

CR134. RECORDS OF INSPECTION

INSPECTION FORMS

- **CR085: Handheld Tool Inspection Sheet**
- **CR086: Plant Maintenance Inspection Form (Daily/Weekly)**
- **CR087: Excavation Inspection Form (Daily/Weekly)**
- **CR088: Scaffold inspection Form (Pre-start/ Weekly)**
- **CR014: Workplace Inspection Report**

CR089: CHECKLISTS

- **Confined Spaces Checklist**
- **Lifting Equipment Checklist**
- **Mobile Crane Checklist**
- **Mobile Work Equipment Checklist**
- **Plant Checklist**
- **Abrasive Wheels Checklist**
- **Guidance Chart for using Excavators as Cranes**
- **Hiring Checklist for Excavators**

CR086: Plant Inspection Sheet

Environment management System: Revision : 0.02 Date: 27/03/19



PROJECT DETAILS		PLANT DETAILS	
Site Name:		Plant:	
Report filled out by		Driver:	
Week Beginning:		Make/Type:	

CHECKS & REMARKS	NOTES												
<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td>X</td></tr> </table> <p>OK NOT OK NOT APPLICABLE (See REMARKS)</p>	1	2	3	X				X				X	An inspection needs to be made daily for all different plant on site. These will all require a separate sheet.
1	2	3											
X													
	X												
		X											

PLANT & MACHINERY	#	MON	#	TUE	#	WED	#	THUR	#	FRI	#	SAT	#	WEEKLY
Fuel	M1		T1		W1		TH1		F1		S1			
Radiator / Water Level	M2		T2		W2		TH2		F2		S2			
Engine Oil	M3		T3		W3		TH3		F3		S3			
Hydraulic Oil / Transmission Oil	M4		T4		W4		TH4		F4		S4			
Tyres / Condition	M5		T5		W5		TH5		F5		S5			
Tyres / Pressures	M6		T6		W6		TH6		F6		S6			
Wheel / Wheel Nuts	M7		T7		W7		TH7		F7		S7			
Steering	M8		T8		W8		TH8		F8		S8			
Tracks Inc. Adjustment	M9		T9		W9		TH9		F9		S9			
Rops	M10		T10		W10		TH10		F10		S10			
Mast / Jib Assembly	M11		T11		W11		TH11		F11		S11			
Brake Fluid Level	M12		T12		W12		TH12		F12		S12			
Brakes / Clutches	M13		T13		W13		TH13		F13		S13			
Lights / Indicators / Beacon	M14		T14		W14		TH14		F14		S14			
Horn	M15		T15		W15		TH15		F15		S15			
Emergency Systems	M16		T16		W16		TH16		F16		S16			
Safety Protection (Guards, etc)	M17		T17		W17		TH17		F17		S17			
Quick Hitch Devices/ Other Ancillaries	M18		T18		W18		TH18		F18		S18			
Battery													W1	
Grease (Grease Nipples)													W2	
Safe Load Indicator													W3	
Clean Machine													W4	

Signed (Inspector)

Signed (Driver)

#	REMARKS / ACTIONS	ACTION BY	COMPLETE

CR087: Excavation Inspection Sheet

Environment management System: Revision: 0.02 Date: 27/03/19



PROJECT DETAILS		EXCAVATION DETAILS													
Site Name:		Excavation Locations:													
Report filled out by		Description of Work:													
Week Beginning:															
CHECKS & REMARKS		NOTES													
<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table> <p>OK NOT OK NOT APPLICABLE (See REMARKS)</p>		1	2	3	X				X				X	<p>An inspection needs to be made daily for all different plant on site. These will all require a separate sheet.</p>	
1	2	3													
X															
	X														
		X													

EXCAVATION CHECKS	#	MON	#	TUE	#	WED	#	THUR	#	FRI	#	SAT
Presence of services	M1		T1		W1		TH1		F1		S1	
Support for services	M2		T2		W2		TH2		F2		S2	
Depth of excavation	M3		T3		W3		TH3		F3		S3	
Base Conditions	M4		T4		W4		TH4		F4		S4	
- Water in base	M5		T5		W5		TH5		F5		S5	
- Free from fallen material	M6		T6		W6		TH6		F6		S6	
Sides of excavation	M7		T7		W7		TH7		F7		S7	
Protection from falling objects	M8		T8		W8		TH8		F8		S8	
Protection from public	M9		T9		W9		TH9		F9		S9	
Barriers & lighting	M 10		T 10		W 10		TH 10		F 10		S 10	
Safe access	M 11		T 11		W 11		TH 11		F 11		S 11	
Temporary Bridges	M 12		T 12		W 12		TH 12		F 12		S 12	
Traffic control	M 13		T 13		W 13		TH 13		F 13		S 13	
Adjacent Structures	M 14		T 14		W 14		TH 14		F 14		S 14	
Support Equipment	M 15		T 15		W 15		TH 15		F 15		S 15	
Atmosphere within excavation	M 16		T 16		W 16		TH 16		F 16		S 16	

