

R. W. Hill Piling Ltd



Part 3

Appendices

23rd March 2012 – 22nd March 2013

Schedule of Forms

Form Title	Page No
Cover Page	1
Schedule of Forms	2
Accident Record Report	3
CDM Inspection Report.....	4
Confined Space Work Permit.....	5
Contractor HSQE Questionnaire.....	7
CoSHH Assessment	13
Disciplinary Procedures	15
DSE Assessment	16
DSE Register	19
Fire Emergency Action Plan	22
Fire Prevention Check Sheet	23
Hot Work Permit.....	24
Incident Report.....	26
Manual Handling Assessment Form	28
Miscellaneous Plant And Equipment Report	30
Non-English Speaking Operative's Assessment Form	31
Portable Electrical Equipment Inventory	32
PAT Inspection Report.....	33
Portable Equipment Noise / Vibration Risk Assessment	34
Premises Fire Safety Assessment	35
Record of Site Induction.....	40
Risk Assessment Form for New and Expectant Mothers	41
Risk Assessment Record Sheet	42
Scaffold Safety Checklist	43
Site, Health & Safety Report.....	44
Working Time Directive	48
Workplace Risk Assessment	49

Accident Record Report

AM Safety Specialists Ltd

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.

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
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Part 3 Appendices			

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

Part 3 Appendices**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
Ok to proceed	Yes / No	Signed

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

- The above work has been completed and all persons and equipment under my direction are clear. Normal working is reinstated.
- 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 _____

Contractor HSQE Questionnaire

Contractor Health, Safety, Quality and Environmental Questionnaire

This questionnaire has been

Sent to

Sent By AM Safety Specialists Ltd

On Behalf of

Tel Number 01376 333661

NB Ensure this page is attached to the completed questionnaire

Part 3 Appendices

Company Information

AMSS
Purposes
only

Company Name	<input type="text"/>	<input type="checkbox"/>
Trade	<input type="text"/>	<input type="checkbox"/>
Registered Address	<input type="text"/> <input type="text"/> <input type="text"/>	
	Post Code <input type="text"/>	
Telephone No	<input type="text"/>	<input type="checkbox"/>
	Fax No <input type="text"/>	
E-mail	<input type="text"/>	<input type="checkbox"/>
Working Area	<input type="text"/>	<input type="checkbox"/>

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

Turnover		
Previous Year	<input type="text"/>	<input type="checkbox"/>
Current Year	<input type="text"/>	<input type="checkbox"/>
Number of Directly employed employees full and part time		
Office	<input type="text"/>	<input type="checkbox"/>
Technical	<input type="text"/>	<input type="checkbox"/>
No of self employed employees	<input type="text"/>	<input type="checkbox"/>
Does your Organisation sub-let contracts	Yes <input type="checkbox"/>	<input type="checkbox"/>
	No <input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/>	<input type="checkbox"/>
	No <input type="checkbox"/>	<input type="checkbox"/>

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%

Accident / Incident Information

Provide accident / incident statistics to date and for the previous 5 years

	Fatal	Major	Over 3 day	Ill Health	Fire	Other	Number employed	AFR
To date								
2008								
2007								
2006								
2005								
2004								

To calculate
 Accident Frequency Rate (AFR) = $\frac{\text{Total number of reportable incidents (all red boxes)} \times \text{Number of employees}}{100,000}$

Provide details of your accident/illness reporting and investigation procedure

Information provided

Yes

No

Enforcement Action

Provide enforcement statistics to date and for the previous 5 years

N.B. You should be aware that the HSE hold an enforcement database on their website which we will access to confirm information provided.

	Prohibition	Improvement	Prosecution
To date			
2008			
2007			
2006			
2004			
2003			

Information provided

Yes

No

Provide information of the enforcement action and your response.

Information provided

Yes

No

Performance Awards

Provide copies of any awards presented to your company

Information provided

Yes

No

Documentation

Health and Safety Policy - provide a copy

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

Information provided

Yes

No

Risk Assessments - provide copies relevent to this project

Information provided

Yes

No

Method Statement - provide a copy of a method statement

Information provided

Yes

No

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"/>
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

No

Is your organisation approved to a recognised Environmental Standard ISO14000

Information provided

Yes

No

Director Responsible for Quality & Environmental Issues

Name

Position

Telephone Number

Does your organisation have a Quality Manual

Yes

if so provide copies

No

Does your organisation have an Environmental policy and Manual

Yes

if so provide copies

No

Does your organisation have Environmental Risk Assessments
if so provide copies

Information provided

Yes

No

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

Name

Signature

Signature

Date

Date

CoSHH Assessment



AM Safety Specialists Ltd

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			
By Hand	<input type="checkbox"/>	Applied Dry	<input type="checkbox"/>
By Mechanical	<input type="checkbox"/>	Applied Wet	<input type="checkbox"/>
		Natural Ventilation	<input type="checkbox"/>
		Artificial Ventilation	<input type="checkbox"/>

