

# SOUTHERN MAZE FACADES & CONSTRUCTION LTD.



**SOUTHERN  
MAZE**

## Part 3

## Appendices

 <b>SOUTHERN MAZE</b>	<b>SOUTHERN MAZE FACADES &amp; CONSTRUCTION LTD</b>	Doc Ref	Southern
		Date	2 <sup>nd</sup> September 2010
		Revision	1.0
		Author	AM Safety Specialists Ltd
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## Accident Record Report



### Accident Record Report

#### **1** About the person who had the accident

Name of the injured person \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation \_\_\_\_\_ Date Started \_\_\_\_\_

National Insurance No \_\_\_\_\_

#### **2** About you, the person filling in this record

If you did not have the accident, please complete your details

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

#### **3** About the accident *(Continue on the reverse of this form, if needed)*

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ am/pm

Say where it happened. State which area, room or place \_\_\_\_\_  
 \_\_\_\_\_

Say how the accident happened. Give the cause if you can \_\_\_\_\_  
 \_\_\_\_\_

If the person who had the accident suffered an injury, say what it was \_\_\_\_\_  
 \_\_\_\_\_

PPE worn (if applicable) \_\_\_\_\_

Treatment received (if any) \_\_\_\_\_

Please sign and date the record: Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **4** For the employee only

I give my consent to my employer to disclose my personal information and details of the accident, which appear on this form, to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **5** For the employer only

Complete this section if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

How was it reported? \_\_\_\_\_ Report Ref No (ICC) \_\_\_\_\_

Date reported \_\_\_\_\_ Signature \_\_\_\_\_

**CDM Inspection Report**

**Construction (Design & Management) Regulations 2007  
INSPECTION REPORT**

1. Name and address of person for whom inspection was carried out.

2. Site address

3. Date and time of inspection

4. Location and description of workplace (including any plant, equipment or materials) inspected.

5. Matters which give rise to any health and safety risks.

6. Can work be carried out safely?

Y / N

7. If not, name of person informed.

8. Details of any other action taken as a result of matters identified in 5 above.

9. Details of any further action considered necessary,

10. Name and position of person making this report.

11. Date report handed over.

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## Confined Space Work Permit



### CONFINED SPACE SELF CERTIFICATION CHECK LIST AND WORK ENTRY PERMIT

NEVER ENTER A CONFINED SPACE UNLESS ALL THE CHECKS HAVE BEEN CARRIED OUT AND ARE PROVED TO THE SATISFACTION OF ALL MEMBERS OF THE ENTRY TEAM AND THAT A TOP MAN IS IN POSITION AT ALL TIMES. **IF IN DOUBT CONSULT THE SUPERVISOR / ENGINEER CONTROLLING THE WORK.**

Date: \_\_\_\_\_ Permit Number \_\_\_\_\_

Permit raised by: Name: \_\_\_\_\_ Title \_\_\_\_\_

Location of Confined Space to be entered. \_\_\_\_\_

Nature of work to be undertaken \_\_\_\_\_

This Permit is only valid until \_\_\_\_\_ am/pm. NB Permit duration should not exceed more than ONE 8-hour shift. Each new crew entering a confined space MUST raise another Permit and complete all checks as necessary.

#### Names of work / entry team members

- |          |          |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Add or delete names where appropriate.

#### EQUIPMENT CHECKS

Tick items if satisfactory. If ANY item is found to be unsatisfactory **DO NOT PROCEED** and consult the Supervisor / Engineer controlling the work.

##### PERSONAL

Overalls  
Waterproof overalls  
Gloves / gauntlets  
Bump cap  
Barriers  
Safety footwear

##### SAFETY

Gas Detector  
Rescue harness  
Lifeline  
Winch / jib assembly  
SCBA / ALBA / ELSA set (delete not applicable)

#### PRE - ENTRY CHECKS FOR EQUIPMENT DEFECTS.

Check personal equipment e.g.harness	Ok / not ok	Check gas detector for operation	Ok / not ok
--------------------------------------	-------------	----------------------------------	-------------

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Check SCBA / ALBA / ELSA equipment      Ok / not ok      Check winch / jib assy      Ok / not ok  
 Check harness / line      Ok / not ok

**PRE - ENTRY GAS TEST**

Hydrogen Sulphide (HS2)	Ok / not ok	Oxygen (O2)	Ok / not ok
Carbon monoxide (CO)	Ok / not ok	Nitrogen Dioxide (NO2)	Ok / not ok
Flammable gas	Ok / not ok	Is additional ventilation or purging required	Yes / No
Is constant atmosphere monitoring necessary during work	Yes / No		

**ENTRY PROCEDURE**

Assemble / set up all equipment at site of entry	Yes	Signed
Are all above checks satisfactory	Yes	Signed
Is a top man in position	Yes	Signed
Have sources of energy been locked off and isolated		
Electricity	Yes	Signed
Gas	Yes	Signed
High Pressure Steam	Yes	Signed
Water	Yes	Signed
<b>Ok to proceed</b>	<b>Yes / No</b>	<b>Signed</b>

**ON COMPLETION OF WORK**

Exit space		
Equipment recovered	Yes / No	Signed
Site secured	Yes / No	Signed
Equipment cleaned and replaced	Yes / No	Signed
Permit Cancelled	Yes / No	Signed

\* Delete as necessary

- a) The above work has been completed and all persons and equipment under my direction are clear. Normal working is reinstated.
- b) The above work was not completed within the time specified. All persons under my direction have been withdrawn and the Plant / equipment made safe. A new permit must be raised to complete the work.

Signed \_\_\_\_\_ Date \_\_\_\_\_





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### Company Information

AMSS  
Purposes  
only

Company Name

Trade

Registered Address   
  
  
Post Code

Telephone No  Fax No

E-mail

Working Area

**In order for us to determine that health & safety is adequately resourced please provide the following details**

#### Turnover

Previous Year

Current Year

Number of Directly employed employees full and part time

Office   
Technical   
Technical   
No of self employed employees

Does your Organisation sub-let contracts Yes   
No

**If yes you MUST provide details of your procedures for assessing the competency and adequacy of resources. You MUST also provide a copy of your questionnaire.**

**To assure ourselves that you have adequate levels of professional insurance and are complying with your legal requirements please:**

Provide Employers Liability Insurance details  
Provide Professional Indemnity Insurance details  
Provide Public Liability Insurance details

Provide copies of insurance certificates Yes   
No



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# Health and Safety Advice and Assistance

Director Responsible for Health and Safety

Name

Position

Telephone Number

Person / company providing day to day Health and Safety information and advice to your organisation

Name

Position

H&S Qualifications  Provide copies of Certificates

Telephone Number

How often will your competent person for H&S visit Site

Weekly  Monthly  Quarterly

# Health and Safety Training

Provide details and copies of certificates, of all H&S training programs undertaken or being undertaken by your Managers / Supervisors / Employees to ensure they are competent to carry out their responsibilities.

Provide details and copies of certificates of all training specific to the duties of Supervisors and Foremen

Copies of Certificates provided Yes    
No

Copy of training program provided Yes    
No

For work on construction projects, state the percentage of CSCS compliance

< 25 %    
25 - 50%    
50 - 75%    
75 - 100%





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### Documentation

Health and Safety Policy - provide a copy

Provide information on how you communicate the H&S policy to your employees

Information provided	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	

Risk Assessments - provide copies relevant to this project

Information provided	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	

Method Statement - provide a copy of a method statement

Information provided	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	

### Health and Safety Management Systems

Is your organisation approved to a recognised H&S Management system?    Yes    No   

If yes is it?    OHSAS 18001        Other       

### References from Previous Work

Give three references from previous work similar to this project

	Ref 1	Ref 2	Ref 3	
Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Project	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tel No	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Quality Assurance & Environmental Systems

Is your organisation approved to a recognised Quality Standard		ISO9000	
Information provided	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
Is your organisation approved to a recognised Environmental Standard		ISO14000	
Information provided	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
Director Responsible for Quality & Environmental Issues			
Name	<input type="text"/>		<input type="checkbox"/>
Position	<input type="text"/>		<input type="checkbox"/>
Telephone Number	<input type="text"/>		<input type="checkbox"/>
Does your organisation have a Quality Manual		Yes	<input type="checkbox"/>
if so provide copies		No	<input type="checkbox"/>
Does your organisation have an Environmental policy and Manual		Yes	<input type="checkbox"/>
if so provide copies		No	<input type="checkbox"/>
Does your organisation have Environmental Risk Assessments			
if so provide copies			
Information provided	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>

## Organisational Declaration

**I the undersigned understand that if any false or incomplete information is given, it may result in exclusion from evaluation for your organisation.**

**I accept that an audit (notice given) may be carried out by AM Safety Specialists Ltd to check and verify the contents of this questionnaire.**

Director Responsible for Health & Safety Issues		Director Responsible for Quality & Environmental Issues	
Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

**CoSHH Assessment**


















## CoSHH Assessment

Product Name(s):		CoSHH Assessment No:	
Description of Substance:		Assessed By on behalf of:	
Workplace Exposure Limits:		Date of Assessment:	
Task / Activity & Location:		Risk Phrases:	
Suppliers Name & Address:		Safety Phrases:	
		Telephone / Fax No's:	
		MSDS Attached:	

Application of Product				Time of Exposure			
By Hand	<input type="checkbox"/>	Applied Dry	<input type="checkbox"/>	Natural Ventilation	<input type="checkbox"/>	15 mins	<input type="checkbox"/>
By Mechanical	<input type="checkbox"/>	Applied Wet	<input type="checkbox"/>	Artificial Ventilation	<input type="checkbox"/>	<1 hour	<input type="checkbox"/>
						1 - 4 hours	<input type="checkbox"/>
						4 - 8 hours	<input type="checkbox"/>
						>8 hours	<input type="checkbox"/>
						Number of hours	<input type="checkbox"/>

Route of Exposure				Persons At Risk			
Skin	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	Users of the product	<input type="checkbox"/>
Ingestion	<input type="checkbox"/>	Cuts / Abrasions	<input type="checkbox"/>	Injection	<input type="checkbox"/>	Members of Public	<input type="checkbox"/>
						Visitors	<input type="checkbox"/>
						Other Workers	<input type="checkbox"/>
						Young Persons	<input type="checkbox"/>
						Others	<input type="checkbox"/>

Substance Properties							
							
Flammable / Highly Flammable	Oxidiser	Explosive	Harmful	Toxic / Very Toxic	Irritant	Dangerous to the Environment	Corrosive
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

PPE Requirements							
							Other
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

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Control Measures	
General Precautions	Control Measures
First Aid / Hygiene Arrangements	Fire Precautions
Ventilation Requirements	Monitoring Requirements
Transport Arrangements	Storage Requirements
Spillage Procedures	Disposal Requirements

Comments

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## Disciplinary Procedures

<b>DISCIPLINARY PROCEDURES</b>	
<p>This form is to be completed by Directors, Managers and Supervisors when disciplinary measures are required to be taken against employees or Sub-Contractors for breach of Health &amp; Safety Policy/Procedure or contract specific safety requirements (this also includes violence to staff).</p>	
<b>MINOR BREACHES: DISCIPLINARY PROCEDURE</b>	
<p>Employees and Sub-Contractors employees are to be given two verbal warnings by their immediate Manager/Supervisor. Further breaches of safety requirements Managers/Supervisors are to give the offender a written warning. Further breaches are to be reported immediately to senior management. Appropriate action will be taken which could result in dismissal of the offender.</p>	
<b>MAJOR BREACHES: DISCIPLINARY PROCEDURE</b>	
<p>Employees and Sub-Contractors employees are to be given immediate verbal warning followed up by a written warning. Immediate action is required to be taken by the Manager/Supervisors to ensure compliance by the offender. Major breaches are to be reported immediately to Senior Management where appropriate action will be taken which could result in dismissal of the offender.</p>	
<b>GENERAL</b>	
<p>All warnings are to be recorded on this form and are required to be submitted to Head Office immediately.</p> <p>The Company Safety Officer must be informed of all warnings issued to the employees and Sub-Contractors employees during inspection/safety meetings etc.</p> <p>Any employee or Sub-Contractor employee not fit to work should be removed from site immediately particularly with regards to being under the influence of alcohol or drugs.</p>	
<b>NAME OF OFFENDER</b>	
<b>ADDRESS OF OFFENDER</b>	
<b>TELEPHONE No.</b>	
<b>EMPLOYER</b>	
<b>EMPLOYERS ADDRESS</b>	
<b>TELEPHONE No.</b>	
<b>LOCATION WHERE OFFENCE TOOK PLACE</b>	
<b>DETAILS OF THE OFFENCE</b>	
<b>ACTION TAKEN</b>	
<b>SIGNATURE OF MANAGER / SUPERVISOR REPORTING THIS OFFENCE</b>	
<b>SIGNATURE OF OFFENDER</b>	

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Health and safety at Work etc. Act 1974  
The Reporting Of Injuries, Diseases and Dangerous Occurrences Regulations 1995

## Report of an injury or dangerous occurrence

### Filling in this form

This form must be filled in by an employer or otherwise responsible person

#### Part A

##### About you

- 1 What is your full name?
- 2 What is your job title?
- 3 What is your telephone number?

##### About your organisation

- 4 What is the name of your organisation?

What is the address and postcode?

- 6 What type of work does the organisation do?

#### Part B

##### About the incident

- 1 On what day did the incident happen?
- 2 At what time did the incident happen?  
(Please use the 24-hour clock e.g. 0600)
- 3 Did the incident happen at the above address?  
Yes  Go to question 4  
No  Where did the incident happen?  
 elsewhere in your organisation-  
give  
the name, address and postcode  
 at someone else's premises - give  
the name, address and postcode  
 in a public place - give details of where it  
happened

If you do not know the postcode, what is the name of the local authority?

- 4 In which department, or where on the premises, did the incident happen?

**F 2508** (01/96)

#### Part C

##### About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident please attach the details asked for in Part C and Part D for each person

- 1 What is their full name?
- 2 What is their home address and postcode?
- 3 What is their home phone number?
- 4 How old are they?
- 5 Are they?  
 Male?  
 Female?
- 6 What is their job title?

- 7 Was the injured person (place a x in one box)

- One of your employees?  
 On a training scheme? Give details  
  
 On work experience?  
 Employed by someone else? Give details of the employer:  
  
 Self employed and at work?  
 A member of the public?

#### Part D

##### About the injury

- 1 What was the injury?  
(e.g. fracture, laceration)
- 2 What part of the body was injured?  
Left eye
- 3 Was the injury (place an x in the box that applies)  
 a fatality?  
 a major injury or condition?  
(see accompanying notes)  
 an injury to an employee or self employed  
person which prevented them doing their

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- normal work for more than 3 days?  
 an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

- 4 Did the injured person (place an x in the all the boxes that apply)
- become unconscious?
  - need resuscitation?
  - remain in hospital for more than 24 hours?
  - none of the above?

- the events that led to the incident
- the part played by any people

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

**Part E**

**About the kind of accident**

Please place an x in one box that best describes what happened, then go to Part G

- Contact with machinery or material being machined
- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit by something fixed or stationary

- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height  
How high was the fall in metres?

- Trapped by something collapsing

- Drowned or asphyxiated
- Exposed to, or in contact with, a harmful substance
- Exposed to fire
- Exposed to an explosion

- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person

- Another kind of accident (describe it in Part G)

**Part H**

**Your signature**

Date

**Part F**

**Dangerous occurrences**

Enter the number of the dangerous occurrence you are reporting. The numbers are given in the Regulations and in the notes which accompany this form

**Where to send the form**

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

**Part G**

**Describing what happened**

Give as much detail as you can. For instance:

- the name of any substance involved
- the name and type of any machine involved

<b>For official use</b>	
Client number	Location number
Event number	REP ___Y___N

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## Fire Emergency Action Plan

### **Fire Emergency Action Plan:**

#### **ASSEMBLY POINT:**

- 

#### **ACTION ON DISCOVERY OF FIRE:**

- Sound the alarm using the nearest fire alarm call point.
- Call the Fire Brigade.
- Attack the fire with the appliances provided. (Without putting you in danger).
- Leave the building by the nearest fire exit.
- Do not re-enter the building.
- Report to the assembly point.
- Liaise with the Fire Brigade on their arrival.

#### **ACTION ON HEARING THE ALARM**

- Leave the building by the nearest Fire Exit.

- Do not re-enter the building.
- Report to the assembly point.
- Liaise with the Fire Brigade on their arrival.
- Ensure all visitors are taken to the assembly point and are accounted for.
- Assist any disabled persons with their evacuation as necessary.



### Hot Work Permit



		Names of Operatives undertaking Hot Works		Signature		Date	
Project:		Job Number:					
Trade Contractor:							
Method Statement Ref:		Permit Number:					
Description of work and location:							
<b>Details of Equipment to be used</b>							
<p style="font-size: small;">I/we confirm that we have read and understood the method statement and risk assessment for these works and accept the conditions of this permit</p>							
Disc cutter / grinder	Yes	No	Welding	Yes	No	Hot flame cutting	Yes
Hot Air guns	Yes	No	Others Please Specify				
<b>Control Measures to be Implemented</b>							
<p style="font-size: small;">This permit must be kept with you at all times when undertaking the works.</p>							
Fire Extinguisher: Water / CO2 / Foam/ Dry Powder (Delete as appropriate) Note: To be located adjacent to the works and supplied by the Trade Contractor							
Area to be kept clear of flammable material Fire extinguisher to be available Gas cylinders upright and secure. Gas cylinders fitted with anti flashback device Areas to have barriers / screens Fire resistant sheets required to prevent sparks in adjacent areas Fire protection/detection systems isolations required (state below additional precautions if YES)				Signed off permit to be returned to permit issuer			
				Yes	No	N/A	
				Yes	No	N/A	
				Yes	No	N/A	
				Yes	No	N/A	
				Yes	No	N/A	
				Yes	No	N/A	
NOTE: If NO to any of the above, works MUST NOT proceed until rectified							
PPE Requirement:							
The area has been inspected and is certified safe for the above work to take place provided the above control measures are in place							
Authorised by: ..... Date: ..... Start Time: .....				Accepted by Sign..... Print..... Company:			
Works complete/suspended by: ..... Time..... Company..... Inspected for signs of ignition (1 hr after cessation of works) Signed: .....							
Sign off by..... Time..... Date.....							
<b>This Permit is valid for 1 day only on the date shown above.</b>							

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## Incident Report



<b>INCIDENT REPORT</b>		OFFICE USE ONLY	No. S.A.		
Client					
H.O. Address					
Tel No.		Fax No.			
<b>GENERAL DETAILS</b>					
Site Address					
Tel No.		Date of Incident		Time of Incident	am/pm
Exact location of Incident					
Is your Company in overall control of the site/premises?				YES	NO
If NO, give the name of:					
a) Main Contractor/Occupier					
b) Site Agent/Manager					
Full details of plant, machinery etc., - state whether in motion at time of Incident.					
Full account of Incident – state heights, weights, etc., where appropriate.					
Names and addresses of any witnesses to the Incident					
1	Name				
	Address				
2	Name				
	Address				
Injured Person	Name		Sex	M/F	Age
	Address				
Company employee		Other Company's employee		Self-employed	Member of public
Employer (if no Company employee)					
Occupation		How long with Company?			
What was the injured person doing at the time of the Incident?					
Was this something he/she had been authorised to do?				YES	NO
Was he/she authorised to be where the Incident occurred?				YES	NO

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When was the injury reported to you?		Date		Time	
What hours were employees expected to work on day of Incident?		From		To	
What hours did employee actually work?		From		To	
Anticipated absence from work?	No time lost		3 days or less		More than 3 days
Injuries – state left or right where appropriate					
Did someone else observe these injuries at the time of the Incident?		YES		NO	
Was First Aid Treatment given on site/at premises?		YES		NO	
If YES, by whom?					
Was medical/hospital treatment obtained?		YES		NO	
If YES, give details?					
What was damaged?					
Extent of damage					
Owner of damaged property	Name				
	Address				
Any other details					
Report completed by		Status		Date	

**Low Voltage Electrical Permit to Work**



The work listed in Part B has/has not been completed. electricians under my charge have been withdrawn and inform that it is no longer safe to work on the equipment. All tools ; materials etc. have been removed and the area left in a safe ; tidy condition.

Competent Person	Signature	Date	Time
<b>SECTION F – Cancellation of permit</b>			
I have checked and confirmed that all works are satisfact This permit to work is cancelled.			

<b>LOW VOLTAGE ELECTRICAL PERMIT TO W</b>					
<b>SECTION A – Equipment to be worked on</b>					
<b>SECTION B – Work to be carried out</b>					
<b>SECTION C – Safety precautions taken – Declaration by competent person</b>					
The equipment listed in Part A has been electrically isolated at the following isolation points					
The above isolation points are fitted with safety locks and the keys held by the Authorised Person					
The following tests have been carried out to confirm that the equipment listed in Part A is dead					
Access barriers and warning notices have been provided as follows					
The following additional precautions have been taken					
A Risk Assessment has been carried out and the associated Method Statement given to the electricians. All electricians are fully competent in the work involved. Only the work in Part B will take place.					
Competent Person		Signature		Date	Time
<b>SECTION D – Authorisation of work</b>					
I have checked and confirmed the precautions listed in Part C and authorise the work stated in Part B to take place between					
am/pm	On (date)		and	am/pm	On (date)
Authorised Person		Signature		Date	Time
<b>SECTION E – Return of expired permit</b>					

**Manual Handling Assessment Form**

<b>MANUAL HANDLING OPERATIONS ASSESSMENT FORM</b>				
<b>CLIENT NAME</b>				
<b>LOCATION (Site)</b>				
<b>ASSESSMENT BY (Please Print)</b>		<b>SIGNED</b>		
<b>POSITION</b>		<b>DATE</b>		<b>REVIEW DATE</b>
<b>LAST ASSESSMENT BY</b>		<b>DATE OF LAST ASSESSMENT</b>		
<b>1.a THE TASK DESCRIPTION</b>	<b>ERGONOMIC CHECK LIST Does the task include:</b>		<b>Yes</b>	<b>No</b>
	A) Holding the load at a distance from the trunk			
	B) Twisting the trunk			
	C) Poor posture i.e., stooping/bending			
	D) Lifting/Lowering above shoulders/below knees			
	E) Excessive lifting or lowering distances			
	F) Carrying/Pushing/Pulling more than 10 metres			
	G) Risk of sudden, unpredictable movement of the load			
	H) Frequent or prolonged physical effort			
<b>1.b REQUIRED CHANGES</b>	I) Insufficient rest or recovery			
	J) Holding the load to the side of the body with 1 hand			
	K) Handling while seated			
	L) Standing with the feet too close together			
	M) Having the weight of the body unevenly distributed			
	N) Stretching/Over-reaching			
	O) Throwing or catching			
	P) Hindrance by protective clothing or PPE			
	Q) Team Handling			
<b>2.a THE LOAD DESCRIPTION</b>	<b>LOAD FACTOR CHECK LIST Is it:</b>		<b>Yes</b>	<b>No</b>
	A) Heavy (over 20 kg - state or estimate weight .....			
	B) Bulky or unwieldy			
<b>2.b REQUIRED CHANGES</b>	C) Difficult to grasp			
	D) Sharp, hot/cold			
	E) Unstable/likely to shift			
<b>3.a THE WORKING ENVIRONMENT DESCRIPTION</b>	<b>ENVIRONMENT CHECK LIST Are there:</b>		<b>Yes</b>	<b>No</b>
	A) Space constraints preventing good posture			
	B) Uneven floors			
	C) Steps or slopes			
	D) Extremes of temperature, humidity or air movement			
<b>3.b REQUIRED CHANGES</b>	E) Poor lighting conditions			
	F) Extremes of noise			
	G) Wet slippery floors			
	H) Adverse weather conditions			

4.a INDIVIDUAL CAPABILITY REQUIREMENTS	CAPABILITY CHECK LIST Does the task:	Yes	No
	A) Require unusual strength, size or height		
	B) Require special knowledge or training		
	C) Require more than one person		
4.b REQUIRED CHANGES	D) Need mechanical assistance		
	E) Need specific personal protective equipment		
	F) Create a hazard to those who are pregnant		
	G) Create a hazard to those who have a health problem		
Comments			



**Mobile Tower Check List**









<b>MOBILE TOWER CHECKLIST</b>				
<b>Client:</b>				
<b>Site Address:</b>				
<b>Location of Scaffold:</b>				
<b>Height to base:      3:1      3.5:1      4:1</b>				
<i>At each inspection check the scaffold does not have the faults described below</i>				
<u>Section</u>	<u>Faults</u>			
<b>Height</b>	<i>Too short</i>			
<b>Ties Guys</b>	<i>Some missing</i>			
<b>Base Weights</b>	<i>Some missing</i>			
<b>Surface</b>	<i>Soft</i>	<i>Uneven</i>	<i>Sloping</i>	
<b>Access</b>	<i>Ladder not provided</i>	<i>Ladder of insufficient length</i>	<i>Ladder not tied</i>	
<b>Bracing</b>	<i>Some missing</i>	<i>Wrong direction</i>		
<b>Brakes or chocks</b>	<i>Not provided</i>	<i>Not secured</i>		
<b>Wheels</b>	<i>Liable to fall out</i>			
<b>Guard Rails</b>	<i>Wrong height</i>	<i>Loose</i>	<i>Missing</i>	
<b>Toe Boards</b>	<i>Wrong height</i>	<i>Loose</i>	<i>Missing</i>	
<b>Temporary Roofs and Beamed Scaffold</b>				
Design Drawings	<i>Not provided</i>	<i>Not sufficiently detailed</i>		
Scaffold	<i>Not in accordance with drawings</i>			
<b>For guidance on good standards see BS 5973</b>				







**Portable Equipment Noise / Vibration Risk Assessment**

Portable Equipment Assessment											
Name of Equipment			Photo if available								
Make:											
Weight:											
Model:											
Description of how the equipment is used											
Noise Assessment											
Noise Level (L <sub>Aeq</sub> dB)	Exposure duration (hours)	Exposure points (job/task)		Exposure points per hour		Daily noise exposure (L <sub>EP,d</sub> )					
0	0										
Vibration Assessment											
Vibration magnitude m/s <sup>2</sup> r.m.s.	Exposure points per hour	Time to reach EAV 2.5 m/s <sup>2</sup> A(8)		Time to reach ELV 5 m/s <sup>2</sup> A(8)		Exposure duration		Partial exposure m/s <sup>2</sup> A(8)	Partial exposure points		
		hours	minutes	hours	minutes	hours	minutes				
0						0	0				
PPE Requirements											
											
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
Storage Requirements											
Comments											
Vibration Risk			Low		<b>Mid</b>		High				
Noise Risk						Low		<b>Mid</b>		High	
Key - EAV daily exposure action value - ELV daily exposure limit value											

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## Premises Fire Safety Assessment

### Premises Fire Safety Assessment

**All premises must comply with the Regulatory Reform (Fire Safety) Regulations 2005.**

**Under the Management of Health and Safety at Work Regulations 1999**, employers are required to have regard for fire safety in the workplace. Regulatory Reform (Fire Safety) Regulations 2005 reinforce that requirement by imposing a duty to specifically **assess fire risks** at premises, consider the effectiveness of any existing measures to control those risks and then make any improvements that are found to be necessary.

**The assessment should include the physical fire safety measures employed**, such as the adequacy of fire/smoke stop doors, fire exit doors, fire fighting equipment etc., and that of **active fire safety measures**, such as fire warning systems, escape lighting, automatic fire detection systems, automatic fire fighting equipment etc.

**Smoke detectors provide the most effective early warning of outbreak of fire.** They promptly alert occupiers to the early stages of a fire, while conditions allow for a safe escape. Most smoke detectors are of the ionising type and are particularly suitable at detecting hot blazing fires. The other type of detector i.e. the photoelectric, tend to be more sensitive to smoke from smouldering fires. Smoke detectors must not be treated as a substitute for taking precautions against fire.

**Escape lighting provides sufficient illumination to allow persons to evacuate premises safely** in the event of a power failure in a building used outside daylight hours, or in parts of the building, such as basements, where there is no natural light. This can easily happen in a fire if there is damage to the electrical installation. Escape lighting may consist of trickle charged, battery operated lights that switch on automatically if the mains power fails. Alternatively, or in addition, photo luminescent tapes, discs and arrows may be used.

**Procedural systems (fire evacuation plans), fire safety audits and the provision of fire safety training** will also form part of the assessment and satisfactory arrangements must

be formulated, implemented and monitored by the employer.

**If yours is a shared workplace** (with other organisations) you will need to check that they know about any significant risks you have identified and what you have done about them. The reverse is also required and any co-occupiers must keep you informed of their risk assessments.

**Where you do not have direct control over places or equipment in the workplace that the staff will use in the course of their work**, then the person who does have control has a responsibility to make sure that these areas or items comply with the requirements of the Regulations.

**There are no set, hard and fast rules on how the assessment must be carried out**, but as with other types of risk assessment it must be effective and recorded. Most importantly, it should be both practical and systematic and consist of the following stages:

**Stage 1** - Identify any fire hazards, i.e., anything that could cause an outbreak of fire, such as the presence of any readily combustible materials or highly flammable liquids in locations where there are sources of heat or where circumstances allow there to be malicious ignition.

**Stage 2** - Identify the persons who are at risk, especially those who would be more vulnerable in the event of there being an outbreak of fire, such as the disabled or those with certain medical conditions.

**Stage 3** - Consider the existing fire safety measures and assess their adequacy.

**Stage 4** - Consider the findings of stages 1 to 3 and determine what else needs to be done to eliminate the detected fire hazards or reduce any associated risk of an outbreak of fire and/or an outbreak of fire leading to injury, damage and other loss.

**Stage 5** - Record the findings of the risk assessment and implement any identified new control measures.

**Stage 6** - Prepare an emergency plan for the premises or update the existing plan.

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**Stage 7** - Check that all necessary arrangements are in place to allow the emergency plan to operate effectively. Provide premises occupiers with sufficient information, instruction and training on fire safety awareness, fire precautions and hold fire drills regularly to practice the arrangements.

**Stage 8** - Monitor the arrangements and periodically review the risk assessment or when there are changes to circumstances at the premises, such as building remodelling or changes to the activities at the site that could make the assessment invalid.

**A competent person must carry out the risk assessment**, which must be appointed by the employer in compliance with the Management of Health and Safety at Work Regulations. Anyone who delegated responsibility for performing this risk assessment, in order to be deemed acceptably competent must be temperamentally suitable, be appropriately qualified and experienced, and have been provided with specific training on the task involved.

**They should use the Premises Fire Safety Assessment Checklist** to assist them to address all significant factors at their premises.