Signed (Inspector)

#	FAULTS FOUND / ACTIONS TAKEN	ACTION BY	COMPLETE

Continue overleaf if necessary

CR088: Tower Scaffold Inspection Sheet



Environment management System: Revision : 0.02 Date: 27/03/19

PROJECT DETAILS															
Site Name:		Date:													
Report filled out by		Location:													
CHECKS & REMARKS		NOTES													
<table border="1" style="display: inline-table; border-collapse: collapse; margin-right: 10px;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>X</td><td style="background-color: #ffcccc;"></td><td></td></tr> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td>X</td></tr> </table> OK NOT OK NOT APPLICABLE (See REMARKS)		1	2	3	X				X				X	Before first use After substantial alteration After any event likely to have affected its stability, i.e. strong winds At regular intervals not exceeding seven days (Weekly) Do NOT use any scaffolds until your safety as been ensured.	
1	2	3													
X															
	X														
		X													

TOWER SCAFFOLD CHECKS	#	CHECK
Is this person erecting the scaffold competent? (Holding a CITB Card) If not, competent person must check scaffolding.		
Has the manufacturer's instructions for erection been provided?		
Is the scaffold constructed of sound, materials in good condition?		
Is the tower vertical and are the legs resting on firm, level ground?		
Are the wheels and outriggers locked		
Is the tower secured to a rigid structure?		
(Only if it is likely to be subjected to significant wind loads)		
Is their safe access to ht platform?		
Are there adequate guard rails, mid rails and toe boards provided?		
Is the platform lower than 3 times the minimum base dimension for use?		

Competent Person Signature: **Print:** **Date:**

#	REMARKS / ACTIONS	ACTION BY	COMPLETE

Continue overleaf if necessary

CR014: Workplace Inspection Report

Environment management System: Revision: 0.02 Date: 27/03/19



PROJECT DETAILS			
Site Name:		Date:	
Site Manager:		Time:	
Report filled out by:		Weather conditions:	
Accompanied by:		Description of current activities:	

CHECKS & REMARKS	RELATED DOCUMENTS												
<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table> <p>OK NOT OK (See REMARKS) NOT APPLICABLE</p>	1	2	3	X				X				X	<p>MTL Deployment Form H&S File</p>
1	2	3											
X													
	X												
		X											

INSPECTION OBSERVATIONS			
#			Employee Safety / Personal Protective Equipment
A1			General PPE being worn
A2			Noise levels monitored/ PPE appropriate
A3			Inhalation risk assessed / PPE appropriate
A4			Absorption via risk assessed / PPE
#			Welfare Facilities
B1			Washing facilities (hot/cold)
B2			Lavatories
B3			Eating facilities
B4			First aid kit / facilities
B5			Warning signs present and appropriate
B6			Emergency showers
B7			Decontamination zones
#			Tools, Equipment & Machines (TEM's)
C1			Right TEM's for the job
C2			Are Tem's being used correctly
C3			Are TEM's in safe condition
C4			Are certificates on site/ valid
C5			Are ladders in safe condition/ secure
C6			Are scaffolds well constructed Hand rails, toe boards fitted Emergency exits present/ adequate
C7			Are maintenance sheets complete and up to date.
#			General Site Maintenance
D1			Are excavations secure
D2			Are ramps secure
D3			Are slip/ trips/ falls present
D4			Site Security/ fencing correct
D5			Traffic management plan present/ used
D6			All signage in place and correct
D7			Fuel storage
D8			Storage of waste / materials
#			Fire
E1			Fire extinguishers correct type/ service
E2			Explosion meter correct/ serviced
#			Work Procedures / Documentation
F1			Health & Safety File available/ up to date Site Induction packs available
F2			Work Permits completed / complied with
F3			Method Statements understood/ followed
F4			Risk Assessments understood/available
F5			Health & Safety Plan available/ up to date
F6			WML implications understood
F7			Discharge/Abstraction licences understood
F8			Validation regime correct/ implemented
F9			Consignment / Transfer Notes
#			Environment
G1			Environmental Monitoring/ records
G2			Environmental pollution controls: Air emissions (dust/ VOC/ odour/ noise) Water protection (leaks/spills/surface water, bunds/sumps)
G3			Incident Management
G4			Waste Correctly classified / stored/ labelled Correctly documented Resource Efficiency
#			Nuisance
H1			Noise/dust/odour
H2			Condition of public road/pavement
H3			Litter/ scavengers/ pests
#			Other
I1			Any inappropriate behaviour observed

#	REMARKS / ACTIONS	ACTION BY	COMPLETE

Signed:.....

Date:.....

INSPECTION CHECKLISTS (CR089)

CHECKSHEET: **Confined Spaces**

Before entering a confined space a competent person must be appointed to carry out an inspection.

Checks

	Yes	No
Have all other methods in which the work can be carried out been considered?	<input type="checkbox"/>	<input type="checkbox"/>
Has testing of the air inside the confined space been carried out? (this should be done from the outside if possible)	<input type="checkbox"/>	<input type="checkbox"/>
Has a Permit to Enter been issued to the workers?	<input type="checkbox"/>	<input type="checkbox"/>
Is the entry into the space large enough to allow workers to wear all the necessary equipment to climb in and out easily?	<input type="checkbox"/>	<input type="checkbox"/>
Is the appropriate safety equipment available to carry out the operation safely? (i.e. safety harness, breathing apparatus, tripod and wench)	<input type="checkbox"/>	<input type="checkbox"/>
Do the operatives entering the space have adequate training?	<input type="checkbox"/>	<input type="checkbox"/>
Have limits for the time spent by operatives inside the confined space been established.	<input type="checkbox"/>	<input type="checkbox"/>
Are there means for the top man to raise the alarm in an emergency. (i.e. mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a "No Smoking" area around the confined space? (where flammable gases are present)	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate protection against the fall of persons, equipment and material into the confined space?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are No, please give your comments below and inform the Safety Department as soon as possible. Do **NOT** enter a confined space until your safety has been ensured.

Comments

Inspections should also be carried out if:

- Any event likely to affect its stability has occurred
- Any accidental fall of rock, earth or other material has occurred

CHECKSHEET: **Lifting Machine/Equipment**

This checklist is based on the requirements of LOLER 1998 and should be completed for every piece of lifting equipment, hired, brand new or used on site for the first time or if there are significant changes to operations.

N.B. This includes everything from an eyebolt to a tower crane and includes **Excavators used as Cranes**.

Checks

Lifting Machinery/Excavators

	Yes	No
Has a Risk Assessment been carried out for using this equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the lifting machinery/excavator been sited so that it is on level ground, which can take its full weight and load.	<input type="checkbox"/>	<input type="checkbox"/>
The operator has a clear view and there are no close obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the machine/excavator been issued with relevant test certificates?	<input type="checkbox"/>	<input type="checkbox"/>
Has the lifting machinery been clearly marked with the information about SWL? This could be on the boom or a plate, chart, certificate, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Lifting Gear, i.e. Chains, Slings, Eyebolts, etc

	Yes	No
Has the lifting gear been marked with SWL value?	<input type="checkbox"/>	<input type="checkbox"/>
Has the lifting gear been tested and issued with a certificate? (has a Competent person checked this lifting gear every six months and recorded it).	<input type="checkbox"/>	<input type="checkbox"/>

Lifting Machinery & Gear

	Yes	No
Have the operatives who use the lifting machinery and equipment received adequate training.	<input type="checkbox"/>	<input type="checkbox"/>

The Lifting Operation

	Yes	No
Have the lifting operations been planned?	<input type="checkbox"/>	<input type="checkbox"/>
Are ongoing operations free from working under suspended loads?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are no, please note your comments below and inform the Safety Department. No lifting operations should be carried until all the answers are yes. **N.B.** All Risk Assessments must be explained to all personnel involved.

Comments

Signed:

Print:

Date:

CHECKSHEET: **Mobile Crane**

N.B. Whenever crane operations are to undertaken by UK Remediation Limited, they must be carried out on a Contract Lift basis with Appointed Person employed by the hire company.

When a mobile crane comes onto site, the following checks should be carried out before any lifting operation takes place.

