

Comhairle Contae Thiobraid Árann Thuaidh
North Tipperary County Council



Contractor Control Document
Revision 001
October 2005.

Road Opening Licence

**NORTH TIPPERARY COUNTY COUNCIL
 CONTRACTOR'S HEALTH AND SAFETY ASSESSMENT FORM
 (Document suitable for: Road Opening Licence Contractor Operations)**

Project Title:

Date:.....

Name of Company:

Type of Work:

Address:

.....

Telephone No:

Contact person for additional safety information:

1. SAFETY STATEMENT

1.1 You must return with this form a copy of the following:-

1. Your company Safety Statement.
2. Method Statement
3. H.S.A. Code of Practice

1.2 Describe how the Safety Statement, Method Statements or Code of Practice are communicated to your employees or sub contractors.

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2. HEALTH AND SAFETY SERVICES

2.1 Do you have an internal Safety Department or Safety Adviser(s) or use the services of an external Safety Consultancy?

YES/NO

If **NO** go to question 2.4

2.2 If **YES** - give names, qualifications, locations or in the case of an external consultancy given name and address.

Name	Qualifications	Location

External Consultancy Services Used	
Name	Address

2.3 Give details of the services provided to your Company by the Employees/Consultancy named in 2.2
Information and advice - **YES/NO**

Accident Investigation - **YES/NO**

Safety Inspections- **YES/NO** How often?

Safety Audits - **YES/NO** How often?

Do you have access to specialist health and safety advice and services e.g. Occupational Hygiene services, noise level surveys etc. as appropriate to your work? If YES give details below.

YES/NO

2.4 If you answered **NO** to question 2.1 how do you meet the following health and safety requirements?

(a) Obtain information and advice?

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(b) Investigate accidents?

.....

(c) Ensure that work on site is carried out in accordance with legal requirements and your Safety Statement/Method Statement/Code of Practice?

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(d) Obtain Occupational Health information and services?

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3. HEALTH AND SAFETY PERFORMANCE

3.1 Please give an Accident Summary for the past three years below:

Fatal Accidents :

Major Injuries :

“Over three day” accidents :
(H.S.A. Reportable)

Dangerous Occurrences :

3.2 Has your Company or individuals employed by your Company been prosecuted for any breaches of health and safety legislation within the past five years?

YES/NO

If **yes** give details

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.....

What action that was taken to prevent a reoccurrence?

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3.3 Has any Prohibition, Improvement or other Enforcement notice/orders been issued against your Company within the past five years?

YES/NO

If so enclose a copy and give details below of actions taken following the issue of the enforcement notice.

4. EXPERIENCE

4.1 Have you carried out work of this type previously?

YES/NO

If **YES** please give details:

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.....

5. TRAINING

5.1 Have all the Supervisory Staff within your Company attended a Health and Safety Course?

YES/NO

How long since their last H & S course: Years: Months: Weeks:

5.2 Have your operatives received appropriate training for their work and in general health and safety aspects of your type of work.

YES/NO

5.4 Do you carry out induction training for new employees?

YES/NO

5.5 Have all your staff completed Safe Pass Training?

YES/NO

5.6 Where Applicable to your staff do they have CSCS cards?

YES/NO

If **Yes** what CSCS approved equipment will be used on site:

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6. SUB-CONTRACTORS

6.1 If you normally sub-contract parts of this type of work how do you ensure that sub-contractors have an adequate policy for health and safety and an acceptable performance in accident and ill-health prevention?

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7. INSURANCE INFORMATION

Please enclose details of insurance cover which your company carries. Note: It may be more appropriate for your Insurers or Brokers to complete this section.

N.B. - Highlight any height or depth restrictions.

Public Liability:
 Value €..... Expiry date:

Employers Liability:
 Value €..... Expiry date:

Office use only

Date received	
Checked by:	
All sections filled satisfactorily?	
Additional information required?	
Contractor meets our safety criteria?	

Agenda of Pre-Contract Meeting

North Tipperary Country Council operate a safety management system and you are required to comply with the provision of our safety management system.

You have been appointed by the Area Engineer through the General Services Supervisor as the Responsible Person for this project in accordance with the Safety Health and Welfare at Work Act 2005, the General Application Regulations 1993 and the Construction Regulations 2001.

As the Responsible Person for this activity you must prepare as is applicable a Method Statement prior to the start of the works. A Traffic Management Plan in compliance with Section 8 of the Roads signage Manual should be included where applicable.

All of the following actions must be coordinated by the County Council PSCS.

- Site induction
- Training of all employees on site
- Certification of all equipment
- Monitoring of all activities
- Consultation and representation
- Emergency Plan
- Coordinate the activities of any subcontractors that you may use on site.

Signed off by:
North Tipperary County Council

Letter of Appointment

Project Description:

*North Tipperary County Council, as the client, appoint
as the Responsible Person for the safe management of this project in accordance with the safety health and welfare at work Act 2005, the General Application Regulations 1993 and the Construction Regulations 2001 and all other applicable statutory legislation.*

Signed: _____
North Tipperary County Council

Simple format for Health & Safety Method Statement for small direct labour works

Method Statements will be required when activities involving significantly high risks are being planned and undertaken.

The aim of the Method Statement, similar to general Risk Assessment, is to identify specific hazards that are inherent to the task and to provide adequate control measures which will allow the task to be completed safely.

The Method Statement will be specific to the particular task to be undertaken and will include the following details:-

- Description of Work
- Duration of Activity
- Specific Site Risk Assessment
- Area of Activity
- Sequence of Work
- Names of Personnel involved
- Hazards identified (using a Risk Assessment Format)
- Control Measures
- Resources and Equipment
- PPE
- Protection of Public
- Permits where required
- Emergency arrangements

There will always be a need to brief personnel involved on the details contained in the Method Statement and to ensure that any training requirements relating to the safe completion of the task are fully assessed and implemented.

Duties & Responsibilities of the Responsible Person

The person(s) appointed to as the Responsible Person for the safety of the project must carry out the following duties;

- Take account of the general principles of prevention as per the First Schedule of Safety, Health & Welfare at Work Act (General Application) Regulations 1993 (SHAWAWR),
- Take account of any relevant safety and health advice provided by the Area Engineer and the General Services Supervisor.
- Co-ordinate the activities of other persons engaged in work, including the following;
- The passing of relevant information between the different persons on site.
 - The Responsible Person shall ensure that the required pre-commencement meetings have been held with the Council Engineer, and that they have submitted the required Safety Documentation.

The Responsible person shall ensure the co-ordination of Health and Safety for all activities on site for the duration of the project.