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		35	Are fire instruction notices prominently displayed in all areas?			
		36	Are fire doors able to prevent the rapid spread of smoke, toxic gases or fire?			
<b>DESCRIPTION</b>	<b>ITEMS TO BE CHECKED</b>					
	Have there been an outbreak of fire, however minor at the site in the last five years?	37	Are fire doors properly maintained to ensure they are adequately self-closing?			
	Are flammable liquids kept in safe and secure storage?	38	Are fire doors held open in any manner apart from electromagnetic holders?			
	Are there any cylinders of flammable gas?	39	Are fire doors free from large gaps around them and from damaged or obstructed glazing?			
	Are significant quantities of combustible waste materials allowed to accumulate on site?	40	Have fire doors been provided with intumescent strips and smoke seals, are these checked?			
	Are significant quantities of combustible materials stored or displayed?	41	In corridors is the distance between fire doors a maximum of 30 metres?			
	Are there arrangements to control high fire risk activities of building workers?	42	Is the glazing between rooms and corridors fire resistant?			
	Are there substantial areas of combustible linings to walls, ceilings and floors?	43	Are the doors to rooms leading directly off stairwells, fire resistant and self-closing?			
	Are there any other readily combustible materials that pose a serious fire hazard?	44	Are there sufficient staff to carry out special functions in a fire i.e. evacuation marshals?			
	Do any activities include cooking, welding, flame cutting or similar processes?	45	Have the evacuation marshals been adequately trained in their roles?			
	Is a permit to work system control all hot works?	46	If there are wheelchair users on upper floors, can they be quickly evacuated?			
	Do the premises have oil or gas fuelled heating?	47	Are occupiers aware of the location of any fire evacuation lifts and refuges?			
	Is smoking permitted within the premises?	48	If one is required, is there a modern electrical fire alarm system?			
	Are non-smoking areas clearly defined and enforced?	49	Can the fire alarm be clearly and distinctively heard above ambient noise, in all areas?			
	Is the workplace adequately compartmentalised with respect to spread of fire?	50	In the workplace, is the maximum travel distance to a fire alarm call point 30 metres?			
	Are there any light bulbs or fittings too near readily combustible materials?	51	Are occupiers aware of the locations of the call points and how to use them?			
	Are there portable electrical heaters, cooking equipment or lamps in use?	52	Is each call point tested at least once each quarter?			
	Is electrical equipment tested at the appropriate intervals?					
	Is it allowed to bring their own electrical equipment to work is it PAT tested?					
	Are there any faulty electrical equipment, wiring or connectors in use?					
	Are there any temporary electrical installations such as extension leads in use?					
	Is staff required & trained to perform a visual inspection of electrical equipment in use?					
	Are there any multi-point adapters in electrical sockets?					
	Where practicable, is all electrical equipment switched off and plugs removed?					
	Are the fixed electrical circuits inspected and tested every 5 years by a competent person?					
	Has a person ever been identified as a problem at your workplace?					
	Has all staff including contractors been trained in fire safety awareness and procedures?					
	Are there adequate arrangements to ensure that there is early warning of outbreaks of fire?					
	Are the travel distances to protected corridors/staircases or exit doors 50 metres or less?					
	Are escape routes fire protected for at least 30 minutes?					
	Do premises with over 60 occupiers have at least two adequate exit doors?					
	Are escape routes provided with escape lighting if required?					
	Is the escape lighting system inspected and tested quarterly by a competent person?					
	Are escape routes of adequate width?					
	Are escape routes adequately sign posted?					



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53	Is the fire alarm system in full working order?			
54	Does a competent engineer test the fire alarm system quarterly?			
55	Does a trained member of staff check the fire alarm function weekly?			
56	Are there adequate contingency arrangements to cope with failure of the fire alarm?			
57	Are all tests and checks of the fire alarm and escape lighting recorded in a log book?			
58	Is the fire alarm log book kept available for inspection next to the fire alarm panel?			
59	Is the fire alarm panel kept locked, is it vulnerable to tampering?			
60	Are there sufficient and appropriate portable or fixed fire-fighting equipment?			
61	Is the fire-fighting equipment suitably located and unobstructed?			
62	Does a competent engineer test all fire-fighting equipment every 12 months?			
63	Is there a register of the fire-fighting equipment and the names of those trained to use it?			
64	Is the fire fighting equipment regularly checked for missing, damaged or discharged items?			
65	Are staff aware of the correct priorities for action in a fire?			
66	Are there sufficient fire exit for the number of occupiers?			
67	Can all buildings be evacuated in less than 4 minutes?			
68	Do all fire exits lead to a place of safety outside the workplace?			
69	Are emergency final assembly points at least 400 metres from the building?			
70	Are people at the assembly point protected from flying debris if there is an explosion?			
71	Are all escape routes kept free from obstruction?			
72	Is the amount of combustible			

	display materials in the escape routes kept to a minimum?			
73	Are dead-end corridors etc. kept totally free from readily combustible materials?			

No.	Items to be Checked	Yes	No	N/A
74	In escape routes; does the decorative finish prevent surface spread of flame?			
75	Are all fire doors clearly labelled 'Fire Door-Keep Closed' or as appropriate?			
76	Do the fire doors slam and pose a risk of finger-trap and other injuries?			
77	Are fire drills held three times per year?			
78	Do all doors on escape routes open in the direction of escape?			
79	Are all doors on escape routes readily openable in direction of escape without use of a key?			
80	Are the floors on escape routes free from slipping and tripping hazards?			
81	Are all ducts/vents/conduits/voids etc. protected to prevent spread of fire, heat and smoke?			
82	Are the locations of the main isolation points (gas, electricity & water) known and marked?			
83	At the end of the day is a check made that all outside doors and windows are secure?			
84	Is a check made that all heat-producing appliances are turned off at the end of the day?			
85	Is the perimeter of the site secure against nighttime intruders?			
86	Are waste bins, builders skips etc. placed and secured well away from any building?			
87	Are waste combustibles kept secure from potential fire raisers?			
88	Are letterboxes fitted with metal receptacles inside as a precaution against arson			

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	attack?			
<b>89</b>	Are there clearly marked fire hydrants in the vicinity of the workplace?			
<b>90</b>	Are new employees given first day site health and safety induction training?			
<b>91</b>	Have the premises been checked by the Fire Brigade for adequate access for their vehicles?			

<b>Fire Safety Improvements required</b>		
<b>Name of Assessor</b>		<b>Signed</b>
<b>Date</b>		<b>Review Date</b>

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**Record of Site Induction**



AM Safety Specialists Ltd

**Record of Site Induction**

to carry out your job role or trade?		
In signing this induction form, you acknowledge your understanding and acceptance of all site rule and specific requirements for this project>		

Signature:	Date:
Briefed by:	Company:

Project:	Job No:
Surname:	Home Address:
First Name:	
Date of Birth:	
Age:	N.I. No.
Trade / Occupation:	Company:
Trade registration scheme/Card No.	
Other relevant training:	
Next of Kin:	Telephone No.
Medical problems Yes/No (Tick as appropriate) All details are treated in the strictest of confidence	Yes No
Do you suffer from epilepsy or fits?	
Are you Diabetic?	
Are you asthmatic?	
Have you ever had blackouts, recurrent dizziness, or any condition could cause sudden collapse or incapacity?	
Do you suffer from shortness of breath or chest pains e.g. when climbing a single flight of stairs?	
Do you have difficulty in hearing normal conversations?	
Are you taking any medication or suffering from any other medical condition / injury which is past or current that may affect your ability to carry out your normal working duties.	
Do you understand that failing to comply with site rules will result in disciplinary action being taken which may involve your dismissal from site under the health & safety at work act 1974 etc.	
Do you need to wear prescription glasses to carry out your job functions or trade?	
Do you have prescription safety glasses to the same standard in order	

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**Risk Assessment Record Sheet**

**Risk Assessment/Method Statement Programme**

Contract \_\_\_\_\_

Site Manager \_\_\_\_\_

All activities, where hazards/risks have been identified, will require either a Risk Assessment or a Method Statement prior to the operation commencing. The following record is to be maintained within the Method Statement file as a record of hazards/risks identified and assessed, prior to any operations commencing and checked by Site Manager/Safety Manager.

