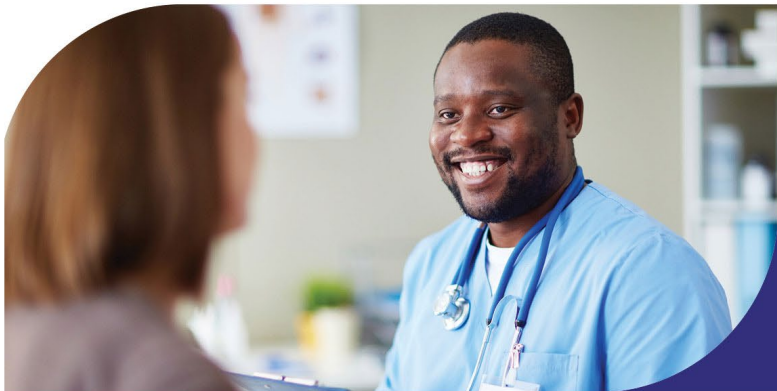




An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority

Max Parry

Inspector – Behavioural Health and Safety Team



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

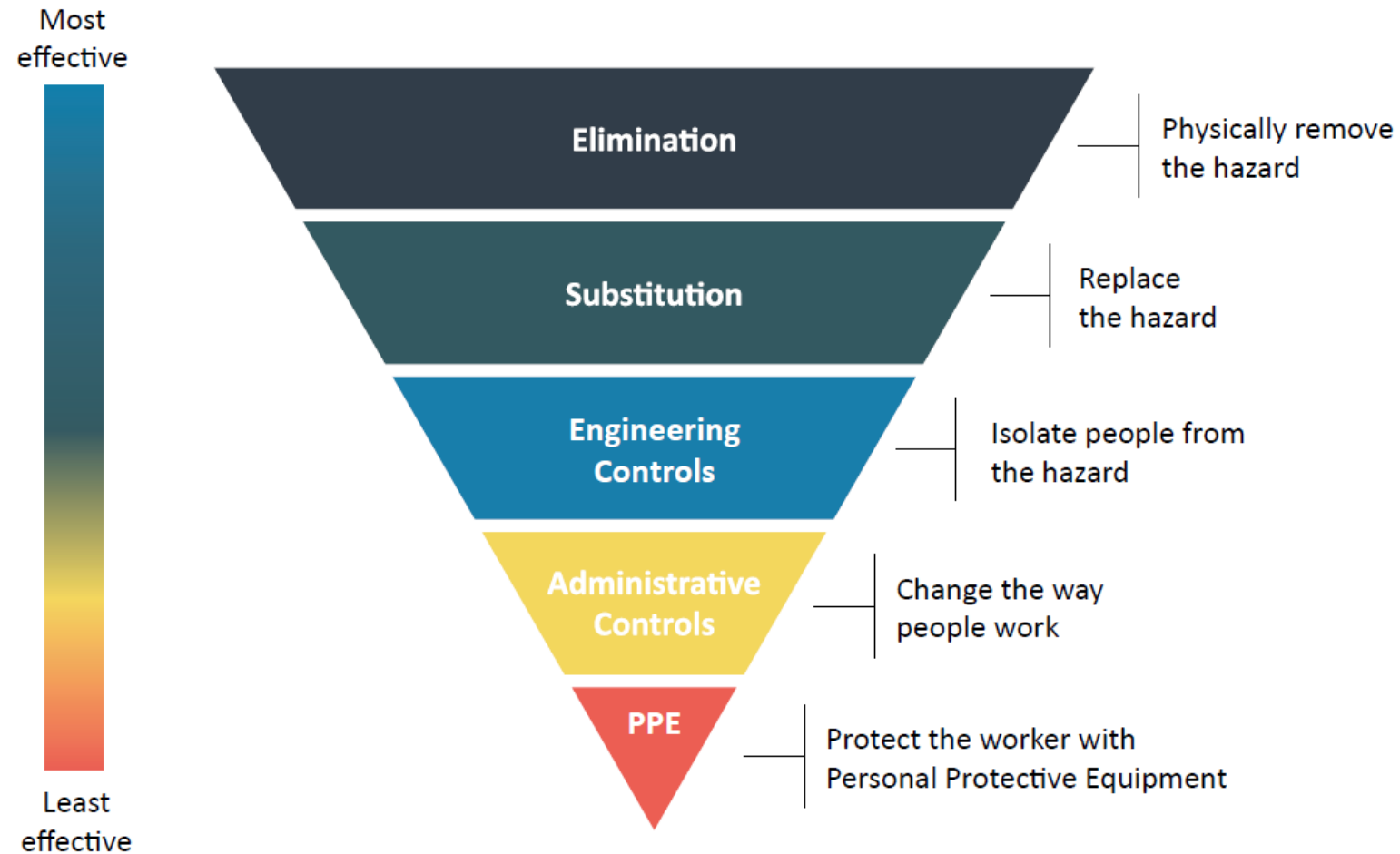
Inspection Programme 2025

- 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



An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority


- 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 tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority

To: _____

Page 1 of ____

 R17468599 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 ☐

Confirmation of Receipt: Signature _____
Job Title: _____ Employer: _____ Email: _____
Print Name: _____ Date: _____ Time: _____

CRI RESPONSE SLIP **REPORT OF INSPECTION**

This original slip should be completed and detached and returned to the Inspector at the address overleaf. Yes ☐ No ☐

Dear Inspector _____  CRI7468599

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.

