RK Wilson Builders Ltd

Site SHE Management File

London Road, Long Sutton

File One



Sandpit Farm
59 Wisbech Road
Spalding
PE12 9AQ

Tel: 01406 362296

Site Safety Management Documentation

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Section 1
General Information

1.	**Site Address**	**:**	**Land to rear of 100 London Road Long Sutton Spalding PE12 9ED**
2.	**Contract Manager Tel:**	**:**	**Mike Shale 01406 362296**
3.	**Site Manager**	**:**	**Dean Wilson**
4.	**Site Telephone**	**:**	**07788 754996**
5.	**Start Date**	**:**	**12th March 2018**
6.	**Project Duration**	**:**	**9 Months**
7.	**Principal Designer**	**:**	**Risk Management Solutions**
8.	**Address Tel:**	**:**	**30 Cambridge Street St Neots Cambridgeshire PE19 1JL 01480 210489**
9.	**SHE Adviser**	**:**	**Andy Grannell CMIOSH Risk Management Solutions**
10.	**Tel. No.**	**:**	**Office 01480 210489 Mobile 07949 825036**
11.	**Frequency of Visits**	**:**	**Every 4 Weeks**

Introduction

1. The Site Safety, Health and Environmental Management Documentation is a collection of working documents designed to assist Site Managers in managing safety, health, and Environmental issues throughout the duration of the contract.

2. The majority of this document will form part of the Health and Safety Plan for the Construction Phase which is required under the C.D.M. Regulations.

3. You should make full use of the various documents provided; they are there to assist you and the people working on your site in carrying out your work safely.

4. If you are unsure of any of the items contained within the Site SHE Management Documentation, or require further help or advice contact Risk Management Solutions



Andy Grannell CMIOSH

Risk Management Solutions
Tel: 01480 210489

Section 2
Extracts From the Company Health & Safety Policy

Statement of Company Policy for Health and Safety

The Company undertakes activities associated with role of Principal Contractor within the Construction Industry and provides general construction services. The Company is committed to delivering this service in a safe and controlled manner by:

- Complying with current legislation and other requirements as applicable
- Implementing and continually improving the effectiveness of an Integrated Management System which incorporates the requirements of OHSAS 18001
- Providing documented health and safety arrangements and safe systems of work which are communicated to all employees and contractors with the intent of preventing injury and ill-health.
- Setting and reviewing health & safety objectives and targets to drive continual improvement.
- Defining and communicating the health and safety responsibilities associated with each position of employment / engagement with the company.
- Providing materials, resources and additional personnel as appropriate to implement the requirements of this policy statement.
- Provide appropriate training where necessary to uphold and develop employee competence
- Ensuring that all contractors are assessed and evaluated for acceptable levels of competence and allocation of adequate resources in relation to their work activities.
- Monitor health and safety performance to clarify whether continual improvement has been achieved and to enable resources to prioritise areas of under achievement
- Consulting with employees to ascertain their issues relating to health and safety
- Working closely with clients and other interested parties to ensure that their requirements with respect to health and safety are incorporated within the company's operations
- Communicating the content of this policy statement to all employees and contractors and making it freely available to clients and other interested parties

All persons fulfilling a management position within the Company including Directors, are required to maintain high standards of health, safety and welfare throughout their areas of responsibility

All employees and sub-contractors engaged by the Company are required to adhere with the prescribed safe systems of work within the company's Safety Management System.

All systems of health, safety and welfare provision shall be reviewed at least on an annual basis including this policy statement.

The Directors give their full backing to this policy statement and fully support its effective implementation throughout the business.

The Board of Directors have appointed the Managing Director **Mr Mike Shale**, as having particular responsibility for Health, Safety and Welfare and to whom reference should be made in the event of any difficulty arising in the implementation of this policy

Signed: …… Date: ……

Mr Mike Shale
Managing Director

Environmental Policy Statement

The Company undertakes activities associated with role of Principal Contractor within the Construction Industry and provides general construction services. The Company is committed to delivering this service in an environmentally friendly and controlled manner by:

- Preventing Pollution
- Complying with current legislation and other requirements as applicable to the company's environmental aspects.
- Implementing an Integrated Management System which incorporates the requirements of ISO 14001.
- Setting and reviewing environmental objectives and targets to drive continual environmental improvement.
- Providing materials, resources and additional personnel as appropriate to implement the requirements of this policy statement.
- Controlling and where reasonably practicable reducing the consumption of raw materials and the production of waste.
- Developing the environmental awareness of employees through effective education and training.
- Communicating and ensuring that others who work for the company, such as sub-contractors, adhere with the company's environmental policies and procedures.
- Monitoring environmental awareness of employees through effective education and training.
- Working closely with clients to ensure that their environmental concerns and requirements are incorporated within the company's operations.
- Communicating the content of this policy statement to all employees and contractors and making it freely available to clients and other interested parties.

All persons fulfilling a management position within the company including Directors, are required to maintain high standards of environmental management throughout their areas of responsibility

All employees and contractors engaged by the company are required to adhere with the requirements of the company's Environmental Management System.

All environmental management systems shall be reviewed at least on an annual basis including this policy statement.

The Directors give their full backing to this policy statement and fully support its effective implementation throughout the business.

The Board of Directors have appointed the Managing Director **Mr Mike Shale**, as having particular responsibility for Environmental Management issues and to whom reference should be made in the event of any difficulty arising in the implementation of this policy

Signed: …… Date: ……

Mr Mike Shale
Managing Director

Section 3
Pre-Construction Health & Safety Information

Section 4
Construction Phase Health & Safety Plan

Section 5
Fire Safety Plan

Section 6
Traffic Management Plan

Section 7
Risk Assessments

Section 8
COSHH Assessments

Section 9
Noise Assessments

Section 10
Manual Handling Assessments

1. The Regulations require operations involving manual handling (MH) to be assessed. Where operations are simple or short duration and not to be repeated then verbal instruction will be sufficient, in all other cases the assessment should be recorded.
2. When a MH task is required, can the task be avoided i.e. storage of goods nearer work place. If not, can mechanical means be used i.e. use of a crane to lift roof trusses.
3. If a MH task remains, a more detailed assessment is required covering the following:

4. Task

4.1 Does it involve: (i) holding / manipulating loads at distance from trunk (ii) twisting the trunk / stooping / Reaching upwards (iii) excessive movement, lifting or lowering distances, excessive carrying distances (iv) excessive pushing or pulling of loads (v) risk of sudden movement of loads (vi) frequent or prolonged physical effort (vii) insufficient rest or recovery periods (viii) rate of work imposed by a process

5. Loads

5.1 (i) heavy (ii) bulky or unwieldy (iii) difficult to grasp (iv) unstable, or with contents likely to shift (v) sharp, hot or otherwise potentially damaging

6. The Working Environment

6.1 (i) space restraints (ii) uneven, slippery or unstable floors (iii) variations to floor level or work surface (iv) extremes of temperature or humidity (v) conditions causing ventilation problems or gusts of wind (vi) poor lighting conditions

7. Individual Capability

7.1 (i) require unusual strength, height (ii) create a hazard to pregnant women or have a health problem (iii) require special information or training for its safe performance

8. Other Factors

Is movement or posture hindered by personal protective equipment or by clothing

9. Reducing Risk of Injury

9.1 Risk identified in the assessment must be reduced, by taking appropriate steps. The effectiveness of these measures should then be monitored.

9.2 Address risks in a practical way by looking at the same factors of 'task', 'load', 'working environment' and 'individual capability'.

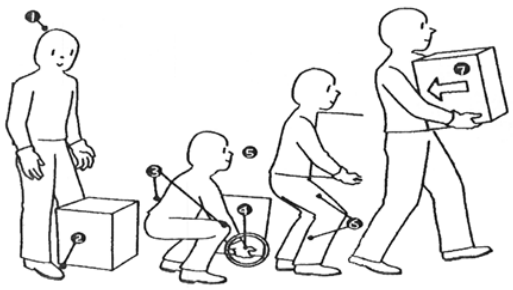
- task made easier by use of a mechanical aid i.e. wheel barrow or gin wheel.
- load made smaller or lighter by specifying lighter materials i.e. building blocks.
- working environment improved (i) more space (ii) work areas free from mud or ice.
- individuals capability can be improved by information, training and supervision

10. Handling Techniques

10.1 Following guidance should be applied when carrying out manual handling operations. Safe lifting methods are as important to control risk, as reducing weight.

11. Good Handling Techniques

11.1 Correct method of lifting is to use the strong leg & thigh muscles and to maintain the lift. Following points to be covered in training programmes & the capability of employees should be considered in making assessments.



12. Plan the Lift

12.1 Where is the load to be placed. Use handling aids. Get help with the load. Ensure no obstructions. Take rests if possible, in order to change grip.

13. Placement of Feet

13.1 Feet apart gives a balanced & stable base. Leading leg forward. Adopt a good posture. Bend knees so that the hands, when grasping the load, are as nearly level with the waist as possible. Don't kneel or over-flex the knees. Keep back straight (chin in). Lean over load to get a good grip. Keep shoulders level & facing in the same direction as the hips.

14. Get a Firm Grip

14.1 Keep arms within width legs are apart. Position & nature of grip will depend on circumstances & individual preference, but it must be secure. If it is necessary to vary the grip as the lift proceeds, do this as smoothly as possible.

15. Do Not Jerk

15.1 Carry out lifting movements smoothly, keeping control of the load.

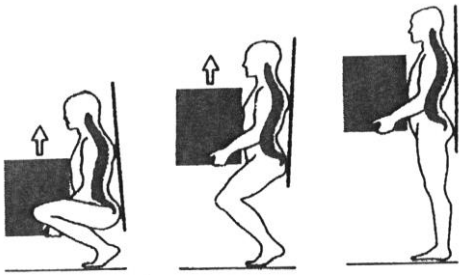
16. Move the Feet

16.1 When turning to the side, move the feet; do not twist the trunk.

17. Keep Close to the Load

17.1 Keep the load close to the trunk. Keep heaviest side of load next to the trunk. If a close approach to the load is not possible, try sliding it towards you before attempting to lift it.

18. Squat Lift



(i) THINK before doing anything. (ii) STAND as close to load as possible. Spread feet to create a stable base (slide the load close if it is on a shelf). (iii) BEND knees & keep back in a natural line. Do not bend your knees fully, as this will leave little power to lift. (iv) GRASP the load firmly. (v) RAISE your head as you start to lift. (vi) LIFT with legs. Use leverage, momentum, balance & timing for smooth action. Move feet. (vii) HOLD load close to centre of your body.

19. Kinetic Lifting

19.1 *Keep Back Straight* - in all acts of lifting the back should be kept as straight as possible.

19.2 *Use Leg Muscles* - in most people probably the strongest muscle group in the body.

19.3 *Keep Load Close to the Body* - the further away from the body the greater the increase in mechanical disadvantage.

19.4 *Keep Elbows Close to the Side* - this avoids unnecessary strain on the upper arm and shoulders.

19.5 *Use Palm Grip* - always try to hold the load in a firm grip.

19.6 *Position the Feet* - ideally the feet should be about the width of the hips and shoulders apart.

Manual Handling - Risk Assessment Form

(The form below should be completed as part of the risk assessment process for manual handling tasks.)

Job(s) covered by the assessment: ……..

Personnel involved: ……. Date of Assessment: ……

Assessor: ……... Location: …… Review Date: ……...

As the assessor, you should consider all of the following questions. If the answer is 'YES' place a tick against the question and use your judgement to assess whether the level of risk (i.e. the probability of injury occurring) is Low, Medium or High. Also consider what, if any, remedial action should be taken to reduce the risk and record this on the sheet.

