Health Impact Assessment Screening Sheet

**A short description of the proposal:**

| **Impact Category** | **Positive impact** | **Negative impact** | **Neutral impact** | **Unknown impact** | **Recommendation****HIA required?** | **Brief description of potential impacts and how these will be mitigated or enhanced** |
| --- | --- | --- | --- | --- | --- | --- |
| **Noise** |  |  |  |  | Yes / No |  |
| **Odour** |  |  |  |  | Yes / No |  |
| **Contaminated land e.g. disposal of oil** |  |  |  |  | Yes / No |  |
| **Air Quality** |  |  |  |  | Yes / No |  |
| **Litter** |  |  |  |  | Yes / No |  |
| **Anti-Social Behaviour** |  |  |  |  | Yes / No |  |
| **Working Conditions** |  |  |  |  | Yes / No |  |
| **Healthy Foods** |  |  |  |  | Yes / No |  |
| **Accidental injury and public safety** |  |  |  |  | Yes / No |  |

Date Completed:

Contact Details: