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| **CONTRACTORS HEALTH & SAFETY CHECKLIST**  **(Use this to check the health and safety systems in place for self -employed contractors and Sub contractors used by your company)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contractor No.** | |  | | | | | | | **Project No.** | | | |  | | | | | | | | | | | | | **Order No.** | | | | | | |  | | |
| **Name of Contractor** | | | |  | | | | | | | | | | | | | | | | | | **Telephone number** | | | | | | | | | |  | | | |
| **Responsible Person** | | | |  | | | | | | | | | | | | | | | | | | **Contact number** | | | | | | | | | |  | | | |
| **(COMPANY NAME) Representative** | | | |  | | | | | | | | | | | | | | | | | | **Contact number** | | | | | | | | | |  | | | |
| **Names of Sub Contractors** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | **Total employed on task** | | | | | | | | | | | | |  | | | |
| **Brief Description of Task** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Work to Commence** | | |  | | | | | | | | | | | **Estimated Completion Date** | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | **DOCUMENTATION TO BE SUPPLIED BY CONTRACTOR** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **SSIP** | **Yes** | | | | | | |  | | | | **No** | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Health & Safety Policy | | | | |  | | Insurance Certificates | | | | | EL | | |  | PL |  | | | | Waste License’s | | | | | | |  | | | Environmental Policy | | | |  |
| Risk Assessments | | | | |  | | Method Statements | | | | |  | | | Training certificates | | | | |  | | | | | | | | | | | | | | | |
| **EQUIPMENT & MATERIAL TO BE BROUGHT ON SITE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abrasive Wheels | | |  | | | Explosives | | | |  | | Power Operated Tools | | | | | | | | | | |  | | Stud Guns /Nail Guns | | | | | | | | | | |
| Display Screen Equipment | | |  | | | Fire Equipment | | | |  | | Pressure Vessels | | | | | | | | | | |  | | Mechanical Diggers | | | | | | | | | | |
| Breathing Apparatus | | |  | | | Flammable Liquids/Gases | | | |  | | Radioactive Substances | | | | | | | | | | |  | | Forklifts/Plant | | | | | | | | | | |
| Burning/welding | | |  | | | Laser | | | |  | | Skips | | | | | | | | | | |  | | Vehicles | | | | | | | | | | |
| Chemical/Corrosive | | |  | | | Lifting Equipment | | | |  | | Scaffolding/Ladders | | | | | | | | | | |  | | Wood Working Machinery | | | | | | | | | | |
| Effluent Plant | | |  | | | Mobile Crane/Platform | | | |  | | Sewage/Drains | | | | | | | | | | |  | | Other Portable Appliances – test certificates etc. | | | | | | | | | | |
| Electrical | | |  | | | Pneumatic Drills | | | |  | | Site Huts/Storage | | | | | | | | | | |  | | Other (specify) | | | | | | | | | | |
| **POSSIBLE SITE HAZARDS** | | | | | | | | | | | | **GENERAL ARRANGEMENTS** | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle movement | | |  | | | Unfenced Machinery | | | |  | | Work Method Statement | | | | | | | | | | | |  | Storage facilities | | | | | | | | |  | |
| Dangerous fume/Lack of oxygen | | |  | | | Overhead cranes | | | |  | | Vehicle Movement/Parking/Speed restrictions | | | | | | | | | | | |  | Security/Site Access & Boundaries | | | | | | | | |  | |
| Corrosive/Toxic/hot Liquids | | |  | | | Fragile roofs | | | |  | | Certificates of Competence (FLT/Scaffolding) | | | | | | | | | | | |  | Emergency Evacuation procedure | | | | | | | | |  | |
| Hazardous Chemical  (Company Name) | | |  | | | Asbestos | | | |  | | Welfare facilities | | | | | | | | | | | |  | Accident/incident reporting | | | | | | | | |  | |
| Gas/Liquid under pressure/Steam | | |  | | | Radioactive substances | | | |  | | F/A & Medical Facilities | | | | | | | | | | | |  | Services available | | | | | | | | |  | |
| Fire/Explosion | | |  | | | Working at height | | | |  | | Company Equipment available | | | | | | | | | | | |  | Hours of Work | | | | | | | | |  | |
| Electricity | | |  | | | Hazard to Local employees | | | |  | | Control of Waste | | | | | | | | | | | |  | Other (specify) | | | | | | | | |  | |
| **ALL ITEMS TICKED HAVE BEEN DISCUSSED WITH THE CONTRACTOR NAMED ABOVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permits Required | | | **Y** | | |  | | | | | **N** |  | | | | | | | | | | | | | | | | | | | | | | | |
| Signed for Contractor  Signature | | | | | |  | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | |