

Comhairle Contae Thiobraid Árann Thuaidh
North Tipperary County Council



Contractor Control Document

ROAD OPENING LICENCE **AND** **SMALL CONTRACTOR PROJECTS**

Water Services

OCT 2010

NORTH TIPPERARY COUNTY COUNCIL CONTRACTOR'S HEALTH AND SAFETY ASSESSMENT FORM

Project Title:

.....

Date:

Name of Company:

Type of Work:

Address:

.....

Telephone No:

Contact person for additional safety information:

1. HEALTH AND SAFETY DOCUMENTATION

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

1. Your company Safety Statement (If not submitted already)
2. Site Health and Safety Plan.
3. Method Statement (incorporating a site specific risk assessment)
4. Site specific Traffic Management plan.

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

2.2.1 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?

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(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 :

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 in the general health and safety aspects of your type of work?

YES/NO.....

5.3 Have your operatives completed a **three day** signing, lighting & guarding at roadwork's course?

YES/NO.....

If **Yes**, please give details of the training authority who provided the training, the titles of the courses attended, the dates of attendance and the names of the personnel in receipt of training:

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5.5 Do you carry out induction training for new employees?

YES/NO.....

5.6 Have your Supervisory Staff and Operatives received Confined Space Training in the last three years?

YES/NO.....

If **Yes**, please give details of the training authority who provided the training, the titles of the courses attended, the dates of attendance and the names of the personnel in receipt of training:

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5.7 Have all your staff completed Safe Pass Training?

YES/NO

5.8 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:
Min Value €6.5 Million Euro Expiry date:
Employers Liability:
Min Value € 13 Million Euro Expiry date:

Office use only

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

Signed:- _____
Contractor

Dated:- _____