Time of Exposure			
15 mins	<input type="checkbox"/>	1 - 4 hours	<input type="checkbox"/>
<1 hour	<input type="checkbox"/>	4 - 8 hours	<input type="checkbox"/>
		>8 hours	<input type="checkbox"/>
		Number of hours	<input type="text"/>

Route of Exposure			
Skin	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Ingestion	<input type="checkbox"/>	Cuts / Abrasions	<input type="checkbox"/>
		Inhalation	<input type="checkbox"/>
		Injection	<input type="checkbox"/>

Persons At Risk			
Users of the product	<input type="checkbox"/>	Members of Public	<input type="checkbox"/>
Other Workers	<input type="checkbox"/>	Young Persons	<input type="checkbox"/>
		Visitors	<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

Disciplinary Procedures**DISCIPLINARY PROCEDURES**

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 & Safety Policy/Procedure or contract specific safety requirements (this also includes violence to staff).

MINOR BREACHES: DISCIPLINARY PROCEDURE

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.

MAJOR BREACHES: DISCIPLINARY PROCEDURE

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.

GENERAL

All warnings are to be recorded on this form and are required to be submitted to Head Office immediately.

The Company Safety Officer must be informed of all warnings issued to the employees and Sub-Contractors employees during inspection/safety meetings etc.

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.

NAME OF OFFENDER	
ADDRESS OF OFFENDER	
TELEPHONE No.	
EMPLOYER	
EMPLOYERS ADDRESS	
TELEPHONE No.	
LOCATION WHERE OFFENCE TOOK PLACE	
DETAILS OF THE OFFENCE	
ACTION TAKEN	
SIGNATURE OF MANAGER / SUPERVISOR REPORTING THIS OFFENCE	
SIGNATURE OF OFFENDER	

DSE Assessment

AM Safety Specialists Ltd

**DISPLAY SCREEN EQUIPMENT
SPECIFIC WORKSTATION ASSESSMENT**

COMPANY _____

NAME OF USER _____

LOCATION OF WORKSTATION _____

GENERAL DESCRIPTION OF EQUIPMENT _____

PC number _____

REASON FOR ASSESSMENT	TICK		
Initial assessment			
Major change to Hardware etc		Date of assessment	
Major change to furniture		Date of last assessment	
Workstation relocation			
Periodic Review		Assessors Name	
Requested by user		Position	

WORKSTATION ASSESSMENT

(Refer to Assessment Guidance)

	YES	NO	
VISUAL DISPLAY SCREEN			
Are the display characters easy to read?			
Is the screen stable and free from flickering?			
Are there controls for brightness and contrast?			
Can the screen be tilted and swiveled easily?			
Is it possible to adjust the height of the screen?			
Is the screen free from uncomfortable glare and reflection?			
Is the screen kept clean?			
KEYBOARD & MOUSE			
Is the keyboard separate from the screen?			
Is the keyboard tiltable?			
Is there enough space in front of the user to rest hands, lower arms and wrists when using the keyboard and mouse?			
Is the keyboard non-reflective?			
Are the keyboard symbols easy to read?			
Is the mouse suitable?			
WORK DESK OR SURFACE			
Does the surface have a low reflection?			
Is it large enough for all equipment and to allow for a flexible arrangement?			

Part 3 Appendices

Is work positioned to lessen head/eye movement?			
Is there enough space below the desk for the user to find a comfortable leg position?			
Are all the data and electrical cables/equipment in good condition and tidy?			
DOCUMENT HOLDER			
Is a document holder required?			
Is a document holder supplied?			
Is the document holder suitable?			
If provided, is the document holder stable and adjustable?			
WORK CHAIR			
Is the chair stable (5 casters)?			
Does it allow for ease of movement and a comfortable position?			
Can the seat height be adjusted whilst sitting?			
Is the seat back adjustable, both in height and tilt?			
Can the user place both feet flat on the floor?			
Is there a footrest available?			
Is a footrest required?			
ENVIRONMENT			
Is the humidity and temperature adequate in the room?			
Is there enough space for the user to change position and vary movements?			
Is the room lighting adequate for both task and the user, with extreme light or dark areas?			
Is the lighting suitable for DSE screen ie provision of blinds, diffusers etc?			
Can the workstation be adjusted to avoid glare and reflection?			
Is an anti-glare screen required?			
Is the working area free from excessive noise?			
Is the workstation and area around clean/tidy?			
HUMAN FACTOR			
Does the user require an appropriate eyesight test for the purpose of the use of display screens?			
Has the user had an eyesight test?			
Have corrective appliances been issued?			
Does the user suffer from restricted joint movement?			
Is the user fully trained in the use of the workstation and of the display screen equipment?			
Is the user fully trained and fully understands software in use?			
Does the system of work permit breaks from screen/keyboard activities?			