Questions to consider	Yes?	If 'Yes' – estimate Level of Risk			Possible Remedial / Further Action
Task		Low	Med	High	
Does the task involve holding the load away from the body?					
Stepping forward or stooping / leaning over?					
Twisting at the waist?					
Reaching above shoulder height?					
Excessive lifting distances?					
Carrying the load for more than 1 metre?					
Strenuous pushing or pulling?					
Frequent / repetitive handling					
Loads					
Are the loads heavy (outside guideline figures)?					
Bulky?					

Questions to consider	Yes?	If 'Yes' – estimate Level of Risk			Possible Remedial / Further Action
		Low	Med	High	
Difficult to grip?					
Unstable/floppy?					
Hot / cold?					
Have sharp edges etc.?					
Dirty / slippery?					
Environment					
Does the work area have Restricted workspace?					
Obstructed / slippery floor?					
Stairs and ramps?					
Poor lighting?					
Extremes of temperature?					
Individual					
Does the job require above average strength?					
Does the work present a hazard to those with a health problem?					
Does the job present a hazard to those who are pregnant?					
Does the work require special training					
Is there a significant risk of injury?					YES / NO
Summary and Conclusions:					

Manual Handling - Risk Assessment Form

(The form below should be completed as part of the risk assessment process for manual handling tasks.)

Job(s) covered by the assessment: ……..

Personnel involved: ……. Date of Assessment: ……

Assessor: ……... Location: …… Review Date: ……...

As the assessor, you should consider all of the following questions. If the answer is 'YES' place a tick against the question and use your judgement to assess whether the level of risk (i.e. the probability of injury occurring) is Low, Medium or High. Also consider what, if any, remedial action should be taken to reduce the risk and record this on the sheet.

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Extremes of temperature?					
Individual					
Does the job require above average strength?					
Does the work present a hazard to those with a health problem?					
Does the job present a hazard to those who are pregnant?					
Does the work require special training					
Is there a significant risk of injury?					YES / NO
Summary and Conclusions:					

Section 11
Visit by HSE Reports

Report of Visit by HSE Inspector

Report to Risk Management Solutions: mail@rms-safety.co.uk
Company SHE Advisers.

In the event of a visit by an inspector from the Health and Safety Executive, within 24 hours, a written report must be prepared and forwarded to Risk Management Solutions who will contact the relevant Health and Safety Executive Regional Office to discuss the report.

Site Managers and Site Supervisors have the responsibility to prepare and forward the report.

The report must contain the following information.

Site Name : **Job No:**
Name of H.S.E. Inspector:
Date and time of Inspection:
Full details of all points raised:
Names of any Sub-contractors involved in any discussions. Details of any changes to work practices or Method Statements.
Any Material Breech / Fee for Intervention? (if so give details)
Any Improvement Notice? (if so give details)
In the case of a Prohibition Notice an immediate telephone call report will be required also the SHE Advisor's assistance sought:
Date: **Signed .....** **Name .....**

Report of Visit by HSE Inspector

Report to Risk Management Solutions: mail@rms-safety.co.uk
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The report must contain the following information.

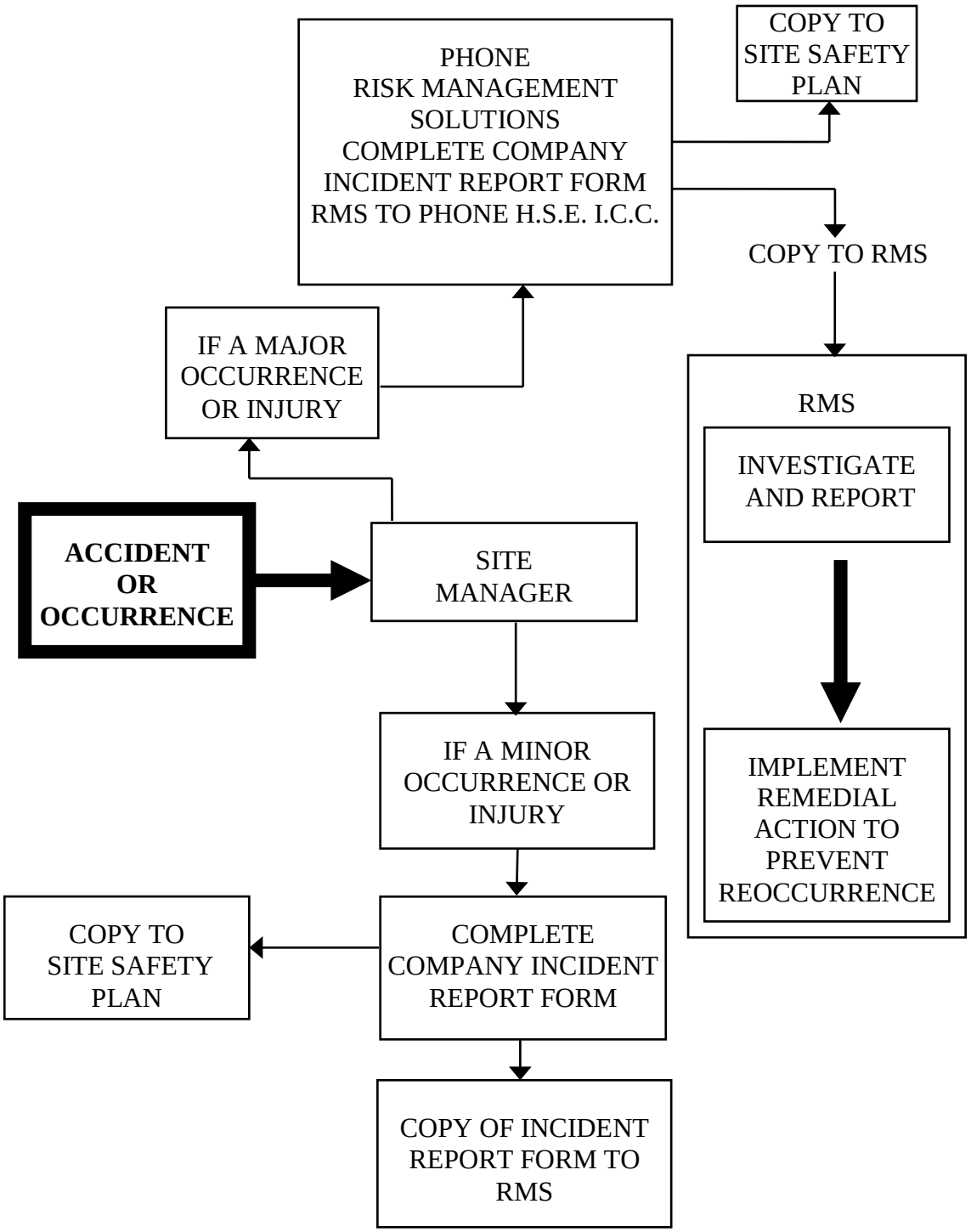
Site Name : **Job No:**
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Any Material Breech / Fee for Intervention? (if so give details)
Any Improvement Notice? (if so give details)
In the case of a Prohibition Notice an immediate telephone call report will be required also the SHE Advisor's assistance sought:
Date: **Signed .....** **Name .....**

Section 12
Accident Reporting

Accident Reporting

1. All injuries resulting from accidents on site or in other workplaces, however minor, will be reported by the Site Manager / Supervisor (or Office Manager as appropriate) on the Incident Report Form and sent to Risk Management Solutions. This applies to injuries received by members of the public, visitors, etc. as well as company employees.
2. In the event of a fatal or specified injury to any person, or dangerous occurrence as defined by The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the HSE and Risk Management Solutions must be notified immediately by the Site Manager / Supervisor
3. Injuries that lead to a worker being incapacitated for over seven days (not counting the day of the accident but including weekends and rest days) must be reported within 15 days of the accident by going to **www.hse.gov.uk/riddor** and completing the appropriate online report form.
4. An incident report should be completed and sent to Risk Management Solutions who will report to the Health and Safety Executive (at the ICC) at the earliest opportunity, in relation to reports for which the Company are responsible, otherwise the 'responsible person' as defined in RIDDOR, Regulation 2, will report the incident direct to the H.S.E's ICC.
5. Incident Reports will be available at each site and office to ensure any injured employee can record details of his / her accident.
6. Risk Management Solutions will investigate all RIDDOR reportable incidents and will prepare an Investigation Report with any photographs, statements or other relevant material for use by Company Insurers or legal advisers. This investigation report is privileged information and must not be issued to any other person without permission of Company Insurers and legal advisors. The Investigation Report will state the required control measures to prevent a re-occurrence of accidents, incidents and near misses
7. All accidents resulting in damage on site must be investigated by the Site Manager / Supervisor and details reported to the Director Responsible for Health and Safety.

Accident Reporting - Sequence of Notification



Incident Report

Incident reference:	**Project / Department:**
Description: Incident details:	Incident Date: Time: Weather Conditions: Location (address & postcode):
F2508 required? Date sent:	Near miss:
Was any person involved? Surname: Forename: Address: What part of the body was affected, or nature of ill health: Injury type:	**Was injury or ill health sustained?** Y / N Date of birth: M or F: Occupation:
What treatment did the person receive: Doctor's, First Aider's comments if any:	
Cost of Incident: Cost of equipment, repair / replacement / down time: Any other associated costs: Total costs:	
Actual cause:	**Underlying cause:**
Recommendations / preventative action required:	Review date:
Date reported: Reported by: Reported to: Investigated by:	Time: Date:
Closed out: Preventative actions implemented: Any Further Actions Required: If yes, state: **Closed out by**: Name:	Date: Y / N Signature:

Incident Report

Incident reference:	**Project / Department:** Incident Date: Time: Weather Conditions: Location (address & postcode):
Description: Incident details:	
F2508 required? Date sent:	Near miss:
Was any person involved? Surname: Forename: Address: What part of the body was affected, or nature of ill health: Injury type:	**Was injury or ill health sustained?** Y / N Date of birth: M or F: Occupation:
What treatment did the person receive: Doctor's, First Aider's comments if any:	
Cost of Incident: Cost of equipment, repair / replacement / down time: Any other associated costs: Total costs:	
Actual cause:	**Underlying cause:**
Recommendations / preventative action required:	Review date:
Date reported: Reported by: Reported to: Investigated by:	Time: Date:
Closed out: Preventative actions implemented: Any Further Actions Required: If yes, state: **Closed out by**: Name:	Date: Y / N Signature:

Section 13
Visitor's Book

Visitor's Book

Date	Visitors Name	Company	Purpose of Visit	Car Reg.	Time In	Time Out	Visitor's Signature

Visitor's Book

Date	Visitors Name	Company	Purpose of Visit	Car Reg.	Time In	Time Out	Visitor's Signature

Visitor's Book

Date	Visitors Name	Company	Purpose of Visit	Car Reg.	Time In	Time Out	Visitor's Signature

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Visitor's Book

Date	Visitors Name	Company	Purpose of Visit	Car Reg.	Time In	Time Out	Visitor's Signature

Section 14
Contractor Method Statements

Contractors Method Statements Register

Site	Start Date	Site Manager

Contractor	Works Package	Date Issued	Supervisor Signature to Confirm all Operatives have been Briefed on RAMS

Contractors Method Statements Register

Site	Start Date	Site Manager

Contractor	Works Package	Date Issued	Supervisor Signature to Confirm all Operatives have been Briefed on RAMS

