

Part 1: Basic Information

PROJECT SUMMARY

Project name:		Project reference:	
Summary of the project:			
Site address:		Start date:	
		Finish date:	
Issue date:		Document number:	

CONTRACTED COMPANY'S DETAILS

Company name:		Main contact number:	
Address:		Name of works supervisor:	
		Job title:	
		Contact number:	

HEALTH & SAFETY CONTACT DETAILS

Name:		Contact number:	
Name:		Contact number:	

Part 2: Further Information

HEALTH & SAFETY PROCEDURES

Name of on-site first aider:		On-site first aid box location:	
Address of nearest hospital:		Designated evacuation meeting point:	

WORK PERMITS *(e.g. Permit to Work, Isolation Certificates)*

Permit name:		Finalised?:	<input type="radio"/> Yes/No <input type="radio"/>
Permit name:		Finalised?:	<input type="radio"/> Yes/No <input type="radio"/>

STAFF TRAINING REQUIREMENTS

EQUIPMENT NEEDED *(e.g. scaffolding, plant, etc.)*

REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)

						
Hard hats	Safety boots	High-visibility jackets	Safety gloves	Eye protection	Hearing protection	Respiratory protection
<input type="radio"/> Yes/No <input type="radio"/>	<input type="radio"/> Yes/No <input type="radio"/>	<input type="radio"/> Yes/No <input type="radio"/>	<input type="radio"/> Yes/No <input type="radio"/>	<input type="radio"/> Yes/No <input type="radio"/>	<input type="radio"/> Yes/No <input type="radio"/>	<input type="radio"/> Yes/No <input type="radio"/>

WASTE DISPOSAL ARRANGEMENTS *(e.g. Hazardous substances that are identified during COSHH Assessments and any other arrangements that are in place)*

ORDER OF OPERATIONS

A step-by-step method that should include: working procedures; the equipment and materials needed; what hazards will be present; how to reduce the risks associated.

OTHER IMPORTANT INFORMATION