ASSESSMENT SUMMARY

DESCRIPTION	RECOMMENDATIONS	ACTION TAKEN	DATE
Visual Display Screen			
Keyboard/Mouse			
Desk/Table/Worktop			
Document holder			
Chair			
Foot/Wrist rest			
Working environment			
Human factor (Job, design, training etc)			
Eye testing			

Assessment completed by: Signature Assessor

Assessment accepted by: Signature User

Part 3 Appendices

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 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?

Part 3 Appendices

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?

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

If it was a personal injury, give details of what the

For official use

Client number	Location number
_____	_____
Event number	REP ___Y___N

	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

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.

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

Hot Work Permit



Project:			Job Number:						
Trade Contractor:									
Method Statement Ref:				Permit Number:					
Description of work and location:									
Details of Equipment to be used									
Disc cutter / grinder	Yes	No	Welding	Yes	No	Hot flame cutting	Yes	No	
Hot Air guns	Yes	No	Others Please Specify						
Control Measures to be Implemented									
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							Yes	No	N/A
Fire extinguisher to be available							Yes	No	N/A
Gas cylinders upright and secure.							Yes	No	N/A
Gas cylinders fitted with anti flashback device							Yes	No	N/A
Areas to have barriers / screens							Yes	No	N/A
Fire resistant sheets required to prevent sparks in adjacent areas							Yes	No	N/A
Fire protection/detection systems isolations required (state below additional precautions if YES)							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:				Accepted by					
Date:				Sign.....					
Start Time:				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.....									
This Permit is valid for 1 day only on the date shown above.									

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

Names of Operatives undertaking Hot Works	Signature	Date

We confirm that we have read and understood the method statement and risk assessment for these works and accept the conditions of this permit.

This permit must be kept with you at all times when undertaking the works.

The area must be checked one hour after the hot works has finished.

Signed off permit to be returned to permit issuer

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

Incident Report



INCIDENT REPORT		OFFICE USE ONLY	No. S.A.		
Client					
H.O. Address					
Tel No.			Fax No.		
GENERAL DETAILS					
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
	Address			Age	
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

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

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	

Manual Handling Assessment Form

MANUAL HANDLING OPERATIONS ASSESSMENT FORM				
CLIENT NAME				
LOCATION (Site)				
ASSESSMENT BY (Please Print)		SIGNED		
POSITION		DATE	REVIEW DATE	
LAST ASSESSMENT BY		DATE OF LAST ASSESSMENT		
1.a THE TASK DESCRIPTION	ERGONOMIC CHECK LIST Does the task include:		Yes	No
	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			
1.b REQUIRED CHANGES	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			
2.a THE LOAD DESCRIPTION	LOAD FACTOR CHECK LIST Is it:		Yes	No
	A) Heavy (over 20 kg - state or estimate weight)			
	B) Bulky or unwieldy			
2.b REQUIRED CHANGES	C) Difficult to grasp			
	D) Sharp, hot/cold			
	E) Unstable/likely to shift			
3.a THE WORKING ENVIRONMENT DESCRIPTION	ENVIRONMENT CHECK LIST Are there:		Yes	No
	A) Space constraints preventing good posture			
	B) Uneven floors			
	C) Steps or slopes			
	D) Extremes of temperature, humidity or air movement			
3.b REQUIRED CHANGES	E) Poor lighting conditions			
	F) Extremes of noise			
	G) Wet slippery floors			
	H) Adverse weather conditions			

	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

Non-English Speaking Operative's Assessment Form



NON-ENGLISH SPEAKING OPERATIVE'S ASSESSMENT FORM

Company Name:	Contract Number:
---------------	------------------

The following form should be completed for people to be employed on site that does not have English as his or her first language and may or may not have the ability to speak and understand English sufficiently for their own safety and to enable the company to identify who can translate into English.