Checks

	Yes	No
Is this the right crane for the job?	<input type="checkbox"/>	<input type="checkbox"/>
Has the crane got the following up-to-date test certificate?		
Test and Thorough Examination of the crane (4 years)	<input type="checkbox"/>	<input type="checkbox"/>
Thorough Examination (12 months)	<input type="checkbox"/>	<input type="checkbox"/>
Has the lifting gear received a Thorough Examination Certificate? (6 months)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a Automatic Safe Load Indicator fitted to the crane, and is it in good working order.	<input type="checkbox"/>	<input type="checkbox"/>
Is the driver trained and experienced in the operation of type of crane being used?	<input type="checkbox"/>	<input type="checkbox"/>
Have the Weekly Inspections of the crane been carried out and the results recorded? (F91)	<input type="checkbox"/>	<input type="checkbox"/>
Has the crane been sited, so that:		
It its on level ground, which can take its full weight and load?	<input type="checkbox"/>	<input type="checkbox"/>
There are no voids underneath i.e. basements, drains, etc?	<input type="checkbox"/>	<input type="checkbox"/>
The driver has a clear view?	<input type="checkbox"/>	<input type="checkbox"/>
There are no close obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
There are no overhead power lines?	<input type="checkbox"/>	<input type="checkbox"/>
Has a competent person been appointed as slinger / banksman?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are no, please give your comments below and inform the Safety Department as soon as possible. No lifting operations should be carried out until all the above answers are yes.

Comments

Signed:

Print:

Date:

CHECKSHEET: Hiring Excavators

This checklist should be filled in when hiring any excavators.

Checks

	Yes	No
Has the machine be tested and issued with a 12 month test certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an up-to-date maintenance log provided with the machine?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a manufacturers manual provided with the machine?	<input type="checkbox"/>	<input type="checkbox"/>
Is the machine marked with the information about the SWL?	<input type="checkbox"/>	<input type="checkbox"/>
Has the driver the ability to see 360° around the machine? (i.e. does it require the use of mirrors or CCTV cameras to do so, if so, are they fitted?)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a rollover protection system fitted to the machine? (i.e. frame, cab, counter balance weights)	<input type="checkbox"/>	<input type="checkbox"/>
Is the driver in possession of a Weekly Inspection Register?	<input type="checkbox"/>	<input type="checkbox"/>
Is the driver in possession of a suitable Training Certificate? (e.g. CTA / CITB)	<input type="checkbox"/>	<input type="checkbox"/>

Type of Machine:

Model:

Age:

CHECKSHEET: Mobile Work Equipment

This checklist is based on the requirements laid down by the Provision & Use of Work Equipment (PUWER) Regulations 1998, Part III Mobile Work Equipment.

It covers machinery, which moves on wheels, tracks, rollers, etc, i.e. dumpers, excavators, forklift trucks and dozers.

This checklist must be filled in when any piece of machinery is hired, brand new or used for the first time on any site.

Checks

	Yes	No
Has a Risk Assessment been carried out for this piece of machinery?	<input type="checkbox"/>	<input type="checkbox"/>
Is this the correct machine for the job?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a competent person trained to carry out inspections to ensure that safety related features are functioning correctly.	<input type="checkbox"/>	<input type="checkbox"/>
Has the manufacturers manual/instruction placard or instruction sheets been provided with the machine?	<input type="checkbox"/>	<input type="checkbox"/>
Has the operator received adequate training in the use of the machine?	<input type="checkbox"/>	<input type="checkbox"/>
Are all the controls clearly marked, so that their function is easily identified?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Roll Over Protective Structure (ROPS) been fitted to the machine? (This can be in form of a frame or a cab)	<input type="checkbox"/>	<input type="checkbox"/>
If seated in the operator's chair, can you see all around the vehicle? (This can be done by physical means, mirrors or CCTV cameras). The rule of thumb is that you must be able to see a meter high object a meter behind the machine.	<input type="checkbox"/>	<input type="checkbox"/>
If there is a risk of falling objects, is there a protective structure to prevent the operator from injury?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are No, please give your comments below and inform the Safety Department as soon as possible. No piece of machinery should be used until the safe working of the machinery has been ensured.

Comments

Competent-Person Signature: Print: Date:

CHECKSHEET: **Plant**

This checklist is based on the requirements laid down by the Provision & Use of Work Equipment (PUWER) Regulations 1998. It should be filled in conjunction with the manufactures manual.

This list should be used for every piece of plant, which is hired, brand new or used for the first time on any site.