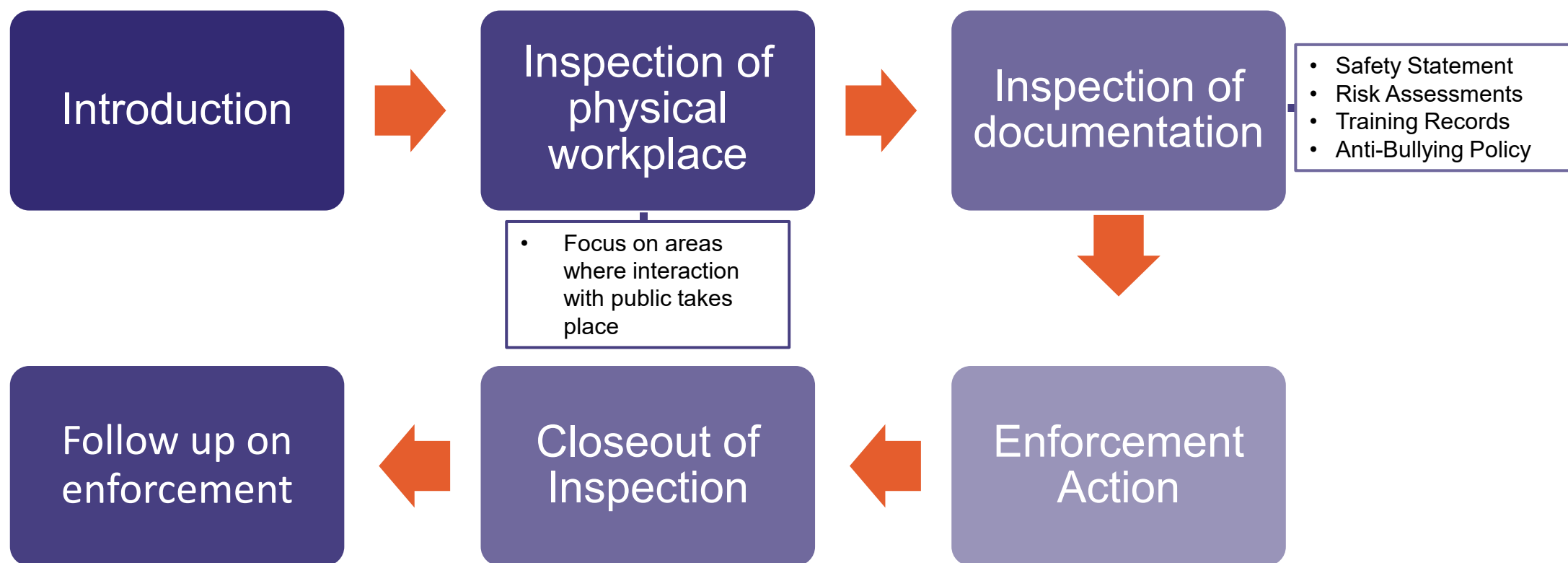
I enclose additional documentation/photographs supporting my opinion: Yes ☐ No ☐

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

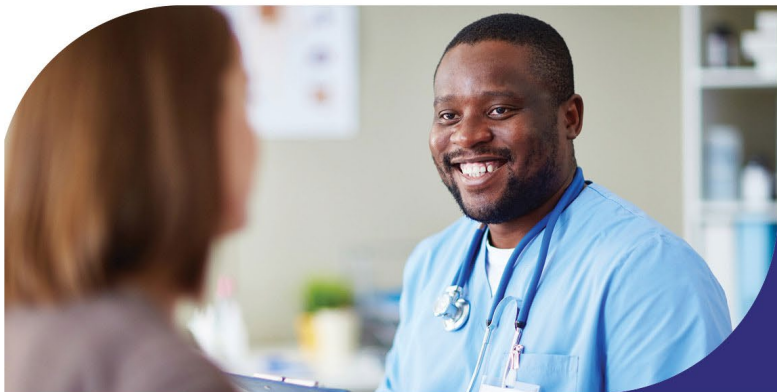




HSA

An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority

Go raibh maith agaibh
Thank you



T: 0818 289 389

E: contactus@hsa.ie

W: www.hsa.ie