Assessment Details:					
Project:		Date of Assessment:			
Operative Details:					
Operatives Name:		Employer:			
Native Language:		Position:			
Assessment (Please circle the level which reflects the ability of the operative)					
Understanding:	1. None	2. Poor	3. Fair	4. Good	5. Full
Speaking:	1. None	2. Poor	3. Fair	4. Good	5. Fluent
Assessors Details (Note: the Native language of the translator MUST be the same as that of the operative).					
Site Managers Name:		Signature			
Translator Nomination					
<p>Where the operative is rated level 5 in both categories i.e. understanding and speaking English and they volunteer to become a nominated 'translator' the Site Manager shall explain the duties of a translator to the operative and place a tick in the box opposite.</p> <p>The newly appointed translator should sign the box in the bottom right hand corner of this form.</p>					
<p>As a nominated translator you take on the duty and responsibility to:</p> <ul style="list-style-type: none"> • Translate health and safety information to other operatives when requested to do so. • Fully understand the information yourself before translating it to others. • Ensure that the person to whom you provide a translation fully understands what you have said to them. • If you feel that they did not understand, refer them to the Site Manager. 					
As a nominated translator, I agree to abide by the duties expected of me as set out above.			Signature:		

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 _{Aeq} dB)	Exposure duration (hours)	Exposure points (job/task)	Exposure points per hour	Daily noise exposure (L _{EP,d})
0	0			

Vibration Assessment									
Vibration magnitude m/s ² r.m.s.	Exposure points per hour	Time to reach EAV 2.5 m/s ² A(8)		Time to reach ELV 5 m/s ² A(8)		Exposure duration		Partial exposure m/s ² 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

Storage Requirements

Comments

Vibration Risk	Low	Mid	High		Noise Risk	Low	Mid	High
----------------	-----	------------	------	--	------------	-----	------------	------

Key - EAV daily exposure action value - ELV daily exposure limit value

	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

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.

	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

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.

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.

Premises Fire Safety Assessment Checklist

CLIENT				
ADDRESS				
BRIEF DESCRIPTION				
No.	ITEMS TO BE CHECKED	Yes	No	N/A
1	Has there been an outbreak of fire, however minor at the site in the last five years?			
2	Are flammable liquids kept in safe and secure storage?			
3	Are there any cylinders of flammable gas?			
4	Are significant quantities of combustibile waste materials allowed to accumulate in corridors?			
5	Are significant quantities of combustibile materials stored or displayed?			
6	Are there arrangements to control high fire risk activities of building works contractors?			
7	Are there substantial areas of combustibile linings to walls, ceilings and floors?			
8	Are there any other readily combustibile materials that pose a serious fire hazard?			
9	Do the activities include cooking, welding, flame cutting or similar processes?			
10	Does a permit to work system control all hot works?			
11	Does the premises have oil or gas fuelled heating?			
12	Is smoking permitted within the premises?			
13	Are any non-smoking areas clearly defined and enforced?			
14	Is the workplace adequately compartmentalised with respect to spread of fire?			
15	Are there any light bulbs or fittings too near readily combustibile materials?			
16	Are there portable electrical heaters, cooking equipment or lamps in the workplace?			
17	Is all-electrical equipment tested at the appropriate intervals?			
18	If staff is allowed to bring their own electrical equipment to work is it PAT tested?			
19	Are there any faulty electrical equipment, wiring or connectors in use?			
20	Are there any temporary electrical installations such as extension leads in use?			
21	Are staff required & trained to perform a visual inspection of electrical equipment before use?			
22	Are there any multi-point adapters in electrical sockets?			
23	Where practicable, is all electrical equipment switched off and plugs removed at night?			
24	Are the fixed electrical circuits inspected and tested every 5 years by a competent person?			
25	Has arson ever been identified as a problem at your workplace?			
26	Has all staff including contractors been trained in fire safety awareness and fire procedures?			
27	Are there adequate arrangements to ensure that there is early warning of outbreak of fire?			
28	Are the travel distances to protected corridors/staircases or exit doors 50 metres maximum?			
29	Are the escape routes fire protected for at least 30 minutes?			
30	Do areas with over 60 occupiers have at least two adequate exit doors?			
31	Are the escape routes provided with escape lighting if required?			
32	Is the escape lighting system inspected and tested quarterly by a competent engineer?			
33	Are the escape routes of adequate width?			
34	Are the escape routes adequately sign posted?			