Section 15
SHE Adviser's Audit Reports

Section 16
Site Manager's Weekly Inspection Reports

Site Managers Weekly Inspection Report

Site Location		Month of Inspection				
	Item	**Wk1**	**Wk2**	**Wk3**	**Wk4**	**Wk5**
01	**Safe Places of Work**			**√ or x**		
	Access & egress to and from the workplace					
	Edge protection to prevent falls					
	Holes & openings securely guarded					
	Walkways level and free from obstruction					
	Tidy site and materials stored safely					
	Adequate procedures for disposal of waste					
	Adequately lit access ways					
02	**Scaffolds**					
	Erected and altered by competent persons					
	Erected in accordance with the Work at Height Regulations 2005					
	Inspected by a competent person					
03	**Powered Access Equipment**					
	Operated by a competent person					
	Guardrails / toeboards fitted, machine structurally sound					
	Harnesses / restraint lanyards being used in cherry pickers					
	Barriers or fencing installed at the base					
	Operators trained and competent (IPAF or similar)					
04	**Ladders**					
	In good condition					
	Sufficient height above the landing place					
	Erected at 1 in 4 or 75 degrees					
	Level base and secured at the top					
05	**Roof Work**					
	Edge protection to prevent people and materials falling from the roof					
	Fall arrest nets in good order and correctly installed					
	Protection to the leading edge during construction and area below					
	Method of prevention of falls through fragile materials					
06	**Excavations**					
	Access provided in and out of excavations					
	Inspected: every shift/ after collapse or event likely to affect stability					
	Underground services located – Plans / CAT scan					
07	**Manual Handling**					
	Mechanical means of movement of materials over manual means					
	Materials in 25 kg bags or less. Concrete blocks weigh less than 20kg					
08	**Hoists**					
	Protected by enclosure to prevent persons being struck by moving parts					
	Gates provided at landings including ground level					
	Interlocks fitted and operational					
	Hoist operator trained and competent					
	Thorough Examination by competent person every 6 months in date					
09	**Cranes & Lifting Appliances**					
	Appointed person to plan, manage and control the lifting operations					
	Operators trained and competent – CPCS or similar					
	Evidence of training for slinger / signallers					
	Cranes inspected weekly and Thorough Examination every 12 months					
10	**Plant and Machinery**					
	Records maintained of weekly inspections of plant and equipment					
	Equipment maintained in good repair & safety devices operated					
	Operators trained and competent – CPCS or similar					
11	**Traffic & Vehicles**					
	Pedestrian / vehicle access points / routes around site provided					
	Reversing cameras / blind spot mirrors & controlled by Banksman					

	Item	Wk1	Wk2	Wk3	Wk4	Wk5
12	**Fire & Emergencies**			**✓ or x**		
	Procedures for evacuation. Personnel briefed on arrangements.					
	Correct storage for flammable liquids and gasses, i.e. LPG / fuel					
	Are the correct number and type of fire extinguishers available					
13	**Hot Works**					
	Correct storage for LPG: Cylinders sited at least 3m away from boiler					
	Are the right number and type of fire extinguishers available					
	PVC gloves / gauntlets, goggles, safety boots and long trousers					
	Boiler supervised at all times & checking temp & boiler levels					
	Gas hose with crimp fitting, jubilee fitting only for emergency repairs					
	Hot Works Permit and Fire Watch in place					
14	**Hazardous Substances**					
	Harmful substances identified i.e. asbestos, lead, solvents, guano					
	Is there contaminated soil present					
	Controls identified & in place and is PPE being used as necessary					
15	**Noise & Vibration**					
	Breakers & other plant / machinery fitted with silencers					
	Are machine mounted tools or low vibration tools being used					
	Is suitable hearing protection provided and worn in noisy areas					
	Vibration monitoring taking place with trigger times recorded					
16	**Welfare / First Aid**					
	Adequate numbers of toilets been provided and are they kept clean					
	Are there clean washbasins, warm water, soap and towels					
	Changing room, drying room / storing clothing,					
	Canteen to rest, make tea & prepare food					
	First aider available & first aid box suitably stocked					
	Is the Accident Book located on site					
17	**Protective Clothing**					
	Hard hats, safety boots, hi-vis, gloves, goggles & RPE used					
	Is the equipment in good condition and worn by all who need it					
18	**Electricity**					
	110 Volt equipment used or lower voltage where necessary					
	3-monthly inspection (PAT test) on 110v portable electric tools					
	3-monthly inspection / test on temp electrical supply to site cabins					
	U/G cables located, marked & safe digging procedures in place					
	If mains supply tools are used is RCD protection in circuit					
19	**Protection of the Public**					
	Secure fencing / Monarflex / protective fans on scaffold					
	Adequate signage provided to warn of the hazards					
20	**Site Documentation**					
	Operatives briefed on RAMS					
	Inspections been completed & recorded in the register					
	Have all personnel received induction training					
	Is all necessary safety information on display					

Further Comments:		
Date of Inspection:	**Site Manager Name:**	**Signature:**

Site Managers Weekly Inspection Report

Site Location		Month of Inspection				
	Item	**Wk1**	**Wk2**	**Wk3**	**Wk4**	**Wk5**
01	**Safe Places of Work**			**√ or x**		
	Access & egress to and from the workplace					
	Edge protection to prevent falls					
	Holes & openings securely guarded					
	Walkways level and free from obstruction					
	Tidy site and materials stored safely					
	Adequate procedures for disposal of waste					
	Adequately lit access ways					
02	**Scaffolds**					
	Erected and altered by competent persons					
	Erected in accordance with the Work at Height Regulations 2005					
	Inspected by a competent person					
03	**Powered Access Equipment**					
	Operated by a competent person					
	Guardrails / toeboards fitted, machine structurally sound					
	Harnesses / restraint lanyards being used in cherry pickers					
	Barriers or fencing installed at the base					
	Operators trained and competent (IPAF or similar)					
04	**Ladders**					
	In good condition					
	Sufficient height above the landing place					
	Erected at 1 in 4 or 75 degrees					
	Level base and secured at the top					
05	**Roof Work**					
	Edge protection to prevent people and materials falling from the roof					
	Fall arrest nets in good order and correctly installed					
	Protection to the leading edge during construction and area below					
	Method of prevention of falls through fragile materials					
06	**Excavations**					
	Access provided in and out of excavations					
	Inspected: every shift/ after collapse or event likely to affect stability					
	Underground services located – Plans / CAT scan					
07	**Manual Handling**					
	Mechanical means of movement of materials over manual means					
	Materials in 25 kg bags or less. Concrete blocks weigh less than 20kg					
08	**Hoists**					
	Protected by enclosure to prevent persons being struck by moving parts					
	Gates provided at landings including ground level					
	Interlocks fitted and operational					
	Hoist operator trained and competent					
	Thorough Examination by competent person every 6 months in date					
09	**Cranes & Lifting Appliances**					
	Appointed person to plan, manage and control the lifting operations					
	Operators trained and competent – CPCS or similar					
	Evidence of training for slinger / signallers					
	Cranes inspected weekly and Thorough Examination every 12 months					
10	**Plant and Machinery**					
	Records maintained of weekly inspections of plant and equipment					
	Equipment maintained in good repair & safety devices operated					
	Operators trained and competent – CPCS or similar					
11	**Traffic & Vehicles**					
	Pedestrian / vehicle access points / routes around site provided					
	Reversing cameras / blind spot mirrors & controlled by Banksman					

	Item	Wk1	Wk2	Wk3	Wk4	Wk5
12	**Fire & Emergencies**			**√ or x**		
	Procedures for evacuation. Personnel briefed on arrangements.					
	Correct storage for flammable liquids and gasses, i.e. LPG / fuel					
	Are the correct number and type of fire extinguishers available					
13	**Hot Works**					
	Correct storage for LPG: Cylinders sited at least 3m away from boiler					
	Are the right number and type of fire extinguishers available					
	PVC gloves / gauntlets, goggles, safety boots and long trousers					
	Boiler supervised at all times & checking temp & boiler levels					
	Gas hose with crimp fitting, jubilee fitting only for emergency repairs					
	Hot Works Permit and Fire Watch in place					
14	**Hazardous Substances**					
	Harmful substances identified i.e. asbestos, lead, solvents, guano					
	Is there contaminated soil present					
	Controls identified & in place and is PPE being used as necessary					
15	**Noise & Vibration**					
	Breakers & other plant / machinery fitted with silencers					
	Are machine mounted tools or low vibration tools being used					
	Is suitable hearing protection provided and worn in noisy areas					
	Vibration monitoring taking place with trigger times recorded					
16	**Welfare / First Aid**					
	Adequate numbers of toilets been provided and are they kept clean					
	Are there clean washbasins, warm water, soap and towels					
	Changing room, drying room / storing clothing,					
	Canteen to rest, make tea & prepare food					
	First aider available & first aid box suitably stocked					
	Is the Accident Book located on site					
17	**Protective Clothing**					
	Hard hats, safety boots, hi-vis, gloves, goggles & RPE used					
	Is the equipment in good condition and worn by all who need it					
18	**Electricity**					
	110 Volt equipment used or lower voltage where necessary					
	3-monthly inspection (PAT test) on 110v portable electric tools					
	3-monthly inspection / test on temp electrical supply to site cabins					
	U/G cables located, marked & safe digging procedures in place					
	If mains supply tools are used is RCD protection in circuit					
19	**Protection of the Public**					
	Secure fencing / Monarflex / protective fans on scaffold					
	Adequate signage provided to warn of the hazards					
20	**Site Documentation**					
	Operatives briefed on RAMS					
	Inspections been completed & recorded in the register					
	Have all personnel received induction training					
	Is all necessary safety information on display					

Further Comments:		
Date of Inspection:	**Site Manager Name:**	**Signature:**

Site Managers Weekly Inspection Report

Site Location		Month of Inspection				
	Item	**Wk1**	**Wk2**	**Wk3**	**Wk4**	**Wk5**
01	**Safe Places of Work**			**√ or x**		
	Access & egress to and from the workplace					
	Edge protection to prevent falls					
	Holes & openings securely guarded					
	Walkways level and free from obstruction					
	Tidy site and materials stored safely					
	Adequate procedures for disposal of waste					
	Adequately lit access ways					
02	**Scaffolds**					
	Erected and altered by competent persons					
	Erected in accordance with the Work at Height Regulations 2005					
	Inspected by a competent person					
03	**Powered Access Equipment**					
	Operated by a competent person					
	Guardrails / toeboards fitted, machine structurally sound					
	Harnesses / restraint lanyards being used in cherry pickers					
	Barriers or fencing installed at the base					
	Operators trained and competent (IPAF or similar)					
04	**Ladders**					
	In good condition					
	Sufficient height above the landing place					
	Erected at 1 in 4 or 75 degrees					
	Level base and secured at the top					
05	**Roof Work**					
	Edge protection to prevent people and materials falling from the roof					
	Fall arrest nets in good order and correctly installed					
	Protection to the leading edge during construction and area below					
	Method of prevention of falls through fragile materials					
06	**Excavations**					
	Access provided in and out of excavations					
	Inspected: every shift/ after collapse or event likely to affect stability					
	Underground services located – Plans / CAT scan					
07	**Manual Handling**					
	Mechanical means of movement of materials over manual means					
	Materials in 25 kg bags or less. Concrete blocks weigh less than 20kg					
08	**Hoists**					
	Protected by enclosure to prevent persons being struck by moving parts					
	Gates provided at landings including ground level					
	Interlocks fitted and operational					
	Hoist operator trained and competent					
	Thorough Examination by competent person every 6 months in date					
09	**Cranes & Lifting Appliances**					
	Appointed person to plan, manage and control the lifting operations					
	Operators trained and competent – CPCS or similar					
	Evidence of training for slinger / signallers					
	Cranes inspected weekly and Thorough Examination every 12 months					
10	**Plant and Machinery**					
	Records maintained of weekly inspections of plant and equipment					
	Equipment maintained in good repair & safety devices operated					
	Operators trained and competent – CPCS or similar					
11	**Traffic & Vehicles**					
	Pedestrian / vehicle access points / routes around site provided					
	Reversing cameras / blind spot mirrors & controlled by Banksman					