Checks

	Yes	No
Has a Risk Assessment been carried out for this piece of equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the daily inspection of the plant been carried out? (This will be outlined in the manufacturers manual).	<input type="checkbox"/>	<input type="checkbox"/>
Has the plant been tested recently? (For small tools see outside hirer for details) & (For large plant check 14 month certificate.	<input type="checkbox"/>	<input type="checkbox"/>
Has the operator received adequate training in the use of the plant or small tool?	<input type="checkbox"/>	<input type="checkbox"/>
Is the appropriate PPE available, to use this piece of plant or small tool safely?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are No, please give your comments below and inform the Safety Department as soon as possible. No piece of equipment should be used until the safe working of the equipment has been ensured.

Comments

Competent Person Signature: **Print:** **Date:**

CHECKSHEET: Abrasive Wheel

Abrasive wheels are potentially dangerous. They rotate at very high speeds and contact with them can result in a painful injury.

The use of this checklist will help reduce the risks associated with abrasive wheels.

Checks

	Yes	No
Has the operator received training in accordance with the Abrasive Wheels Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Has the employee, which has been appointed to mount abrasive wheels,; Received Training? Been Registered?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the Wheel being mounted the correct wheel for the machine and the material?	<input type="checkbox"/>	<input type="checkbox"/>
Has the wheel been examined for damage before it was mounted?	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate guards to prevent the operator from contact?	<input type="checkbox"/>	<input type="checkbox"/>
Are abrasive wheels stored so they can not be damaged or affected by moisture?	<input type="checkbox"/>	<input type="checkbox"/>
Has the operator been supplied ear protection?	<input type="checkbox"/>	<input type="checkbox"/>
Has the operator been supplied with all other forms of PPE required (i.e. dust mask, eye protection, safety footwear, etc)?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are No, please give your comments below and inform the Safety Department as soon as possible. No mounting of abrasive wheels or operation of abrasive wheel equipment should be carried until all the above answers are yes.

Comments

Competent Person Signature: Print: Date:

GUIDANCE CHART:

Excavators / Backhoe Loaders Used As Cranes

This chart should be used when deciding which machine is going to be used for a particular job. However, if you are unsure, when taking this decision you should contact the safety department.

	✓ Required ✗ Not Required	Excavators used as cranes with a rated lift capacity greater than 1 tonne	Excavators used as cranes without any restrictions and with a rated lift capacity of 1 tonne	Excavators not used as cranes
A. Lowering control device(s) to conform to ISO 8843 fitted on raising boom cylinder(s)	✓	✓	✗	✗
B. Rated object handling capacity table in the cab	✓	✓	✓	✗
C. Acoustic or visual warning device	✓	✓	✗	✗
D. Crane safety hook or lifting shackle with SWL marked and test certificate	✓	✓	✓	✗
E. Six monthly thorough examination of lifting gear	✓	✓	✓	✗
F. Four yearly test and thorough examination form	✓	✓	✓	✗
G. Twelve monthly thorough examination	✓	✓	✓	✓
H. Weekly inspection of excavator	✓	✓	✓	✓

The above chart relates to excavators being used as cranes, it has been compiled in accordance with Construction (Lifting Operations) Regs and BSEN 474-1 and BSEN 474-5.

Competent Person Signature: Print: Date:

12. MANUAL HANDLING

- **Manual Handling Risk Assessment**

Note: Manual Handling should be avoided where possible, however where this is impractical the checklist should be used to minimise risk.

Manual Handling Risk Assessment

Revision: 0.02
Date: 27/03/19

PROJECT DETAILS			
Site Location:		Project Supervisor:	
ASSESSMENT DETAILS			
Date of Assessment:		Locations:	
Operations covered by this assessment:		Personnel Involved:	

HAZARD IDENTIFICATION

TASK	STOOPING	LIFTING HIGH	LIFTING LOW	HANDLING WHILE SEATED	REPETITION	REACHING HIGH	REACHING LOW	CARRYING	TWISTING	BENDING SIDeways	PUSHING	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
LOAD	BULKY/ UNWIELDY	DIFFICULT TO GRIP	HOT	COLD	HEAVY	LIGHT	SHARP/ ABRASIVE	UNSTABLE				
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
ENVIRON	HOT	COLD	HUMID	WINDY	DUSTY	NOISY	VIBRATING	OBSTRUCTIONS	STEPS	CONFINED SPACES	SLOPES	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERSON	NEED FOR UNUSUAL STRENGTH, ETC	TRAINING REQUIRED	PPE TO BE WORN	18 - 55 YEARS?	MEDICAL CONDITION OR HISTORY							
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>							
RISK ASSESSMENT (Delete As Appropriate)												
LIKELIHOOD				SEVERITY				RISK				
LOW / MED / HIGH				LOW / MED / HIGH				LOW / MED / HIGH				
<ul style="list-style-type: none"> Can the manual handling operation be avoided? Can the manual handling operation be automated at reasonable cost? 												

