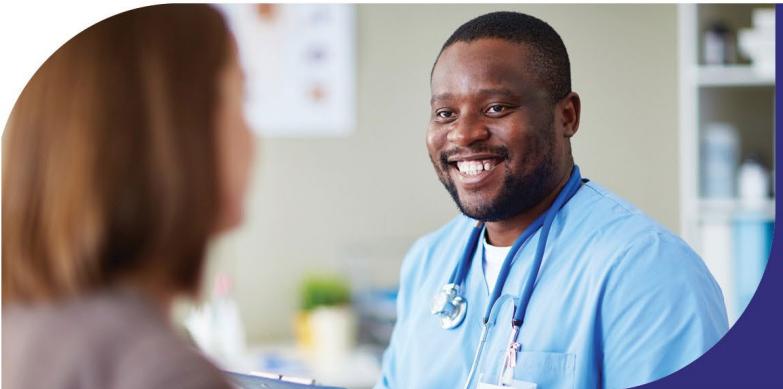
Employer Name (if different from above): \_\_\_\_\_



# When an Inspector Calls

- Inspections carried out under category of Psychosocial Inspection
- Sequence of Inspection is same as Safety Inspection





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Health and Safety Authority

Go raibh maith agaibh  
Thank you

T: 0818 289 389

E: [contactus@hsa.ie](mailto:contactus@hsa.ie)

W: [www.hsa.ie](http://www.hsa.ie)