CONTRACTOR	ACTIVITY	START DATE	RA or MS REQUIRED BY	CHECKED BY AND DATE

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### Scaffold Safety Checklist

<b>SCAFFOLD SAFETY CHECKLIST</b>				
<b>Location of Scaffold</b>				
<b>Type of Scaffold</b>	<b>Putlog</b>	<b>Independent Tied</b>	<b>Special</b>	
<b>Materials Used</b>	<b>Galvanized</b>	<b>Black</b>	<b>Alloy</b>	<b>Other</b>
<b>At each inspection check the scaffold does not have the faults described below</b>				
<u>Section</u>	<u>Faults</u>			
<b>Footings</b>	<i>Soft and uneven</i>	<i>No base plates</i>	<i>No sole boards</i>	<i>Undermined</i>
<b>Standards</b>	<i>Not plumb</i>	<i>Joined at same height</i>	<i>Wrong spacing</i>	<i>Damaged</i>
<b>Ledgers</b>	<i>Not level</i>	<i>Joint in same bays</i>	<i>Loose</i>	<i>Damaged</i>
<b>Putlogs and Transoms</b>	<i>Wrong spacing</i>	<i>Loose</i>	<i>Wrongly supported</i>	
<b>Couplings</b>	<i>Wrong fitting</i>	<i>Loose</i>	<i>Damaged</i>	<i>No check couplers</i>
<b>Bridles</b>	<i>Wrong spacing</i>	<i>Wrong couplings</i>	<i>Weak support</i>	
<b>Bracing façade</b>	<i>Some missing</i>	<i>Loose</i>	<i>Wrong fittings</i>	
<b>Bracing ledger (at right angles to the building)</b>	<i>Some missing</i>	<i>Loose</i>	<i>Wrong fittings</i>	
<b>Ties</b>	<i>Some missing</i>	<i>Loose</i>	<i>Physical not enough</i>	<i>Reveal not enough</i>
<b>Boarding</b>	<i>Bad boards</i>	<i>Trap boards</i>	<i>Incomplete</i>	<i>Not enough support</i>
<b>Platform</b>	<i>Not wide enough</i>			
<b>Loading</b>	<i>Too heavy</i>	<i>Shuttering propped from scaffold</i>		
<b>Brick Guards</b>	<i>None in place</i>			
<b>Guard Rails</b>	<i>Wrong height</i>	<i>Loose</i>	<i>Some missing</i>	<i>Wrongly positioned</i>
<b>Toe Boards</b>	<i>Wrong height</i>	<i>Loose</i>	<i>Some missing</i>	
<b>Ladders</b>	<i>Damaged</i>	<i>Insufficient length</i>	<i>Not tied</i>	
<b>Access</b>	<i>Obstructed</i>	<i>Not enough</i>		
<b>Gin Wheels</b>	<i>Weak supports</i>	<i>No identity number</i>	<i>Hook not moused</i>	<i>No check fittings</i>
<b>Fans</b>	<i>Weak supports</i>	<i>Not enough guy wires</i>	<i>Some missing boards</i>	<i>No hand rails</i>
<b>Hoist Towers</b>	<i>Not enough ties</i>	<i>Not enough fencing</i>	<i>No gates</i>	<i>Poor operation position</i>

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**Site Emergency Procedure**

<b>SITE EMERGENCY PROCEDURE</b>	
<p>This procedure is required to be followed in the event of site emergencies i.e. Fire/Explosion/Road Spills/Scaffold Collapse. For accidents follow accident procedures contained in the Safety Policy Procedures Section.</p>	
<p><b>CONTACT THE APPROPRIATE SERVICES IMMEDIATELY</b></p>	
<b>FIRE BRIGADE – TELEPHONE No</b>	
<b>AMBULANCE</b>	
<b>POLICE</b>	
<b>HEAD OFFICE</b>	
<b>CONTRACT MANAGERS MOBILE PHONE</b>	
<b>HEALTH &amp; SAFETY CONSULTANTS</b>	
<b>CLIENT’S MANAGER FOR THE CONTRACT</b>	
<b>THE LOCAL HEALTH &amp; SAFETY EXECUTIVE</b>	
<b>THE LOCAL ENVIRONMENTAL HEALTH DEPARTMENT</b>	
<p><b>PLEASE COMPLETE THE TELEPHONE NUMBERS FOR THE ABOVE AND DISPLAY ON SITE WHERE THEY CAN BE EASILY SEEN BY ALL PERSONS ON SITE</b></p>	

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**Site, Health & Safety Report.**



<b>Contract No:</b>		<b>Site Address:</b>		<b>Company:</b>	
<b>Visited by:</b>		<b>Date of Visit:</b>			
<b>Action codes (AC)</b>			<b>Site Supervisor for Client:</b>		
<b>A – Immediate Action Required</b>			<b>B - Unsatisfactory, rectify within 24 hrs</b>		
<b>C – Improvement required as identified, 3+ days. NOT BEST PRACTICE</b>					
<b>M – Monitor</b>	<b>NC – Not Checked</b>	<b>AN – Advisory Note</b>	<b>N/A – Not Applicable</b>	<b>GP – Good Practice</b>	<b>O – Checked</b>

AC		AC	
1	<i>Statutory Documentation Reviewed</i>	13	<i>Housekeeping/Storage of materials</i>
2	<i>Health &amp; Safety Plan</i>	14	<i>Scaffold/Working Platforms</i>
3	<i>Risk Assessment/Method Statement</i>	15	<i>Access/Egress</i>
4	<i>Inductions</i>	16	<i>Edge Protection</i>
5	<i>COSHH, Noise, HAVS Etc</i>	17	<i>Excavation/Earthworks</i>
6	<i>Register/Records/Handover certificates</i>	18	<i>Lifting Equipment/Plant</i>
7	<i>Training/Skills Cards</i>	19	<i>Demolition</i>
8	<i>Welfare facilities</i>	20	<i>Ladders</i>
9	<i>First Aid</i>	21	<i>Safety Equipment/P.P.E</i>
10	<i>Fire/Flammable/Emergency</i>	22	<i>Site Security</i>
11	<i>Electricity inc PAT/Lighting etc</i>	23	<i>Working @ Height</i>
12	<i>Traffic Management</i>	24	<i>Health Hazards</i>

**Report Overview / Photographs**

No	Attention Required	AC	Action taken	Item closed out by / Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

 <b>SOUTHERN MAZE</b>	<b>SOUTHERN MAZE FACADES &amp; CONSTRUCTION LTD</b>	Doc Ref	Southern
		Date	2 <sup>nd</sup> September 2010
		Revision	1.0
		Author	AM Safety Specialists Ltd
<b>Part 3 Appendices</b>			

<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				
<b>21</b>				
<b>22</b>				
<b>23</b>				
<b>24</b>				

**Health & Safety Advisors' Comments:**

Report comments form given to (see name below) before leaving site

**Name:**

**ALL OPERATIVES WERE WORKING IN A SAFE MANNER AT TIME OF DEPARTURE.**

## Site Visit – Points to Action.

**Site Name:** \_\_\_\_\_

**Site Manager / Supervisor:** \_\_\_\_\_

**Date of Recommendation:** \_\_\_\_\_

Following a Health and Safety site visit the following items have been highlighted from the report for action by the Site Manager or Supervisor.

1	
2	
3	
4	
5	

The above points will appear on the **full report**, to be sent to the client within 24hrs.

**Comments by the Site Manager / Supervisor**

**Health & Safety Advisors' Signature**

**Site Manager / Supervisor Signature**

\_\_\_\_\_

\_\_\_\_\_

Top copy for Site Manager / Supervisor

Back copy to amss office

 <b>SOUTHERN MAZE</b>	<b>SOUTHERN MAZE FACADES &amp; CONSTRUCTION LTD</b>	Doc Ref	Southern
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## Recommendation Form

**Site Name:** \_\_\_\_\_

**Site Manager / Supervisor:** \_\_\_\_\_

**Date of Recommendation:** \_\_\_\_\_

The following is a recommendation for discussion or action by the Site Manager or Supervisor.

<b>Observation</b>	
<b>Recommendation</b>	

The above point is a recommendation of action and is for site use only; if action is required by a higher authority an **Inspection Comment Form** or **Site Inspection Report** must be produced.

**Comments by the Site Manager / Supervisor**

**Health & Safety Advisors' Signature**

**Site Manager / Supervisor Signature**

\_\_\_\_\_

\_\_\_\_\_

Top copy for Site Manager / Supervisor

Back copy to office

 <b>SOUTHERN MAZE</b>	<b>SOUTHERN MAZE FACADES &amp; CONSTRUCTION LTD</b>	Doc Ref	Southern
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## Working Time Directive

### WORKING TIME DIRECTIVE - EXPLANATION OF REGULATIONS

These Regulations are part of the Health and Safety Legislation and the HSE has the power to **prosecute** for breaches. Employees may enforce their rights to paid leave and rest in the Employment Tribunal. These Regulations do not apply to Road Transport.

There are different requirements for “adult workers” who have attained the age of 18 and “young workers”, who have attained the age of 15, but not 18. This guidance deals solely with how these Regulations affect adult workers.

Employees are restricted to an **average maximum working time** of 48 hours in any 7 days, including overtime, unless they have signed an agreement to the contrary. This agreement may be for a fixed period or last indefinitely. It may be cancelled by the worker at any time by giving a minimum of 7 days notice. The reference period for calculating the average weekly working time will normally be 17 weeks.

**Night workers** are defined as persons whose normal hours of work include 3 or more hours between 11 p.m. and 6 a.m. They must not on average work more than 8 hours in any 24 hours over a 17 week reference period. This restriction only applies to normal working hours and so excludes overtime.. If the work involves special hazards or heavy physical or mental strain posing a significant risk to health and safety, workers must not exceed 8 hours of night working in any 24 hour period. Employees are entitled (but need not accept) free confidential health checks before commencing night work, and then at regular intervals with a suggested minimum frequency of 12 months.

**Rest breaks** of 20 minutes uninterrupted, away from any work station are an entitlement where employees are at work for more than 6 hours. Workers are entitled to an uninterrupted **rest period** of 11 hours each day and one of 24 hours in each 7 day period. The employer may decide to provide the employees with two rest periods of 24 hours per 14 day period or one rest period of 48 hours in the same period of time.

**Paid annual leave** is an entitlement of workers who have 13 weeks continuous service. The entitlement will be 3 weeks annual paid leave from 23rd November 1998 and 4 weeks from 23rd November 1999.

Workers involved in **security activities** are one of a number of **special cases** to which the Regulations on night working, rest breaks and rest periods do not apply.

**Adequate records** must be kept by employers for 2 years showing that the requirements of a 48 hour week, night work and regular health assessments have been met. These records must be made available for inspection by any HSE or other authority appointed Inspector upon request. As regards the 17 week reference period employed to calculate average working times and night work, an adjustment must be made for holidays and sickness periods etc. taken in the reference period, by including in the calculation an equal period of days from the beginning of the next reference period.

I, **(name in full), have read the above notice and:**

- (1) Wish/do not wish to work in excess of the government’s maximum working hours of forty-eight hours per week. I understand that I may cancel this agreement at any time by giving one week’s notice in writing;
- (2) If I work at night I understand that I am required to complete a Health Questionnaire and failure to do so may result in termination of my engagement with the Company. I also understand that I am entitled to (but need not accept) a free confidential health check and the results of the Questionnaire may be verified by a medical examination at the Company’s expense.

Signed:..... (Employee) Date:.....

Signed:..... (For and on behalf of Employer) Date:.....

**Workplace Risk Assessment**



**Workplace Risk Assessment**

Location:				Risk Assessment No:							
Task / Activity:				Project No:							
Hazards				Likelihood			Severity			Risk Score	
Ref.	Key Hazards associated with the above task / Activity	Score	Probable	Occasional	Remote	Catastrophic	Critical	Serious	Marginal	Negligible	Likelihood X Severity
			3	2	1	5	4	3	2	1	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Risk Assessment Scores:		10+ Very High Risk			5-9 High Risk			1-4 Low Risk			
Persons Affected				PPE Requirements							
Operatives	Members of the Public	Visitors		Boots/Hard Hat	Hi-Viz Clothing	Ear / Eye Protection					
Other Workers	Young Persons	Others		Gloves	Respiratory Protection	Other					
Risk Avoidance											
The Hazards can be Eliminated				The Hazards can be controlled by procedures				The Hazards can be isolated from unauthorised persons			
The Hazards can be Reduced to Acceptable level				The Hazards can be controlled by Supervision				The Hazards require the use of Personal Protective Equipment			
Additional Control Measures Required											
Information/instruction/training				Management Controls				Procedural Controls			
<b>WHEN ALL THE FOLLOWING CONTROL MEASURES ARE ADHERED TO THEN RESIDUAL RISK RATING BECOMES:</b>											
Other Control Measures Required											

Additional Control Measures on reverse

