

Health And Safety Registration Form

1. (a) Name of proprietor _____
(b) Name of contact at premises (if different from above) _____
(c) Trading name if any _____
2. (a) Postal address of the premises _____

(b) Telephone Number _____
(c) Fax Number _____
(d) E-mail Address _____
3. Nature of business/main activities _____

4. Total number of employees _____
(a) Full-time _____
(b) Part-time _____
(c) Number of males _____
(d) Number of females _____
5. How many of the total are employed on floors other than the ground floor? _____
6. Of the total stated in reply to question 4, are any housed in separate building? Yes No
7. Is the employer the owner of the building(s) (or part of the building(s)) containing the premises? Yes No
8. If no, state the name and address of the owner(s) or person(s) to whom rent is paid _____

Signature _____

Date _____

Name (block capitals) _____ Position in company/business _____

Please return the completed form to : Environmental Health Service

Lisburn city Council
Island Civic Centre
The Island
Lisburn
BT27 4RL

E-mail: chealth@lisburn.gov.uk
www.lisburncity.gov.uk