CONTROL MEASURES IMPLIMENTED	FEEDBACK

UK Remediation Limited

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13. PERMITS TO WORK (CR090)

- **Permit to Work General**
- **Permit to Dig**
- **Permit to Discharge**
- **Permit to Enter**
- **Hot Works Permit**
- **Permit to Work Checklist**

Notes:

- Permit to work general, is used for such operations as; electrical work, work on overhead cranes, major construction, etc.
- Permit to dig, is used for excavation work.
- Permit to discharge, is used for operations that need large quantities of water moved.
- Permit to enter, is used for entering confined spaces.
- Hot Work Permit, is used when using equipment that will give off a source of ignition.

PERMIT TO WORK: GENERAL



DOCUMENT DESCRIPTION:

The General Permit to work is used for such operations as; electrical work, work on overhead cranes, major construction, etc



PROJECT DETAILS:

Site Address:
Project Number:

MANAGEMENT DETAILS

Site Manager Name:
Works Supervisor:

PERMIT DETAILS:

Names of persons in working party:

Details of work to be carried out:

Details of Equipment

ESSENTIAL PROCEDURES:

Yes No NA TYPE OF CONTROL MEASURES

PPE to be worn

Safety Helmet

Safety Harness

Safety Boots

Safety Glasses

Breathing Apparatus (RPE)

Gloves

Ear Defenders

Overalls

Hi Viz clothing

Hazard Identification

Heat

Steam

Electricity

Noise

Mechanical Power

Confined Space

Others (Specify)

Other precautions

AUTHORISATION:

To be completed by authorised Signatory - The above work is **approved** / **not approved** to be carried out by:

Operator Name:

Contractor Name:

SIGN-OFF

Signed

Print Name

Date

Time of Issue

Time of expiry

DECLARATION:

To be completed by Contractor - Permit accepted and understood:

Signed

Print Name

Date

CLEARANCE & CANCELLATION OF PERMIT:

Clearance – I hereby declare that the work for which this permit was issued is now complete and that all employees under my control have been withdrawn. All gears, tools, materials and equipment have been removed, guards have been replaced.

Cancellation – All copies of this permit are hereby cancelled.

Signed

Print Name

Date

Time

PERMIT TO WORK: EXCAVATE



DOCUMENT DESCRIPTION:

To be used on all sites where excavation or ground penetration is required. **Work must not start until this permit has been completed and signed by an authorised representative.**



PROJECT DETAILS:

Site Address: _____
Project Number: _____

MANAGEMENT DETAILS

Site Manager Name: _____
Works Supervisor: _____

EXCAVATION DETAILS:

Location of Excavation / Trench: _____
Type of Excavation (e.g. trench, bored hole etc): _____
Proposed Depth: _____ Width / Diameter _____ Length _____

ESSENTIAL PROCEDURES:

	Yes	No	COMMENTS
Services			
Have public utility drawings been referred to?			
Has locating equipment been used to identify services?			
Have identified services been exposed by hand and clearly marked?			
Has instruction to plant operatives / operatives been given with regard to the safe system of work?			Specify:
Preventing Collapse			
Excavation depth LESS than 1.5 meters?			
Does Risk Assessment require additional excavation support?			Specify:
Excavation depth GREATER than 1.5 meters?			
Benched – 1 vertical to 1 horizontal (1:1)			
Battered – NOT to be more than 45 degrees from the horizontal			
Shored – using commercially manufactured shielding			To be assessed, designed and approved by a competent person and approved by site management
Shored – using sheeting and timber			
Plant and machinery - to be kept well back (minimum 1m) from the edge of excavations to prevent collapse?			
Excavated excess soil etc? - Pipes, excavated soil etc are to be kept well back (minimum 1m) from the edge?			
Existing Structures / Temporary Works			
Have suitable precautions been taken to prevent undermining or damage to foundations or temporary supports?			
Method Statement			
Work Method Statement prepared?			Note: Required for excavations > 1.5 metres deep.
Access			
Access/ egress required?			Note: Excavations GREATER than 1.5 m in depth to have suitable access/egress at intervals NO greater than 9 meters apart when occupied.
Number of ladders required:			
Supervision			
Stand-by person required?			Note: Narrow/deep excavations require a lookout/stand-by person to be available while excavation is occupied.
Falls Prevention			
Is barricading to be erected?			Note: Barricading, fencing, hoardings (minimum height 0.9 metre) are to be erected around all sides of excavations at a minimum distance of 1.8 meters out from the edge of the excavation.
Human health			
Is the work to be carried out in areas known to be contaminated?			

