

Risk Control Form

This checklist should be completed at the pre-site meeting with the Main Contractor. It is a guide to ensure relevant points are considered when considering building work in the workplace.

Information should be agreed and recorded as minutes of the meeting and a copy attached to this form.

THIS FORM SHOULD BE KEPT ON SITE THROUGHOUT THE DURATION OF THE WORK

Contract Details

Establishment:	Start Date:
Main Contractor:	Finish Date:
Any Sub Contractor(s):	Order No:
Person in Charge:	Type of Work:
Exact Location of Work:	Scope of Work:
Standards Applicable:	Contingency Plan:

Information to Contractor

Is there any relevant health and safety information you need to give to the contractor(s), eg known asbestos in premises, fire alarms, playtimes, access needs, security systems, details of any prohibited areas, fragile roofs, any services deliveries, etc?

Information from Contractor

Contractors should have identified any potential problems in their risk assessment. You should ask them about this. If you have doubts, you should contact Facilities Management or Occupational Safety Team.

Access

What are the arrangements for the storage and transporting of plant, equipment, materials and waste?

Are these likely to create any danger for staff, public, service users or visitors?

Will the contractor's vehicles need access through areas with pedestrians?

If so, can they be segregated from staff, public and visitors by timing or physical barriers? If not, what alternative arrangements can be made?

Will the contractor be providing traffic marshal (banksman) assistance during the loading/unloading or vehicle/plant manoeuvring?
Are there restrictions on times of access for delivery of materials?
Is it safer for the contractor to be given full or partial possession of the worksite? Will there be a loss of accommodation or facilities? If so, what temporary arrangements need to be made? It is always better that the work hazards can be segregated from the people at risk.
Does the contractor need to fence any areas off, and do you need to take any additional precautions within your control to prevent danger to staff, public, service users or visitors? Should information be sent round, eg notices, etc?

Welfare

Will contractor have use of toilet facilities? If so, where?
Will rest/canteen facilities be available?

Disruptions

Are there any implications for daily cleaning routines?
Has cleaning time on the completion of the work been allocated? Who is going to carry out the cleaning?
Will there be a need for any service connection/disconnection/diversion, particularly gas/water/electricity? If so, will it affect the building and/or occupants, refrigerators, toilets, meals, heating, computers, etc?
Will there be excessive noise levels? If so, how will they be controlled?
Is there a restriction on working times?
Will there be excessive amounts of dust created? If so, how will it be controlled?

Fire Safety

Will exit routes/ fire doors be kept clear of obstructions? If not, what action will need to be taken and where?
Will smoke/heat detectors be affected? If so, which ones and what action will need to be taken?

Will the fire alarm be affected? If so, what action will need to be taken?
Is there any "Hot Work" involved? If so, what precautions will need to be taken and where?

Security

What safety and security measures are required for the premises, materials, and equipment? How will this be achieved?

Hazards

Will electricity extension cables be used? If so, where?
Will protective boarding/barriers be used where fragile roofs/windows are present? Give exact locations.
Will protective barriers be used for excavations/floor traps? If so, where?
Will there be fumes from any source, eg paints, gases etc? If so, specify materials/precautions.

Are there any hazardous substances to be used? If so, what special precautions/control measures will need to be taken?
Has the contractor made arrangements to ensure open containers of hazardous substances are properly supervised?
Additional Information.

**If conditions change or any variation affects the work, amend the checklist.
 If in any doubt about Safety issues, contact the Occ. Safety Team**

Signed Print Name
 Date.....
 (Manager/Building Custodian)

Signed Print Name
 Date..... Job Title
 (Contractors Representative)