	Item	Wk1	Wk2	Wk3	Wk4	Wk5
12	**Fire & Emergencies**			**✓ or x**		
	Procedures for evacuation. Personnel briefed on arrangements.					
	Correct storage for flammable liquids and gasses, i.e. LPG / fuel					
	Are the correct number and type of fire extinguishers available					
13	**Hot Works**					
	Correct storage for LPG: Cylinders sited at least 3m away from boiler					
	Are the right number and type of fire extinguishers available					
	PVC gloves / gauntlets, goggles, safety boots and long trousers					
	Boiler supervised at all times & checking temp & boiler levels					
	Gas hose with crimp fitting, jubilee fitting only for emergency repairs					
	Hot Works Permit and Fire Watch in place					
14	**Hazardous Substances**					
	Harmful substances identified i.e. asbestos, lead, solvents, guano					
	Is there contaminated soil present					
	Controls identified & in place and is PPE being used as necessary					
15	**Noise & Vibration**					
	Breakers & other plant / machinery fitted with silencers					
	Are machine mounted tools or low vibration tools being used					
	Is suitable hearing protection provided and worn in noisy areas					
	Vibration monitoring taking place with trigger times recorded					
16	**Welfare / First Aid**					
	Adequate numbers of toilets been provided and are they kept clean					
	Are there clean washbasins, warm water, soap and towels					
	Changing room, drying room / storing clothing,					
	Canteen to rest, make tea & prepare food					
	First aider available & first aid box suitably stocked					
	Is the Accident Book located on site					
17	**Protective Clothing**					
	Hard hats, safety boots, hi-vis, gloves, goggles & RPE used					
	Is the equipment in good condition and worn by all who need it					
18	**Electricity**					
	110 Volt equipment used or lower voltage where necessary					
	3-monthly inspection (PAT test) on 110v portable electric tools					
	3-monthly inspection / test on temp electrical supply to site cabins					
	U/G cables located, marked & safe digging procedures in place					
	If mains supply tools are used is RCD protection in circuit					
19	**Protection of the Public**					
	Secure fencing / Monarflex / protective fans on scaffold					
	Adequate signage provided to warn of the hazards					
20	**Site Documentation**					
	Operatives briefed on RAMS					
	Inspections been completed & recorded in the register					
	Have all personnel received induction training					
	Is all necessary safety information on display					

Further Comments:		
Date of Inspection:	**Site Manager Name:**	**Signature:**

Site Managers Weekly Inspection Report

Site Location		Month of Inspection				
	Item	**Wk1**	**Wk2**	**Wk3**	**Wk4**	**Wk5**
01	**Safe Places of Work**			**√ or x**		
	Access & egress to and from the workplace					
	Edge protection to prevent falls					
	Holes & openings securely guarded					
	Walkways level and free from obstruction					
	Tidy site and materials stored safely					
	Adequate procedures for disposal of waste					
	Adequately lit access ways					
02	**Scaffolds**					
	Erected and altered by competent persons					
	Erected in accordance with the Work at Height Regulations 2005					
	Inspected by a competent person					
03	**Powered Access Equipment**					
	Operated by a competent person					
	Guardrails / toeboards fitted, machine structurally sound					
	Harnesses / restraint lanyards being used in cherry pickers					
	Barriers or fencing installed at the base					
	Operators trained and competent (IPAF or similar)					
04	**Ladders**					
	In good condition					
	Sufficient height above the landing place					
	Erected at 1 in 4 or 75 degrees					
	Level base and secured at the top					
05	**Roof Work**					
	Edge protection to prevent people and materials falling from the roof					
	Fall arrest nets in good order and correctly installed					
	Protection to the leading edge during construction and area below					
	Method of prevention of falls through fragile materials					
06	**Excavations**					
	Access provided in and out of excavations					
	Inspected: every shift/ after collapse or event likely to affect stability					
	Underground services located – Plans / CAT scan					
07	**Manual Handling**					
	Mechanical means of movement of materials over manual means					
	Materials in 25 kg bags or less. Concrete blocks weigh less than 20kg					
08	**Hoists**					
	Protected by enclosure to prevent persons being struck by moving parts					
	Gates provided at landings including ground level					
	Interlocks fitted and operational					
	Hoist operator trained and competent					
	Thorough Examination by competent person every 6 months in date					
09	**Cranes & Lifting Appliances**					
	Appointed person to plan, manage and control the lifting operations					
	Operators trained and competent – CPCS or similar					
	Evidence of training for slinger / signallers					
	Cranes inspected weekly and Thorough Examination every 12 months					
10	**Plant and Machinery**					
	Records maintained of weekly inspections of plant and equipment					
	Equipment maintained in good repair & safety devices operated					
	Operators trained and competent – CPCS or similar					
11	**Traffic & Vehicles**					
	Pedestrian / vehicle access points / routes around site provided					
	Reversing cameras / blind spot mirrors & controlled by Banksman					

	Item	Wk1	Wk2	Wk3	Wk4	Wk5
12	**Fire & Emergencies**			**✓ or x**		
	Procedures for evacuation. Personnel briefed on arrangements.					
	Correct storage for flammable liquids and gasses, i.e. LPG / fuel					
	Are the correct number and type of fire extinguishers available					
13	**Hot Works**					
	Correct storage for LPG: Cylinders sited at least 3m away from boiler					
	Are the right number and type of fire extinguishers available					
	PVC gloves / gauntlets, goggles, safety boots and long trousers					
	Boiler supervised at all times & checking temp & boiler levels					
	Gas hose with crimp fitting, jubilee fitting only for emergency repairs					
	Hot Works Permit and Fire Watch in place					
14	**Hazardous Substances**					
	Harmful substances identified i.e. asbestos, lead, solvents, guano					
	Is there contaminated soil present					
	Controls identified & in place and is PPE being used as necessary					
15	**Noise & Vibration**					
	Breakers & other plant / machinery fitted with silencers					
	Are machine mounted tools or low vibration tools being used					
	Is suitable hearing protection provided and worn in noisy areas					
	Vibration monitoring taking place with trigger times recorded					
16	**Welfare / First Aid**					
	Adequate numbers of toilets been provided and are they kept clean					
	Are there clean washbasins, warm water, soap and towels					
	Changing room, drying room / storing clothing,					
	Canteen to rest, make tea & prepare food					
	First aider available & first aid box suitably stocked					
	Is the Accident Book located on site					
17	**Protective Clothing**					
	Hard hats, safety boots, hi-vis, gloves, goggles & RPE used					
	Is the equipment in good condition and worn by all who need it					
18	**Electricity**					
	110 Volt equipment used or lower voltage where necessary					
	3-monthly inspection (PAT test) on 110v portable electric tools					
	3-monthly inspection / test on temp electrical supply to site cabins					
	U/G cables located, marked & safe digging procedures in place					
	If mains supply tools are used is RCD protection in circuit					
19	**Protection of the Public**					
	Secure fencing / Monarflex / protective fans on scaffold					
	Adequate signage provided to warn of the hazards					
20	**Site Documentation**					
	Operatives briefed on RAMS					
	Inspections been completed & recorded in the register					
	Have all personnel received induction training					
	Is all necessary safety information on display					

Further Comments:		
Date of Inspection:	**Site Manager Name:**	**Signature:**

Section 17
Vibration Management

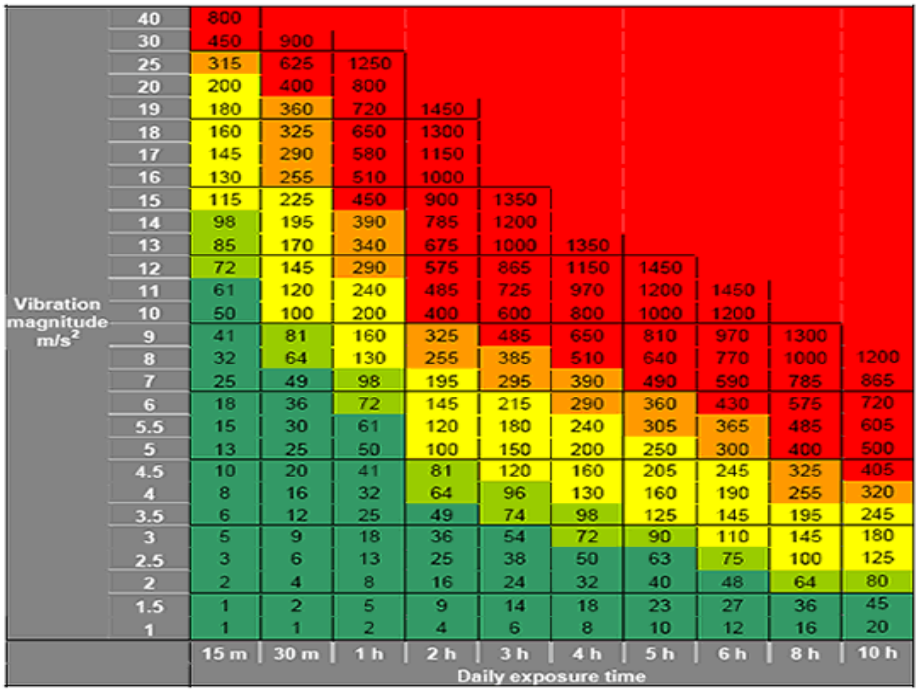
Noise & Vibration Tool Schedule

Tool Number	Manufacturer	Code	Type	Vibration Magnitude	Exposure Points/ hr	EAV	ELV	Noise Level Output dB(A)

Vibration Controls - Notes

1. If the Exposure Action Value (EAV) is exceeded over an 8-hour working day the following action must be undertaken:
   (i) Risk assessment,
   (ii) Low vibration tools used where reasonably practicable,
   (iii) Well maintained and serviced tools,
   (iv) Rotation of operatives,
   (v) Healthy workforce,
   (vi) Keep hands warm – wear gloves,
   (vii) Monitoring – Site-based Health Monitoring will be required to ascertain if any early signs or symptoms of HAVS are present in the Operatives.
2. If using multiple tools during the shift, add the exposure points for each tool used to work out combined vibration maximum times before exceeding the EAV or reaching the ELV.
3. Exposure Points before reaching EAV = 100 points - Refer to HSE Ready Reckoner Table
4. Exposure Points before reaching ELV = 400 points - Refer to HSE Ready Reckoner Table

5. **THE EXPOSURE LIMIT VALUE (ELV) TRIGGER TIME MUST NOT BE EXCEEDED**



Noise Controls

Less than 80dB(A) – no control measures required

80 – 84dB(A) – hearing protection made available

85dB(A) or more – hearing protection mandatory, noise exclusion zones marked with appropriate signage

Daily Vibration Monitoring

Site Location		Work Activity		Supervisor's Name		Date	

Operative Name	Tool 1 Time	Tool 2 Time	Tool 3 Time	Tool 4 Time	Tool 5 Time	Total Trigger Time	Total Exposure Points	Any Symptoms? Yes / No

Signs and Symptoms:
(i) tingling in the fingers,(ii) numbness / loss of dexterity, (iii) blanching of fingers, (iv) finger tips very cold, (v) pain and possible early gangrene

Supervisor's Signature:	

Daily Vibration Monitoring

Site Location		Work Activity		Supervisor's Name		Date	

Operative Name	Tool 1 Time	Tool 2 Time	Tool 3 Time	Tool 4 Time	Tool 5 Time	Total Trigger Time	Total Exposure Points	Any Symptoms? Yes / No

Signs and Symptoms:
(i) tingling in the fingers,(ii) numbness / loss of dexterity, (iii) blanching of fingers, (iv) finger tips very cold, (v) pain and possible early gangrene

