



# Scottish Housing Regulator

## Tenant health and safety assurance survey

### 1.

This survey contains 10 questions and should take no more than 10 minutes to complete.

**Please answer all questions.**

If you have any questions about the survey please contact [kirsty.porter@shr.gov.scot](mailto:kirsty.porter@shr.gov.scot) or [lauren.austin@shr.gov.scot](mailto:lauren.austin@shr.gov.scot)

**1. Please enter the name of the organisation you are responding for: \***

**2. Please enter your details: \***

Name:   
\*

Role:   
\*

Email:   
\*

**3. For the most recent Annual Assurance Statement (AAS) that your organisation submitted to SHR, did your Board or relevant local authority Housing Committee review evidence to gain assurance that your overall Health and Safety (H&S) compliance regime meets legislative and regulatory requirements? \***

- Yes, evidence of tenant and resident H&S compliance was reviewed
- No, evidence of tenant and resident H&S compliance was not reviewed

**4. Does your organisation have a systematic approach to the identification of organisational, operational and asset risk affecting tenant and resident safety?**

\*

Yes

No

**5. How do you gain assurance that your organisation's overall H&S compliance regime meets legislative and regulatory requirements? Please select all options that apply. \***

Internal competent compliance advisor

Independent competent compliance advisor

Internal audit

Other (please specify):

**6. How do you gain assurance that your organisation's H&S compliance strategies, policies and procedures meet legislative and regulatory requirements? Please select all options that apply. \***

Internal competent compliance advisor

Independent competent compliance advisor

Internal audit

Other (please specify):

**7. How do you gain assurance that your organisation's working practices ensure the robust implementation of your H&S compliance strategies, policies and procedures? Please select all options that apply. \***

Internal competent compliance advisor

Independent competent compliance advisor

Internal audit

Other (please specify):

**8. For specific areas of compliance, please confirm the timescale that each areas':**

**(i) policy and procedures were last reviewed to ensure they comply with legislative and regulatory requirements; and**

**(ii) working practices were last reviewed to ensure they comply with your policy and procedure.**

**Please select for each box below one of the following options:**

**- time period assurance was last gained i.e. within 1 year, 1 to 2 years, 2 to 3 years or more than 3 years**

**- assurance gained but timescale unknown**

- assurance not gained by this method
- not applicable i.e. do not require assurance in this area
- no assurance

If you want to tell us about another health and safety area where you have gained assurance please do so in the comment box, including the timescale the assurance was gained.

\*

	(i) Policy and procedures: Internal assurance	(i) Policy and procedures: Independent assurance	(ii) Working practices: Internal assurance	(ii) Working practices: Independent assurance
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water/ Legionella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil & solid fuel heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spalling concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractor management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**9. Do you have plans or appropriate measures in place to ensure compliance with the Housing (Scotland) Act 1987 (Tolerable Standard) (Extension of Criteria) Order 2019 which comes into force from 1st February 2022?**

**(The amendment sets a new higher standard for detection, requiring that all houses, regardless of tenure, must have satisfactory provision for detecting fires and carbon monoxide and for giving warning in the**

event of fire or suspected fire or carbon monoxide. Scottish Government guidance is available: Regulations to modify repairing standard: summary - gov.scot ([www.gov.scot](http://www.gov.scot))).

\*

Yes

No

**10. How would you describe progress on your organisation's plans or appropriate measures for complying with the amendment to the tolerable standard under section 86 of the Housing (Scotland) Act 1987? Please select all options that apply. \***

Plans are complete

Plans are nearly complete

Plans are in the early stages of development