















P.P.E (Tick as appropriate. Note: Helmet, safety footwear and hi-vis clothing are mandatory for construction work)



Hard Hat 	Safety Shoes 	Hi-vis vest 	Eye Protection 	Gloves 	Ear Protection 	Respiratory Eq. 	Overalls 	Dusk Mask 	Fall Arrest 
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Foreseeable Risks and Control Measures

Tick Circle to Indicate Hazard Present Place X in the box to the immediate left of the required Control

Work At Height 	Safe work platform Cordon off area below Grounds person Certified MEWP	Check by Engineer Signage in Place Harness to be worn Check before use(GA3)	Manual Handling 	Training provided Use team lifts Use lifting aids Use correct technique	Certs for lifting aid Appropriate clothing Load stability Weight assessed
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Ladders 	Podium Ladder Metal ladders not in use Correct ladder angle 1:4 Fall arrest equipment in use where required	Ladder to be footed Area cordoned off Correct ladder type GA3 check	Slip/Trips 	Clean as you go Signage in Place Designated storage area Daily Audits	Safe disposal of waste Designated owner Report any defects Waste segregation
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Environmental 	Chemicals on site SDS check and submit Waste removed. Ear protection	Out of hours Work Area Isolated Dust control	Fire 	Fire Fighting equipment Emergency exits clear Fire Exits Identified Waste Material Removed	Hot Works permit Facilities Notified Dedicated fire watch Notify out of hours work
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Vehicles 	Trained/Licensed driver Keep pedestrians clear Certified (GA1, GA2) Obey speed limits	Staff, Students, visitors 	Erect barriers/signs Notify works Approved TMP Security notified	Electricity 	No live works 110V tools only Tools checked (PAT) No trailing leads
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List any additional control measures required to complete the works safely: _____
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Declaration by Contractors/Suppliers Supervisor for the Work. I confirm that the above information is correct.
Name (Block Capitals): _____ Signature: _____ Date: _____

Team Member Sign Off- I confirm that I have been briefed on/read the above plan/precautions and confirm that work will be completed in accordance with the above plan. (Use additional page for extra names)

Name Printed	Signature	CSCS	Safe Pass #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorisation (This section is to be completed by B&E Dept. Authorised Representative)

Additional B&E Dept. safety requirements or comments? _____

Approved by: _____ Name (Block Capitals) _____ Signature _____ Date _____

B&E Dept. Representative:

UL Contact Numbers	Coordination with others in area
Buildings and Estates Dept.: 061 202001/6	Will other contractors or persons be affected by the proposed work?
Security (After Hours): 061 202010	Have they been informed of the hazards? Yes <input type="checkbox"/> N/A <input type="checkbox"/>
UL Campus Emergency Number: 061 213333	If yes, notified by whom?:

Contractor/Suppliers Supervisor to initial below each day that works are ongoing to confirm that no new hazards have been introduced.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The above is a non-exhaustive list of hazards & controls. A new Safe Plan of Action must be completed when the task or the environment changes.

This form must be returned to the B&E Dept. on completion of the works