Part 3 Appendices

No.	Items to be Checked	Yes	No	N/A
35	Are fire instruction notices prominently displayed in all areas?			
36	Are fire doors able to prevent the rapid spread of smoke, toxic gases and flame?			
37	Are fire doors properly maintained to ensure they are adequately self-closing?			
38	Are fire doors held open in any manner apart from electro-magnetic holders?			
39	Are fire doors free from large gaps around them and from damaged or obstructed glazing?			
40	Have fire doors been provided with intumescent strips and smoke seals, are these checked?			
41	In corridors is the distance between fire doors a maximum of 30 metres?			
42	Is the glazing between rooms and corridors fire resistant?			
43	Are the doors to rooms leading directly off stairwells, fire resistant and self-closing?			
44	Are there sufficient staff to carry out special functions in a fire i.e. evacuation marshals?			
45	Have the evacuation marshals been adequately trained in their roles?			
46	If there are wheelchair users on upper floors, can they be quickly evacuated?			
47	Are occupiers aware of the location of any fire evacuation lifts and refuges?			
48	If one is required, is there a modern electrical fire alarm system?			
49	Can the fire alarm be clearly and distinctively heard above ambient noise, in all areas?			
50	In the workplace, is the maximum travel distance to a fire alarm call point 30 metres?			
51	Are occupiers aware of the locations of the call points and how to use them?			
52	Is each call point tested at least once each quarter?			
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?			

Part 3 Appendices

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

Fire Safety Improvements required			
Name of Assessor		Signed	
Date		Review Date	

Record of Site Induction

AM Safety Specialists Ltd

Record of Site Induction

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 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		

Risk Assessment Form for New and Expectant Mothers

Risk Assessment Form for New and Expectant Mothers

To be completed jointly by the line manager and the employee

Employee's Surname:
Employee's first name:
Date of birth:
Date the baby is due/was born
Employee's job title:
Department
Phone number
Manager's name
Brief summary of work processes:
Number of hours and shift/pattern

1) Exposure to physical agents:	Yes	No
Periodic manual handling of loads		
Extremes of cold and heat		
Ionising radiation		
Night work		
Whole body vibration		
Awkward spaces and workstations		
Noise		
Other (please specify)		

2) Exposure to chemical agents	Yes	No
Antimitotic (cytotoxic) drugs		
Carcinogens (as defined in CoSHH)		
Chemicals known to be absorbed through the skin		
Lead or lead derivatives		
Mercury or mercury derivatives		
Prolonged exposure to carbon monoxide		
Substances labelled R40 (Possible risk of irreversible effects)		
Substances labelled R45 (May cause cancer)		
Substances labelled R46 (May cause inheritable disease)		
Substances labelled R49 (May cause cancer by inhalation)		
Substances labelled R61 (May cause harm to the unborn child)		
Substances labelled R63 (Possible risk of		

harm to the unborn child)		
2) Exposure to chemical agents cont'd	Yes	No
Substances labelled R64 (May cause harm to breast fed babies)		
Substances labelled R68 (Possible risk of irreversible effects)		
Other (please specify)		

3) Exposure to biological agents:	Yes	No
Blood or body fluids		
Clinical specimen		
Toxoplasmosis		
Cytomegalovirus		
Rubella virus		
Group 2, 3 or 4 biological agents		
Fumigants or biocides		
Other (please specify)		

4) Exposure to external factors:	Yes	No
Stressful situations (to be discussed with manager)		

5) Any other problems at time of assessment	Yes	No
Backache		
Swollen feet		
Morning Sickness		
Other (please specify)		

Employee's signature _____ Date _____

Assessor's signature _____ Date _____

If you ticked "yes" in any box in sections 1 to 5, please: give details; and if need be, take advice; and specify any action to reduce risks.

Please keep a copy on file

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

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

Scaffold Safety Checklist

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

Site, Health & Safety Report.


AM Safety Specialists Ltd

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

AC		AC	
1	<i>Statutory Documentation Reviewed</i>	13	<i>Housekeeping/Storage of materials</i>
2	<i>Health & 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				

17				
18				
19				
20				
21				
22				
23				
24				

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.

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			



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

HILL PILING	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			



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.

Observation	
Recommendation	

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

	R.W.Hill Piling Ltd	Doc Ref	RWHPL01
		Date	March 2012
		Revision	5.0
		Author	AMSS
Part 3 Appendices			

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



AM Safety Specialists Ltd

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	Probable	Occasional	Remote	Catastrophic	Critical	Serious	Marginal	Negligible	Likelihood X Severity
		Score	3	2	1	5	4	3	2	
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						
WHEN ALL THE FOLLOWING CONTROL MEASURES ARE ADHERED TO THEN RESIDUAL RISK RATING BECOMES:										
Other Control Measures Required										

Additional Control Measures on reverse