Supervisor's Signature:	

Daily Vibration Monitoring

Site Location		Work Activity		Supervisor's Name		Date	

Operative Name	Tool 1 Time	Tool 2 Time	Tool 3 Time	Tool 4 Time	Tool 5 Time	Total Trigger Time	Total Exposure Points	Any Symptoms? Yes / No

Signs and Symptoms:
(i) tingling in the fingers,(ii) numbness / loss of dexterity, (iii) blanching of fingers, (iv) finger tips very cold, (v) pain and possible early gangrene

Supervisor's Signature:	

Daily Vibration Monitoring

Site Location		Work Activity		Supervisor's Name		Date	

Operative Name	Tool 1 Time	Tool 2 Time	Tool 3 Time	Tool 4 Time	Tool 5 Time	Total Trigger Time	Total Exposure Points	Any Symptoms? Yes / No

Signs and Symptoms:
(i) tingling in the fingers,(ii) numbness / loss of dexterity, (iii) blanching of fingers, (iv) finger tips very cold, (v) pain and possible early gangrene

Supervisor's Signature:	

Section 18
Personal Protective Equipment & Clothing Register

Protective Clothing and Equipment Register

Date	Issued to	Item of P.P.E	Condition of PPE	P.P.E. Issued by	Issuer's Signature	Operative Sign

Protective Clothing and Equipment Register

Date	Issued to	Item of P.P.E	Condition of PPE	P.P.E. Issued by	Issuer's Signature	Operative Sign

Section 19
Permits to Work

Permit to Work - General

Job No.:	
Document Ref. No.:	
Task or work operation:	Duration of permit:
This Permit To Work is issued for the following work. No work other than that detailed must be carried out:	
Location of work:	
Description of hazards: Hot surface: Flammable: Toxic Gases: Steam: Corrosive: High Pressure: Asbestos: Noise: Buried Services: Fragile Roof: Dust: Electricity: Overhead Cables: Traffic: (road, rail, water, air): Oxygen (lack or excess): Others (specify): (Delete those not present)	
Safe working procedures to be followed, including P.P.E. etc.:	
Is work to be carried out when plant, equipment or systems are in operation?	Yes / No
Extra precautions to be taken if plant, machinery or systems are in operation: (physical / electrical isolation)	
Additional permits: • Hot work • Confined space • Other	
Authorisation	
Name of person issuing permit:	
Designation:	
Signature:	
Date: Time:	

Permit to Work - General (Continued)

Receipt
I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to:
Name (person i/c work):
Designation:
Signature:
Company:
Clearance
I hereby declare that the work stated above has / has not been completed. Details if not completed:
Name:
Designation:
Signature:
Company:
Cancellation
All copies of this permit are hereby cancelled.
Name:
Designation:
Signature:
Date: Time:

Permit to Work - General

Job No.:	
Document Ref. No.:	
Task or work operation:	Duration of permit:
This Permit To Work is issued for the following work. No work other than that detailed must be carried out:	
Location of work:	
Description of hazards: Hot surface: Flammable: Toxic Gases: Steam: Corrosive: High Pressure: Asbestos: Noise: Buried Services: Fragile Roof: Dust: Electricity: Overhead Cables: Traffic: (road, rail, water, air): Oxygen (lack or excess): Others (specify): (Delete those not present)	
Safe working procedures to be followed, including P.P.E. etc.:	
Is work to be carried out when plant, equipment or systems are in operation?	Yes / No
Extra precautions to be taken if plant, machinery or systems are in operation: (physical / electrical isolation)	
Additional permits: • Hot work • Confined space • Other	
Authorisation	
Name of person issuing permit:	
Designation:	
Signature:	
Date: Time:	

Permit to Work - General (Continued)

Receipt
I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to:
Name (person i/c work):
Designation:
Signature:
Company:
Clearance
I hereby declare that the work stated above has / has not been completed. Details if not completed:
Name:
Designation:
Signature:
Company:
Cancellation
All copies of this permit are hereby cancelled.
Name:
Designation:
Signature:
Date: Time:

Permit to Work - Confined Spaces

Job No.:	
Document Ref. No.:	
Task or work operation:	Duration of permit:
This Permit To Work is issued for the following work. No work other than that detailed must be carried out:	
Location of work:	
Description of hazards:	
Safe working procedures to be followed, including P.P.E. etc.:- (See requirements dependent upon category)	
Is work to be carried out when plant, equipment or systems are in operation?	Yes / No
Extra precautions to be taken if plant, machinery or systems are in operation:	
Additional permits: • Hot work • Electrical • Other	
Authorisation	
Name of person issuing permit:	
Designation:	
Signature:	
Date: Time:	

Permit to Work - Confined Spaces (Continued)

Receipt

I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to:

Name (person i /c work):

Designation:

Signature:

Company:

Clearance

I hereby declare that the work stated above has / has not been completed.
Details if not completed:

Name:

Designation:

Signature:

Company:

Cancellation

All copies of this permit are hereby cancelled.

Name:

Designation:

Signature:

Date: Time:

Permit to Work - Confined Spaces

Job No.:	
Document Ref. No.:	
Task or work operation:	Duration of permit:
This Permit To Work is issued for the following work. No work other than that detailed must be carried out:	
Location of work:	
Description of hazards:	
Safe working procedures to be followed, including P.P.E. etc.:- (See requirements dependent upon category)	
Is work to be carried out when plant, equipment or systems are in operation?	Yes / No
Extra precautions to be taken if plant, machinery or systems are in operation:	
Additional permits: • Hot work • Electrical • Other	
Authorisation	
Name of person issuing permit:	
Designation:	
Signature:	
Date: Time:	

Permit to Work - Confined Spaces (Continued)

Receipt

I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to:

Name (person i /c work):

Designation:

Signature:

Company:

Clearance

I hereby declare that the work stated above has / has not been completed.
Details if not completed:

Name:

Designation:

Signature:

Company:

Cancellation

All copies of this permit are hereby cancelled.

Name:

Designation:

Signature:

Date: Time:

Permit to Work - Hot Work

Job No.:	
Document Ref. No.:	
Task or work operation:	Duration of permit:
This Permit To Work is issued for the following work. No work other than that detailed must be carried out (e.g. welding):	
Location of work:	
Description of work:	
Safe working procedures to be followed, including P.P.E. etc.:	
Precautions: • Ensure hot work equipment is suitable for use and in good order • Check location and means of raising alarm. • Ensure location extinguishers/ hose reels • Inspect nearby areas • Remove any combustible material from work area • Remove any flammable liquid containers from work area (whether full or empty) • Provide suitable and adequate protections against sparks and hot particles • Follow-up inspection (……. hours ……. Mins later)	
Is work to be carried out when plant, equipment or systems are in operation?	Yes / No
Extra precautions to be taken if plant, machinery or systems are in operation:	
Authorisation	
Name of person issuing permit:	
Designation:	
Signature:	
Date:	Time:

Permit to Work - Hot Work (Continued)

Receipt
I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to:
Name (person i/c work):
Designation:
Signature:
Company:

Clearance
I hereby declare that the work stated above has / has not been completed. Details if not completed:
Name:
Designation:
Signature:
Company:

Cancellation
All copies of this Permit to Work are hereby cancelled.
Name:
Designation:
Signature:
Date: Time:

Permit to Work - Hot Work

Job No.:	
Document Ref. No.:	
Task or work operation:	Duration of permit:
This Permit To Work is issued for the following work. No work other than that detailed must be carried out (e.g. welding):	
Location of work:	
Description of work:	
Safe working procedures to be followed, including P.P.E. etc.:	

Precautions:

- Ensure hot work equipment is suitable for use and in good order
- Check location and means of raising alarm.
- Ensure location extinguishers/ hose reels
- Inspect nearby areas
- Remove any combustible material from work area
- Remove any flammable liquid containers from work area (whether full or empty)
- Provide suitable and adequate protections against sparks and hot particles
- Follow-up inspection (……. hours ……. Mins later)

Is work to be carried out when plant, equipment or systems are in operation?	Yes / No
Extra precautions to be taken if plant, machinery or systems are in operation:	

Authorisation	
Name of person issuing permit:	
Designation:	
Signature:	
Date:	Time:

Permit to Work - Hot Work (Continued)

Receipt
I hereby declare that no work other than that stated above will be carried out, and all precautionary measures will be adhered to:
Name (person i/c work):
Designation:
Signature:
Company:
Clearance
I hereby declare that the work stated above has / has not been completed. Details if not completed:
Name:
Designation:
Signature:
Company:
Cancellation
All copies of this Permit to Work are hereby cancelled.
Name:
Designation:
Signature:
Date: Time:

Section 20
Lifting Equipment & Plant – Examination & Inspection Records

Plant Register

Description of equipment	Identification marking	Owner/ operator	Cert. No & date of issue	Expiry date	Record made by & date	Copy attached?

Plant Weekly Inspection

Description of Equipment	Identification Mark	Owner / Operator	Result of Inspection State Whether In Good Order	Signature of Person Making Inspection	Date of Inspection

Plant Weekly Inspection

Description of Equipment	Identification Mark	Owner / Operator	Result of Inspection State Whether In Good Order	Signature of Person Making Inspection	Date of Inspection

Plant Weekly Inspection

Description of Equipment	Identification Mark	Owner / Operator	Result of Inspection State Whether In Good Order	Signature of Person Making Inspection	Date of Inspection

Plant Weekly Inspection

Description of Equipment	Identification Mark	Owner / Operator	Result of Inspection State Whether In Good Order	Signature of Person Making Inspection	Date of Inspection

Section 21
Electrical Equipment – Inspection Records

1. Portable electrical equipment should be tested, tagged and registered at intervals, with a formal inspection & user check in accordance with the chart on the following page:

2. Record details of equipment testing on the 'Register of Electrical Equipment Test Certificates' form.

Equipment Application	Voltage	User Check	Formal Visual Inspection	Combined Inspection and Test
Battery operated power Battery tools & torches	Less than 25 volts	No	No	No
25V portable hand lamps (confined or damp situations)	25 volt secondary winding from transformer	No	No	No
50V Portable hand lamps	Secondary winding centre tapped to earth (25 volt)	No	No	Yearly
110V portable & hand-held tools, Extension leads, site lighting, moveable wiring systems & associated switchgear.	Secondary winding centre tapped to earth (55 volts)	Weekly	Monthly	Before first use on site & then 3 monthly
230V portable & hand-held tools, extension leads & portable flood lighting	230 volt mains supply through 30 mA RCD	Daily/ Every shift	Weekly	Before first use on site & then monthly
230V Equipment such as lifts, hoists & fixed floodlights	230V supply fuses or MCBs	Weekly	Monthly	Before first use on site & then 3 monthly
RCDs Portable		Daily/ Every shift	Weekly	*Before first use on site & then monthly
RCDs Fixed		Daily/ Every shift	Weekly	*Before first use on site & then monthly
Equipment in site offices	230 volt office equipment	Monthly	6 Monthly	Before first use on site & then yearly

*NOTE: RCDs need a different range of tests to other portable equipment, and equipment designed to carry out appropriate tests on RCDs will need to be used.

Register of Electrical Equipment Test Certificates

Description of Equipment	Identification Marking	Owner / Operator	Cert. No & Date of Issue	Expiry Date	Record Made by & Date	Copy Attached?

FORM REF	AUTHORISED BY	DEPARTMENT	DATE OF ISSUE	REV NUMBER	PAGE NUMBER
F-RMS-90	AG	SHE	Feb-18		111 of 175

Register of Electrical Equipment Test Certificates

Description of Equipment	Identification Marking	Owner / Operator	Cert. No & Date of Issue	Expiry Date	Record Made by & Date	Copy Attached?

Section 22
Working Platforms & Excavations – Inspection Reports

Inspection Reports

INSPECTIONS - completion of inspection reports.
The Construction (Design and Management) Regulations 2015 and The Work at Height Regulations 2005 require inspections to be undertaken on:

* any working platform or part thereof (excluding MEWP's - see LOLER).
* excavations, which need support - no matter what depth.
* any cofferdam or caisson.

The frequency of the inspections and the requirement for a written inspection report is detailed in the notes attached to this section.

NOTES

1.0 General

1.1 The inspection report should be completed before the end of the relevant working period.

1.2 The person who prepares the report should, within 24 hours, provide either the report or a copy to the person on whose behalf the inspection was carried out.

1.3 The report should be kept on site until work is complete. It should then be retained for three months at an office of the person for whom the inspection was carried out.

2.0 Working platforms only

2.1 An inspection report is required where a person is liable to fall from a place of work, which could lead to injury.

2.2 Any employer or any other person who controls the activities of persons using a scaffold should ensure that it is stable and of sound construction and that the relevant safeguards are in place before his employees or persons under his control first use the scaffold.

2.3 No report is required following the inspection of any mobile tower scaffold, which remains in the same place for less than seven days.

2.4 Where an inspection of a working platform or part thereof or any personal suspension equipment is carried out:

- before it is taken into use for the first time; or
- after any substantial addition, dismantling or other alteration;
- not more than one report is required for any 24 hour period.

3.0 Excavations only

3.1 The duties to inspect and prepare a report apply only to any excavation, which needs to be supported to prevent any person being trapped or buried by an accidental collapse, fall or dislodgement of materials from its sides, roof or area adjacent to it.

3.2 Although an excavation must be inspected at the start of every shift, only one report of such inspections is required every seven days. Reports must be completed for all inspections carried out during this period for other purposes, e.g. after accidental fall of materials.

Scaffold Inspection Guidance

CDM Regulations 2015 & Work at Height Regulations 2005. Inspection Register Notes:

Time & Frequency of Inspection			
Before being used for the first time	After substantial addition, dismantling or alteration	After any event likely to have affected its strength or stability	At regular intervals not exceeding 7 days

Checklist of Typical Scaffolding Faults										
Footings	**Standards**	**Ledgers**	**Bracing**	**Putlogs & transoms**	**Couplings**	**Bridles**	**Ties**	**Boarding**	**Guard rails & toeboards**	**Ladders**
soft and uneven	not plumb	not level	some missing	wrongly spaced	wrong fitting	wrong space	some missing	bad boards	wrong height	damaged
no base plate	jointed at same height	joints in same bay	loose	loose	loose	wrong couplings	loose	trap boards	loose	insufficient length
no sole plates	wrong spacing	loose	wrong fittings	wrongly supported	damaged	no check couplers	not enough	incomplete	some missing	not tied
undermined	damaged	damaged			no check couplers			insufficient supports		

The following items may form part of the inspection, check that:

- Working platforms comply with the statutory regulations
- Access & egress are suitable & safe
- Foundations are not likely to be disturbed
- Lower portion of the scaffold is not liable to damage by interference
- Scaffold has no gaps through which a person / object could fall
- Scaffold is designed & appropriately constructed to carry the loads
- It is correctly tied, anchored & braced to maintain stability
- It is compliant with the requirements of the local authority
- Attachments to scaffold are compliant with statutory regulations
- Scaffold founded on a stable & sufficiently supportive surface.

Scaffold Inspection Register

Site Address	

See guidance on the completion of this Scaffold Inspection Register

Date & Time of Inspection	Location and Description / Use of Scaffold Inspected	Matters which may give rise to any Health & Safety risks and the action taken.	Is the Scaffold safe?	Details of any further action considered necessary	Name of person undertaking Inspection	Signature

Scaffold Inspection Register

Site Address	

See guidance on the completion of this Scaffold Inspection Register

Date & Time of Inspection	Location and Description / Use of Scaffold Inspected	Matters which may give rise to any Health & Safety risks and the action taken.	Is the Scaffold safe?	Details of any further action considered necessary	Name of person undertaking Inspection	Signature

Scaffold Inspection Register

Site Address	

See guidance on the completion of this Scaffold Inspection Register

Date & Time of Inspection	Location and Description / Use of Scaffold Inspected	Matters which may give rise to any Health & Safety risks and the action taken.	Is the Scaffold safe?	Details of any further action considered necessary	Name of person undertaking Inspection	Signature

Scaffold Inspection Register

Site Address	

See guidance on the completion of this Scaffold Inspection Register

Date & Time of Inspection	Location and Description / Use of Scaffold Inspected	Matters which may give rise to any Health & Safety risks and the action taken.	Is the Scaffold safe?	Details of any further action considered necessary	Name of person undertaking Inspection	Signature

Excavation Inspection Register

Site Address	

Date & Time of Inspection	Location and Description of Excavation Inspected	Matters which may give rise to any Health & Safety risks and the action taken.	Is the Excavation safe?	Details of any further action considered necessary	Name of person undertaking Inspection	Signature

Excavation Inspection Register

Site Address	

Date & Time of Inspection	Location and Description of Excavation Inspected	Matters which may give rise to any Health & Safety risks and the action taken.	Is the Excavation safe?	Details of any further action considered necessary	Name of person undertaking Inspection	Signature

Section 23
Site Waste Management Documentation

Section 24
Training Records

Register of Training Certificates

Holders Name	Certificate Issued By:	Qualifications	Expiry Date	Inspected By (Sign) & Date Inspected

Register of Training Certificates

Holders Name	Certificate Issued By:	Qualifications	Expiry Date	Inspected By (Sign) & Date Inspected

Section 25
Record of Induction Training

Record of Induction Training Delivered

Name of Person Receiving Induction	Company	Date of Induction	Name of Person Delivering Induction	Signature

Record of Induction Training Delivered

Name of Person Receiving Induction	Company	Date of Induction	Name of Person Delivering Induction	Signature

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
1.	Blackouts, Epilepsy Fits.	…….
2.	Fainting Attacks / Giddiness.	…….
3.	Heart Trouble / Angina.	…….
4.	Diabetes – Insulin / Diet / Tablets.	…….
5.	Asthma.	…….
6.	Severe Shortness of breath.	…….
7.	Back Trouble.	…….
8.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	_____
2.	Fire and Emergency Evacuation Procedures	_____
3.	First Aid Facilities	_____
4.	Personal Protective Equipment and Clothing	_____
5.	Pass Procedures	_____
6.	Visitors	_____
7.	Reporting for Work	_____
8.	Car Parking	_____
9.	Security	_____
10.	Welfare Facilities	_____
11.	Site Management - Key Personnel	_____
12.	H & S Inspections and Visits by HSE	_____
13.	Method Statements and Risk Assessments	_____
14.	Accident / Near Miss / Dangerous Occurrences Reporting	_____
15.	COSHH Regulations	_____
16.	Fire Precautions	_____
17	Permits to Work	_____
18.	Electricity	_____
19.	Scaffolding / Mobile Towers	_____
20.	Ladders	_____
21.	Site Plant / Transport	_____
22.	Manual Handling	_____
23.	Working at Height	_____
24.	Good Housekeeping	_____
25.	Site Specific Rules	_____
26.	Disciplinary Procedures	_____
27.	Environmental Protection	_____
28.	Additional Matters	_____

I hereby acknowledge that I have been informed of the above arrangements and rules, as initialled. I declare the personal information given overleaf to be true and accurate and understand that misrepresentation will result in my removal from site

Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
9.	Blackouts, Epilepsy Fits.	…….
10.	Fainting Attacks / Giddiness.	…….
11.	Heart Trouble / Angina.	…….
12.	Diabetes – Insulin / Diet / Tablets.	…….
13.	Asthma.	…….
14.	Severe Shortness of breath.	…….
15.	Back Trouble.	…….
16.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	
2.	Fire and Emergency Evacuation Procedures	
3.	First Aid Facilities	
4.	Personal Protective Equipment and Clothing	
5.	Pass Procedures	
6.	Visitors	
7.	Reporting for Work	
8.	Car Parking	
9.	Security	
10.	Welfare Facilities	
11.	Site Management - Key Personnel	
12.	H & S Inspections and Visits by HSE	
13.	Method Statements and Risk Assessments	
14.	Accident / Near Miss / Dangerous Occurrences Reporting	
15.	COSHH Regulations	
16.	Fire Precautions	
17	Permits to Work	
18.	Electricity	
19.	Scaffolding / Mobile Towers	
20.	Ladders	
21.	Site Plant / Transport	
22.	Manual Handling	
23.	Working at Height	
24.	Good Housekeeping	
25.	Site Specific Rules	
26.	Disciplinary Procedures	
27.	Environmental Protection	
28.	Additional Matters	

I hereby acknowledge that I have been informed of the above arrangements and rules, as initialled. I declare the personal information given overleaf to be true and accurate and understand that misrepresentation will result in my removal from site

Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
17.	Blackouts, Epilepsy Fits.	…….
18.	Fainting Attacks / Giddiness.	…….
19.	Heart Trouble / Angina.	…….
20.	Diabetes – Insulin / Diet / Tablets.	…….
21.	Asthma.	…….
22.	Severe Shortness of breath.	…….
23.	Back Trouble.	…….
24.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	
2.	Fire and Emergency Evacuation Procedures	
3.	First Aid Facilities	
4.	Personal Protective Equipment and Clothing	
5.	Pass Procedures	
6.	Visitors	
7.	Reporting for Work	
8.	Car Parking	
9.	Security	
10.	Welfare Facilities	
11.	Site Management - Key Personnel	
12.	H & S Inspections and Visits by HSE	
13.	Method Statements and Risk Assessments	
14.	Accident / Near Miss / Dangerous Occurrences Reporting	
15.	COSHH Regulations	
16.	Fire Precautions	
17	Permits to Work	
18.	Electricity	
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20.	Ladders	
21.	Site Plant / Transport	
22.	Manual Handling	
23.	Working at Height	
24.	Good Housekeeping	
25.	Site Specific Rules	
26.	Disciplinary Procedures	
27.	Environmental Protection	
28.	Additional Matters	

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Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
25.	Blackouts, Epilepsy Fits.	…….
26.	Fainting Attacks / Giddiness.	…….
27.	Heart Trouble / Angina.	…….
28.	Diabetes – Insulin / Diet / Tablets.	…….
29.	Asthma.	…….
30.	Severe Shortness of breath.	…….
31.	Back Trouble.	…….
32.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	
2.	Fire and Emergency Evacuation Procedures	
3.	First Aid Facilities	
4.	Personal Protective Equipment and Clothing	
5.	Pass Procedures	
6.	Visitors	
7.	Reporting for Work	
8.	Car Parking	
9.	Security	
10.	Welfare Facilities	
11.	Site Management - Key Personnel	
12.	H & S Inspections and Visits by HSE	
13.	Method Statements and Risk Assessments	
14.	Accident / Near Miss / Dangerous Occurrences Reporting	
15.	COSHH Regulations	
16.	Fire Precautions	
17	Permits to Work	
18.	Electricity	
19.	Scaffolding / Mobile Towers	
20.	Ladders	
21.	Site Plant / Transport	
22.	Manual Handling	
23.	Working at Height	
24.	Good Housekeeping	
25.	Site Specific Rules	
26.	Disciplinary Procedures	
27.	Environmental Protection	
28.	Additional Matters	

I hereby acknowledge that I have been informed of the above arrangements and rules, as initialled. I declare the personal information given overleaf to be true and accurate and understand that misrepresentation will result in my removal from site

Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
33.	Blackouts, Epilepsy Fits.	…….
34.	Fainting Attacks / Giddiness.	…….
35.	Heart Trouble / Angina.	…….
36.	Diabetes – Insulin / Diet / Tablets.	…….
37.	Asthma.	…….
38.	Severe Shortness of breath.	…….
39.	Back Trouble.	…….
40.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	_____
2.	Fire and Emergency Evacuation Procedures	_____
3.	First Aid Facilities	_____
4.	Personal Protective Equipment and Clothing	_____
5.	Pass Procedures	_____
6.	Visitors	_____
7.	Reporting for Work	_____
8.	Car Parking	_____
9.	Security	_____
10.	Welfare Facilities	_____
11.	Site Management - Key Personnel	_____
12.	H & S Inspections and Visits by HSE	_____
13.	Method Statements and Risk Assessments	_____
14.	Accident / Near Miss / Dangerous Occurrences Reporting	_____
15.	COSHH Regulations	_____
16.	Fire Precautions	_____
17	Permits to Work	_____
18.	Electricity	_____
19.	Scaffolding / Mobile Towers	_____
20.	Ladders	_____
21.	Site Plant / Transport	_____
22.	Manual Handling	_____
23.	Working at Height	_____
24.	Good Housekeeping	_____
25.	Site Specific Rules	_____
26.	Disciplinary Procedures	_____
27.	Environmental Protection	_____
28.	Additional Matters	_____

I hereby acknowledge that I have been informed of the above arrangements and rules, as initialled. I declare the personal information given overleaf to be true and accurate and understand that misrepresentation will result in my removal from site

Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
41.	Blackouts, Epilepsy Fits.	…….
42.	Fainting Attacks / Giddiness.	…….
43.	Heart Trouble / Angina.	…….
44.	Diabetes – Insulin / Diet / Tablets.	…….
45.	Asthma.	…….
46.	Severe Shortness of breath.	…….
47.	Back Trouble.	…….
48.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	
2.	Fire and Emergency Evacuation Procedures	
3.	First Aid Facilities	
4.	Personal Protective Equipment and Clothing	
5.	Pass Procedures	
6.	Visitors	
7.	Reporting for Work	
8.	Car Parking	
9.	Security	
10.	Welfare Facilities	
11.	Site Management - Key Personnel	
12.	H & S Inspections and Visits by HSE	
13.	Method Statements and Risk Assessments	
14.	Accident / Near Miss / Dangerous Occurrences Reporting	
15.	COSHH Regulations	
16.	Fire Precautions	
17	Permits to Work	
18.	Electricity	
19.	Scaffolding / Mobile Towers	
20.	Ladders	
21.	Site Plant / Transport	
22.	Manual Handling	
23.	Working at Height	
24.	Good Housekeeping	
25.	Site Specific Rules	
26.	Disciplinary Procedures	
27.	Environmental Protection	
28.	Additional Matters	

I hereby acknowledge that I have been informed of the above arrangements and rules, as initialled. I declare the personal information given overleaf to be true and accurate and understand that misrepresentation will result in my removal from site

Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
49.	Blackouts, Epilepsy Fits.	…….
50.	Fainting Attacks / Giddiness.	…….
51.	Heart Trouble / Angina.	…….
52.	Diabetes – Insulin / Diet / Tablets.	…….
53.	Asthma.	…….
54.	Severe Shortness of breath.	…….
55.	Back Trouble.	…….
56.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

Some or all of the following subjects will be discussed with you depending on your trade and the stage of the construction work. Initial each subject as it is discussed with you:

	Subject	Initials
1.	Health & Safety Law, Duties of Employer/Employee	
2.	Fire and Emergency Evacuation Procedures	
3.	First Aid Facilities	
4.	Personal Protective Equipment and Clothing	
5.	Pass Procedures	
6.	Visitors	
7.	Reporting for Work	
8.	Car Parking	
9.	Security	
10.	Welfare Facilities	
11.	Site Management - Key Personnel	
12.	H & S Inspections and Visits by HSE	
13.	Method Statements and Risk Assessments	
14.	Accident / Near Miss / Dangerous Occurrences Reporting	
15.	COSHH Regulations	
16.	Fire Precautions	
17	Permits to Work	
18.	Electricity	
19.	Scaffolding / Mobile Towers	
20.	Ladders	
21.	Site Plant / Transport	
22.	Manual Handling	
23.	Working at Height	
24.	Good Housekeeping	
25.	Site Specific Rules	
26.	Disciplinary Procedures	
27.	Environmental Protection	
28.	Additional Matters	

I hereby acknowledge that I have been informed of the above arrangements and rules, as initialled. I declare the personal information given overleaf to be true and accurate and understand that misrepresentation will result in my removal from site

Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
57.	Blackouts, Epilepsy Fits.	…….
58.	Fainting Attacks / Giddiness.	…….
59.	Heart Trouble / Angina.	…….
60.	Diabetes – Insulin / Diet / Tablets.	…….
61.	Asthma.	…….
62.	Severe Shortness of breath.	…….
63.	Back Trouble.	…….
64.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
Manager (SMSTS)			Abrasive Wheels		
PASMA (mobile towers)			Fire Marshall		
IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
CCDO (Demolition)			Asbestos Awareness		

List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

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	Subject	Initials
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Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
65.	Blackouts, Epilepsy Fits.	…….
66.	Fainting Attacks / Giddiness.	…….
67.	Heart Trouble / Angina.	…….
68.	Diabetes – Insulin / Diet / Tablets.	…….
69.	Asthma.	…….
70.	Severe Shortness of breath.	…….
71.	Back Trouble.	…….
72.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
Supervisor (SSSTS)			First Aid		
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IPAF (MEWP's)			LOLER Appointed Person		
CISRS (scaffolder)			LOLER Lift Co-ordinator		
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List categories of above training and any other training details here:

SITE SAFETY INDUCTION ACKNOWLEDGEMENT

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Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction

Personal Details

Name: _____ Mobile: _____
Address: _____
_____
Job Title: _____ Age: _____

Next of Kin: _____ Relationship: _____
Telephone No: _____

Employer's Name: _____
Address: _____
_____
Name of Supervisor on Site: _____

Medical Details

Have you ever in your working life had any of the following:		**Y / N**
73.	Blackouts, Epilepsy Fits.	…….
74.	Fainting Attacks / Giddiness.	…….
75.	Heart Trouble / Angina.	…….
76.	Diabetes – Insulin / Diet / Tablets.	…….
77.	Asthma.	…….
78.	Severe Shortness of breath.	…….
79.	Back Trouble.	…….
80.	Dermatitis.	…….
9.	Vertigo	…….
10.	Under Medication	…….
11.	Colour blindness.	…….
12.	Impaired vision (without the use of glasses)	…….
13.	Impaired hearing	…….
14.	Hand Arm Vibration Syndrome	…….

If yes to any of the above or conditions not list above, give details below:

Training Details (tick sections that are applicable)

Card / Training Details	√ / x	Card Number	Card / Training Details	√ / x	Card Number
CSCS			Slinger / Signaller		
CPCS (list categories below)			Banksman		
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List categories of above training and any other training details here:

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Signed: ……..…. Name (Print) ……

Company (Print) …….Date……

Induction Conducted by:_____ Date:_____

Signed:_____ Site Location:_____

Safety, Health & Environmental Induction – Guidance Notes

These notes are to assist the person giving the Site Safety Induction talk. Some subjects will be standard for all Company sites, others where indicated, will be site specific and therefore general guidance notes are given including suggestions as to what should be included. You should record your site-specific induction notes on this form so that there is consistency in the Induction procedure for your site.

1. **Health and Safety Law - Duties of Employer/Employee**

Duties of the Employer

(a) It is the duty of every employer to ensure, so far as reasonably practicable (S.F.A.R.P.), the Health, Safety and Welfare at work of all his employees.

(b) They must provide and maintain plant and systems of work which S.F.A.R.P. are safe and without risks to health.

(c) Make arrangements for the safe use, handling, storage and transport of articles and substances.

(d) Provide such information, instruction, training and supervision as is necessary to ensure S.F.A.R.P. the Health, Safety and Welfare at work of his employees.

(e) Must protect persons not in his employment against risks to their health and safety arising out of, or in connection with their work activities.

Duties Of Employees It is the duty of every employee, whilst at work, to:

(a) Take reasonable care to ensure the Health and Safety of himself and others who may be affected by his acts or omissions.

(b) To co-operate with employers in health and safety matters.

(c) To use machinery, equipment, P.P.E. etc. in accordance with any training, information or instruction provided.

(d) Inform the employer of any situation that the employee considers to be a serious and imminent danger and any other shortcomings in the health and safety arrangements.

2. **Fire and Emergency Evacuation Procedures** (Site Specific)

(a) In case of emergency an alarm will be sounded.

(b) Inform workers what the alarm will sound like (e.g. continual Klaxon).

(c) Inform workers what to do on hearing the alarm (e.g. if safe to do so switch off machinery, plant and equipment - leave in an orderly fashion - do not stop to collect personal belongings - report directly to assembly point).

(d) On arrival at assembly point workers to form themselves into company groups for head count/roll call. Remain at assembly point until told otherwise.

(e) Inform them that fire drills are held periodically.

(f) Location of evacuation procedure notices and fire fighting equipment.

Record your procedure here:

3. **First Aid Facilities** (Site specific)

Provide details of first aiders, any methods of identification of first aiders used (badges etc.)

Location of first aid equipment and how to obtain first aid treatment.

Record your facilities here:

4. **Personal Protective Equipment and Clothing** (Part site specific)

(a) All workers will wear safety helmets, Hi-Vis vests or jackets and safety footwear whilst on site.

(b) Record Site Specific requirements here:

(c) All workers should use P.P.E appropriate to the task they are carrying out and in compliance with the relevant method statement/risk assessment for that task.
(d) All sub-contractors will supply their own P.P.E, which should be adequate for the work in hand.
(e) Company supplied P.P.E must be signed for and returned when finished with.
(f) Any worker found not to be wearing/using P.P.E when required may be removed from the site and / or face disciplinary action.

P.P.E includes: Safety helmets, safety footwear, gloves, eye protection, clothing for adverse weather conditions, respirators and face masks, harnesses, hearing protection, Hi-Vis clothing and overalls.

5. **Pass Procedures** (site specific)
(a) Give details of the pass procedure relevant to the site.
(b) If passes are being used point out they must be worn/ in possession at all times when on site - no pass - no access.

6. **Visitors**
(a) All visitors must 'book in' on entering the site, and should be in possession of safety footwear.
(b) Visitors will be issued, against signature, with a 'Visitors' safety helmet and Hi-vis jacket / vest before being allowed onto the site proper. These items are to be returned on leaving the site and the visitor 'booked out'.
(c) Visitors must be accompanied at all times whist on the site by site safety inducted personnel, or themselves be inducted.
(d) Failure to comply with these instructions will result in the visitor being removed from the site.

7. **Reporting For Work**
(a) Foreman must book in and out all operatives each day.
(b) If an operative leaves the site for any reason during the day and returns the same day he must book out and back in again in addition to being booked out at the end of the working day.
(c) If you are on site alone you must book in and out yourself.
(d) The reasons for booking in and out are so that in the case of an emergency a roll cal / head count is accurate.
(e) All operatives must be prepared to produce their safety induction passes when booking in, if requested. All new operatives to the site must receive safety induction training before commencing work.

8. **Car Parking** (site specific)
Notes: Give details of car parking facilities for both operatives and visitors (if different).

9. **Security / Protection of Public** (site specific)
(i) Detail any security arrangements in force on site including vehicle / person searches and procedures for removing Company materials and equipment from site if applicable.
(ii) Detail measures in place to protect members of the public from site activities and preventing access to un-authorised persons on to site:

10. **Welfare Facilities** (Site Specific)

Provide details of washing, drying room, toilets, mess room, etc. facilities available and cleanliness standards required.

Record your facilities here:

11. **Site Management - Key Personnel**

Notes: Provide names of key personnel on site.

12. **H & S Inspections and Visits By H.S.E**

(a) Site management will on a daily basis monitor the health and safety aspects of all work carried out on site.

(b) In addition to site management monitoring, the company's SHE Advisers and the HSE inspectors will carry out inspections unannounced on a random basis.

(c) If spoken to by an inspector you are to respond in a civil manner and carry out any instruction issued. If you are instructed to stop work then you must do so immediately without question.

(d) In addition to the powers to issue prohibition notices held by the HSE the company's SHE Adviser also have authority to issue Company Non-Compliance notices, which must be adhered to immediately. Failure to comply will result in disciplinary action / being removed permanently from the site.

13. **Method Statement / Risk Assessments**

(a) No work will be allowed to commence prior to a suitable method statement and relevant risk assessments being submitted to and authorised by Site Management.

(b) Sub contractor supervisors are to ensure that their work is carried out according to the method statement and control measures identified in the risk assessments are in place throughout.

(c) Site management and inspectors will monitor the compliance to the method statement and risk assessments.

14. **Accident / Near Miss / Dangerous Occurrences Reporting**

(a) All accidents (however minor), near misses, and dangerous occurrences will be reported to site management.

(b) All such incidents will be thoroughly investigated and action, as deemed appropriate, will be taken against anyone whom it is considered has acted improperly or un-safely.

(c) All personal injury sustained on site must be recorded in the accident book

15. **C.O.S.H.H. Regulations**

(a) Where substances are to be used on site the necessary product data sheet together with an adequate assessment must be provided to Company management prior to the commencement of work.

(b) In addition a suitable assessment must be provided prior to commencement for any process producing hazardous dusts, fumes or vapours etc.

(c) The assessments must show the controls that are required, which must be in place prior to work commencing.

16. **Fire Precautions**

(a) A hot work permit will be required before any welding, hot cutting of metals or other processes involving heat are commenced. These may be obtained from site management.

(b) Sub-contractors are required to supply all the necessary fire extinguishers and equipment prior to any hot work commencing.

(c) Fire fighting equipment provided for the site fire precautions are not to be moved from their positions or interfered with, save for when being used to fight a fire. Any equipment used should be reported to the site management immediately so that replacement equipment can be supplied.

(d) Details of any action to be taken in the event of fire etc. are displayed in the site office and mess room.

17. **Permits to Work**

(a) A permit to work is required from the site management when access into any area needs to be controlled, due to existing hazardous conditions or work being carried out.

(b) Permits will be required when working in confined spaces, and for demolition and excavation and may also be required when working near toxic substances, electrical installations, fumigation, work near cranes and work with pressurised systems. If you are in doubt as to whether or not a permit to work is required ask prior to commencing the work.

18. **Electricity**

(a) All electrical equipment and working methods must comply with the requirements of the Electricity at Work Regulations 1989.

(b) All electrical equipment must be suitable for working on 110 volts, which is the maximum voltage allowed.

(c) Suitable transformers to 110 volts shall be provided for equipment where the available supply is anything other than 110 volts. Any connection to the site distribution system will only be carried out by a qualified and competent electrician with authorisation from the site management.

(d) Electrical equipment must be inspected and tested in accordance with the regulations and records available for inspection if required.

19. **Scaffolding / Mobile Towers**

(a) Scaffolding will only be erected or altered by a competent person following which a hand-over certificate will be provided to the site management.

(b) No 'Unauthorised' alterations or removal of scaffold poles or boards will be permitted except for means of access and this will only be allowed with prior approval of the site management with items being replaced immediately after the requirement has ceased.

(c) Scaffolding must be checked daily by those operatives using it for any missing parts or unauthorised alterations. If in doubt the matter should be reported to site management immediately and no access allowed until the scaffold is checked by a competent person.

(d) Scaffolding will be checked at least every 7 days or following alteration, or severe weather conditions by a competent person and the inspection recorded on an inspection report accordingly.

(e) When using mobile scaffold towers check for overhead electricity cables and other obstructions.

(f) Towers are to be erected by competent persons in accordance with the manufacturers instructions.

(g) Where moving a mobile tower no persons or equipment will remain on the platform.

(h) Toe boards and guard rails will be in position on the working platform at all times.
(i) Ladder access will only be provided by means of an internally positioned ladder secured against the narrowest side with trap door access through the working platform which will be fully boarded.
(j) Requirements for bracing height to base ratios, castor wheel braking and ground conditions will be complied with at all times.
(k) Nobody will remove any part of the tower unless authorised by Site Management. Operatives using towers must check the tower each time it is used to ensure that no components have been removed thus making it unsafe.
(l) Tower scaffolds shall be inspected at least every 7 days, after severe weather conditions or following alteration by a competent person and the result of the inspection recorded accordingly.

20. **Ladders**

(a) All ladders should be inspected before being used and defective ladders should not be used until suitably repaired.
(b) Ensure that the ladder is suitable for the work it is intended to carry out. No aluminium ladders allowed near to electrical installations.
(c) Check the angle of the ladder, 1 out to every 4 up and secure it at the top whilst in position.
(d) The ladder is to extend 1.05 metres above the stepping off point unless other suitable hand holds are present.
(e) Only one person to climb or descend a ladder at a time.
(f) Do not put scaffold boards on the rungs and do not support the ladder by its rungs - only the stiles.
(g) Base of ladder to be on firm, even ground so as not to slip or move.
(h) Do not over reach when using a ladder, move the ladder or use other means.
(i) Ladders forming part of a scaffold will be inspected as part of the scaffold and entries made accordingly.
(j) Never try to carry heavy items up a ladder - you may overbalance or drop the item on people below - use a hoist or rope as appropriate. Carry light tools in a shoulder bag or holster attached to a belt so that both hands are free to hold the ladder.

21. **Site Plant / Transport**

(a) All operators of plant shall provide a copy of their relevant qualification to site management prior to using any plant on site.
(b) Plant must be properly maintained and inspected and certificates available for inspection by Site Management.
(c) Site transport must only be used for the purpose it was designed for and will not be used improperly.
(d) All operatives and drivers must be aware of the danger of traffic on site not only in respect of pedestrians but also regarding scaffolding and towers etc.
(e) Where necessary a signaller will be used during reversing or other operations.
(f) Where vehicles are required to tip into an excavation or over the edge of an embankment a signaller or physical stops will be provided.
(g) All vehicles on site will comply with the speed restrictions and traffic routing applicable.
(h) All loads on site transport will be properly secured and the vehicle will not be overloaded.
(i) No person will ride in or on any vehicle unless there is correct seating provided and it is used correctly.
(j) Specific transport movement times will be issued through the Site Manager

22. **Manual Handling**

(a) Where possible mechanical means for lifting and transporting items should be used.

(b) Where this is not feasible and there is a risk of injury in handling an item, there must be an assessment made with a view to taking appropriate action in order to reduce the risk of injury.

(c) Risk assessments where appropriate will be provided to the site management prior to any handling work commencing on site.

(d) Operatives will comply with risk assessments / method statement in relation to the precautions/equipment detailed therein.

23. **Working at Height**

(a) All work at height will be carried out in accordance with method statement / risk assessments which will be deposited with the Site Management prior to any work commencing.

(b) All safety equipment, staging, safety belts, harnesses, anchorages etc. will be inspected each working day by operatives and any defects attended to immediately.

(c) All working areas at heights will be guarded appropriately so as to prevent falls of persons and materials or other suitable protective measures will be used.

(d) Where appropriate, notices and / or barriers will be provided warning people on the ground that men are working above.

24. **Working Over Water**

a) Working platforms must be properly constructed, if scaffolding is used it needs to be at least 3 boards wide and secured. Leave space to allow for tide surge, if applicable.

b) Ladders should be lashed.

c) Safety harnesses must be available for emergency.

d) Lighting must be adequate for night work and must illuminate the immediate surrounding water surface.

e) Check on your work mates at frequent intervals.

f) Materials must be stacked so as to maintain clear access.

g) Tools not in use must be stowed away.

h) Ensure that pontoons are properly loaded, stable and securely moored.

i) Ensure deck access and egress are clean and don't become slippery. Deal quickly with hazards.

j) In tidal waters, strong currents, or any other foreseeable situation lifejackets must be worn at all times unless other precautions are available.

k) Ensure you only embark at suitable landing places.

l) Don't remove guard rails, they are there for your safety.

m) If work needs to take place outside the guard railed area life jackets must be worn.

n) Ensure you don't work alone, so that one of you can always raise the alarm.

o) Ensure your life saving equipment is available and checked at the start of every shift.

p) Where a safety boat is provided, check the equipment at the start of every shift.

q) Rescue boats must be manned by competent person's during night work and in tidal water.

r) Powerful spotlights should also be available.

s) Ensure you are familiar with emergency drills.

t) Report defects to person in charge immediately.

25. **Good Housekeeping**

(a) All walkways, stairwells, doors / doorways and access / egress points are to be kept clear at all times.

(b) Where openings, obstructions, operations within working areas or walkways could be hazardous the necessary guarding, toe boards, warning notices and lighting will be provided.
(c) Waste materials must be cleared daily by operatives and disposed of correctly. Skips will be provided in the contractors compound for waste.
(d) Welfare facilities will be kept clean and not used for storage of equipment.
(e) Electrical leads will be routed so as to avoid tripping hazards and be protected from physical damage.
(f) Materials, debris etc. will not be thrown from heights i.e. scaffolding etc. but properly lowered to ground level or debris chutes used.

26. **Site Specific Rules** (site specific)

Detail site rules that are relevant to your site; these may include items such as smoking, drink / drug usage, playing of radios, personal stereos, horseplay, out of bounds areas etc.
Record your details here:

27. **Disciplinary Procedures**

Dependent upon the breach of safety rules the following disciplinary action will be taken:
(i) Verbal warning
(ii) Written warning by issuing a non-conformance report
(iii) Suspension from site for period of time
(iv) Removal from site permanently.

28. **Environmental Protection**

(a) Drip trays to be positioned under static plant and fuel filling points
(b) Fuel / oil spills must be cleared up immediately with spill kits provided. Report all fuel / oil spills
(c) Detail any environmental protection measures in relation to:
    (i) trees,
    (ii) bats,
    (iii) greater crested newts,
    (iv) other wildlife
(d) Section 61 restrictions in relation to noise generation and working hours
(e) Dust generating operations must have suitable suppression measures in place
(f) Measures to prevent mud on surrounding roads to site (wheel wash / road sweepers)

29. **Additional Matters**

List any additional matters relevant to site safety, health and environmental issues:

Section 26
Daily Task Briefings

Daily Task Briefings

Date of Task Briefing	Site	Work Activity	Person Delivering Task Briefing	Sign

Description of Tasks to be Carried Out

Names of People Receiving Task Briefing	Sign

Principal Contractor's – Approval / Confirmation of Task Briefing				Sign
Name		Position		

Daily Task Briefings

Date of Task Briefing	Site	Work Activity	Person Delivering Task Briefing	Sign

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Daily Task Briefings

Date of Task Briefing	Site	Work Activity	Person Delivering Task Briefing	Sign

Description of Tasks to be Carried Out

Names of People Receiving Task Briefing	Sign

Principal Contractor's – Approval / Confirmation of Task Briefing				Sign
Name		Position		

Daily Task Briefings

Date of Task Briefing	Site	Work Activity	Person Delivering Task Briefing	Sign

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Section 27
Tool Box Talks