AUTHORISATION:

To be completed by authorised Signatory - The above excavation is **approved** / **not approved** to be carried out by:

Plant Operator Name: _____ Contractor Name: _____

SIGN-OFF

Signed _____ Print Name _____ Date _____

DECLARATION:

To be completed by Contractor - Permit accepted and understood:

Signed _____ Print Name _____ Date _____

If 'Yes' have operatives received instructions for working in these areas? _____ Specify: _____

PERMIT TO WORK: HOT WORKS



DOCUMENT DESCRIPTION:
All temporary operations involving flames or producing heat and/or sparks require a Hot Works Permit. This includes but is not limited to, Brazing, Cutting, Grinding, Soldering, Thawing, and Welding. Work must not start until this permit has been completed and signed by an authorised representative.

PROJECT DETAILS:	MANAGEMENT DETAILS:
Site Address:	Site Manager Name:
Project Number:	Works Supervisor:

HOT WORKS DETAILS:
Equipment to be used:
Nature of work:
Location of work (be specific):

ESSENTIAL PROCEEDURES:	Yes	No	NA	COMMENTS
Precautions				
Sprinklers and hose streams in service/operable.				
Hot Work Equipment in good condition				
Fire extinguisher made available at Hot Works location				
Have other personnel who may be affected by the work been removed from the area?				
Are gas cylinders secured in a vertical position on a trolley?				
Requirements Within 15m Of Work				
Dust, Lint, Debris, Flammable Liquids and oily deposits removed; floors swept clean.				
Explosive atmosphere in area eliminated.				
Combustible floors (e.g. wood, carpeting) wet down, covered with damp sand or fire blankets.				
Remove flammable and combustible material where possible. Otherwise protect with fire blankets, guards, or metal shields.				
All wall and floor openings covered.				
Walkways protected beneath hot work.				
Work On Walls Or Ceilings				
Combustibles moved away from other side of walls and away from metal through which heat can be transferred				
Any combustible material has been protected against sparks or heat				
Welded Cutting Or Grinding Work.				
Has the work area been screened to contain sparks?				
Bitumen Boilers, Lead Heaters, Etc				
Are gas cylinders at least 3 metres from burner?				
If sited on roof has a heat-insulated base been provided?				
Work In Confined Spaces				
Confined space cleaned of all combustibles (example: grease, oil, flammable vapors).				
Containers purged of flammable liquids/vapors.				
Confined Space Permit to Work in place				
Fire Watch/Hot Work Area Monitoring				
Fire watch will be provided during and for 30 minutes after work,				
Fire watch is supplied with an extinguisher, also making use of other extinguishers located throughout work area.				
Fire watch trained in use of fire fighting equipment and sounding alarm.				
Additional precautions (e.g. PPE)				

AUTHORISATION:
To be completed by authorised Signatory - The above hot works are approved / not approved to be carried out by:
Operator Name: _____ Contractor Name: _____
SIGN-OFF
Signed _____ Print Name _____ Date _____
Time of Issue _____ Time of expiry _____

DECLARATION:

To be completed by Contractor - Permit accepted and understood:

Signed		Print Name		Date	
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NB: The permit is only valid on the day of issue

Time work started		Time Work Finished and Cleared Up	
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FINAL CHECK SIGN-OFF:

Work areas and all adjacent areas to which sparks and heat might have spread (such as floors above and below and opposite sides of the walls) were inspected 60 minutes after the work finished and were found fire safe

Signed		Print Name		Date	
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PERMIT TO WORK: CONFINED SPACE



PROJECT DETAILS:		MANAGEMENT DETAILS	
Site Address:		Site Manager Name:	
Project Number:		Works Supervisor:	

CONFINED SPACE DETAILS:	
Equipment to be used:	
Nature of work:	
Exact Location of Enclosed Space	

ESSENTIAL PROCEEDURES:	Yes	No	NA	COMMENTS
General Checks				
Safe access/egress for operatives, necessary equipment and services				
Adequate space to carry out work safely and space free from clutter and debris				
Incoming services isolated (*delete as appropriate) gas/electricity/steam/water/fuel/ other				
Adequate lighting has been arranged				
Flammable/Toxic Environment Checks				
Potential ingress of fumes or other substances (e.g. excess rainwater if outside) has been evaluated and control measures arranged				
Residues, sludges or other potential causes of fume have been removed				
Atmospheric testing for oxygen*/toxic fumes*/flammables*has been carried out (*delete as appropriate)				
Adequate ventilation by natural air flow*/mechanical means* has been arranged (*delete as appropriate)				E.g. Forced extraction
Fire prevention arrangements*/fire extinguishers* are provided (*delete as appropriate)				
Checking Equipment				
Installed equipment isolated mechanically/electrically (delete as appropriate)				
Equipment and pipes/tanks have been drained and vented				
Suitable tools and equipment have been selected, and intrinsically safe electrical appliances if a flammable atmosphere may exist				
Are the main valves closed and locked?				
Have mechanical drives been disconnected?				
Supervision, Training & Communication				
Operatives adequately trained and suitable for tasks and trained in use of any PPE that has to be worn				
Competent supervision on hand throughout job				
There are proven means and trained people prepared for evacuating a casualty from this confined space				
Suitable means of communication have been set up for those in the confined space to person/s on watch or outside at all times				
Should watcher(s) be posted?				
Other precautions applicable to this job				
Other permit to work required (please specify)				
Safety method statement available?				
PPE (please specify)				

AUTHORISATION:	
To be completed by authorised Signatory - The above confined space working is approved / not approved to be carried out by:	
Operator Name:	Contractor Name:

SIGN-OFF			
Signed	Print Name	Date	
Time of Issue	Time of expiry		

DECLARATION:	
To be completed by Contractor - Permit accepted and understood:	
Signed	Date

NB: The permit is only valid on the day of issue

Time work started	Time Work Finished
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CLEARANCE & CANCELLATION OF PERMIT:			
Clearance – Work in the above enclosed area has been completed (or stopped) and men in my charge withdrawn.			
Cancellation – All copies of this permit are hereby cancelled.			
Signed	Print Name	Date	Time

PERMIT TO WORK: DISCHARGE



DOCUMENT DESCRIPTION:
When discharging water from site a permit to work should be completed issued and signed by the contractor undertaking the discharge under UK REMEDIATIONS control. A discharge consent must be in place and valid before discharge can commence. This Permit is Valid for the Period Specified Only.

PROJECT DETAILS:	MANAGEMENT DETAILS
Site Address:	Site Manager Name:
Project Number:	Works Supervisor:

DISCHARGE DETAILS:
Location of Pump
Type of Pump:
Purpose of Use:
Proposed Discharge Point:

ESSENTIAL PROCEEDURES:	Yes	No	NA	COMMENTS
Access to discharge point				
Is there Safe access/egress for equipment e.g. bowzers				
Is the vicinity of the discharge a safe distance form overhead power lines?				
Pollution Control				
Are sufficient* Sandbags / Booms / Filter Membranes in place to prevent pollution incident?				
Refuelling - Is the pump positioned on an effective drip tray or is there an effective means of preventing oil / fuel contamination?				
Is a discharge consent in place with the relevant Water Authority/EA				Consent Ref:
What are the specific conditions of the consent?				
Consent Start Date				
Consent Expiry Date				
Is a copy of the consent provided with this permit to work?				
Have the EA /Locat Water Authority been notified of Discharge				
Other Documents e.g. Plans / Sketches (Please reference)				

AUTHORISATION:	
To be completed by authorised Signatory - The above discharge is approved / not approved to be carried out by:	
Operator Name:	Contractor Name:

SIGN-OFF		
Signed	Print Name	Date
Time of Issue	Time of expiry	

DECLARATION:		
To be completed by Contractor - Permit accepted and understood:		
Signed	Print Name	Date

PERMIT TO WORK: Checklist

A permit to work system requires formal written permission to be given before work can start on certain tasks.

This checklist should be used to ensure that the permit to work is valid.

Checks

Does the permit contain?

	Yes	No
Details of the work being carried out?	<input type="checkbox"/>	<input type="checkbox"/>
Details of specific risk control measures?	<input type="checkbox"/>	<input type="checkbox"/>
Written authorisation allowing the work to be carried out?	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement by the worker that they have received and understood the instructions covered by the permit?	<input type="checkbox"/>	<input type="checkbox"/>
Have all necessary isolations been carried out?	<input type="checkbox"/>	<input type="checkbox"/>
Has all the relevant equipment been obtained?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers are 'No', please give your comments below and inform the Safety Department as soon as possible. Do **NOT** carry out any permit to work operation until all the above answers are 'Yes' and your safety has been ensured.

Comments

Competent Person Signature: Print: Date: