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## 1.0 – My Company Information

### Key Actions for Contractor

- Input relevant details relating to your trading name, address and any relevant contact details.

Organisation Name	
Trading address	
CRO Number <small>(Where Applicable)</small>	
Mobile Number	
Phone Number	
Fax Number	
Email Address	
Web Address	
Contact Person #1	
Contact Person #2	

### Further Information

Companies registration office [www.cro.ie](http://www.cro.ie)



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## Form 1.1 – Safe Pass Register / Induction

No.	Name	Safe Pass No.	Expiry Date	Date Inducted	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					



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## Form 1.2 – FÁS CSCS Register

No.	Name	FÁS CSCS Card Type	FÁS CSCS Card No.	Trainee Y / N	Expiry Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					



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### Form 1.3 – Other Training Register e.g. Toolbox Talks, External Training

No.	Name	Type of Training	Training Provider	Expiry Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				







## Form 1.4 - Induction Training

### Sample Checklist for Site Induction

**Purpose:** To help familiarise employees with the health & safety rules and procedures before they start work on site.

No.	Items Covered	Yes	No	N/A
1.	Have you established the competencies and qualifications e.g. Safe Pass, FÁS CSCS			
2.	Have you briefed your employee on method statements / SSWP's on the work to be performed where required?			
3.	Does the person have the correct PPE available? <ul style="list-style-type: none"> <li>• Hard hat</li> <li>• Safety glasses</li> <li>• Safety footwear</li> <li>• High visibility clothing</li> <li>• Ear protection</li> <li>• Other.....</li> </ul>			
4.	Have you shown the person what to do in an emergency and identified the location of the: <ul style="list-style-type: none"> <li>• Assembly point and evacuation route?</li> <li>• Closest medical facility?</li> <li>• Contact details of emergency services?</li> <li>• Provisions for emergency communications?</li> </ul>			
5.	Have you shown the person: <ul style="list-style-type: none"> <li>• The location of the first aid facilities / kits?</li> <li>• Who the first aiders are and how to obtain treatment?</li> </ul>			
6.	Have you shown the person where all relevant firefighting equipment is located? For example, fire extinguishers and hose reels			
7.	Have you introduced the person to their site Health and Safety Representative(s) where applicable?			
8.	Have you shown the person where the welfare facilities (including toilets and drinking water) are located?			
9.	Have you explained the procedures for reporting incidents, injuries and hazards?			
10.	Has the person been trained to set up and use any specialised equipment that is required?			
11.	Have you explained the site security procedures and site rules?			
12.	Have you given the person an opportunity to ask questions about their responsibilities and to have any issues clarified?			

**Note:** Where the person does not clearly understand English, use an interpreter to assist in translation







# Report of Thorough Examination

**NOTE:**

This form may be used to record the thorough examination and testing of Lifting Equipment, as set out in the Safety, Health and Welfare at Work (General Application) Regulations, 2007. This form was produced by the HSA to facilitate the recording of information, as per Schedule 1 Part E of these regulations. This is not an approved or statutory form. Reports of Thorough examination may be produced in other formats.

Date:

Reference:

Name and address of employer or owner for whom the thorough examination was made:

Address where thorough examination was made:

Particulars identifying the lifting equipment:

Type of lifting equipment:

Serial Number:

Date of manufacture:

Safe Working Load	Configuration(s)

Note: Each configuration should reflect the working arrangements, for example length of jib; fly jib; radius; angle; ballast; number of rope falls; height under hook. Please detail the safe working loads for all configurations, as per manufacturer's instructions. Use additional sheets if more than three configurations.

Testing

Thorough Examination

Purpose of thorough examination and/or testing:

Particulars of tests carried out:

Latest date for next thorough examination:

Defect which is a danger to persons:

⇒ Repair, renewal or alteration required to remedy this defect:

Defect which could become a danger to persons:

⇒ Timeframe for defect becoming a danger:

⇒ Repair, renewal or alteration required to remedy this defect, including date(s):

Parts not accessible for examination:

Name, address and qualifications of person making the report:  
(print name in BLOCK CAPITALS)

Name and position of person authenticating the report:  
(print name in BLOCK CAPITALS)

Employer:

Employer:

**We certify that:** (tick when done)

- We have undertaken the test / thorough examination as prescribed
- We have identified defects which are or could be a danger to persons
- The particulars in this report of thorough examination are correct

**You must:** (tick to confirm you understand)

- Keep this report of thorough examination safe and available for inspection
- Undertake identified repairs
- Arrange for a thorough examination or test before the latest date or as prescribed

Signed:   
Person performing tests or thorough examination

Signed:   
Person receiving report of thorough examination

# Report of Weekly Examination

**NOTE:**

This form may be used to record the weekly examination of Lifting Equipment used on construction sites, as set out in the Safety, Health and Welfare at Work (General Application) Regulations, 2007. This form was produced by the HSA to facilitate the recording of the weekly examination as per these regulations. This is not an approved or statutory form. Reports of Weekly examination may be produced in other formats.

Name and address of contractor or owner for whom the weekly examination was made:

Address where weekly examination was made:

Description of lifting appliance and means of identification	Date of inspection	Result of inspection (state whether in good order, see note below)	Name of persons who made the inspection (use BLOCK CAPITALS)

Note: Result of inspection should state if all working gear and anchoring or fixing plant or gear is in good working order. Including, where required the automatic safe load indicator and the derricking interlock.

Component	Inspected		Good working order		Action Required
Rated capacity indicator / limiter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Wire rope and chain systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Limit switches (e.g. hoist, derrick limit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Ropes positioned on their sheaves	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Structure (major damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Hooks & other load lifting attachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Hydraulic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Electrical systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Fuel lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Brakes and clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Operator's cab	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Operator's controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Anemometer, where provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>
Other matters (manufacturer / user)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>







# GA3 - Report of Results of Inspections of: Work Equipment for Work at a Height

## NOTES



This form may be used to assist in compliance with the Safety Health and Welfare at Work (General Application) Regulations 2007 Regulation 119 – Inspection of Work Equipment in relation to scaffolds, guard-rails, toe-boards, barriers or similar means of protection, fixed and mobile working platforms, nets, airbags or other collective safeguards for arresting falls, personal fall protection systems, work positioning systems, rope access and positioning techniques, fall arrest systems, work restraint systems and ladders. This is not an approved or statutory form. Reports of Inspection may be produced in other formats. This form does not substitute for reports of thorough examination of lifting equipment that may be required under other statutory provisions (see GA1 and GA2).

### **Safety, Health and Welfare at Work (General Application) Regulations, 2007 - Part 4 - Regulation 119**

- 119.** (1) An employer shall ensure that, as regards work equipment to which Regulations 101 to 114 apply—
- (a) where the safety of the work equipment depends on how it is installed or assembled, it is not used after installation or assembly in any position unless it has been inspected in that position,
  - (b) without prejudice to paragraphs (a) and (c), work equipment exposed to conditions causing deterioration which is liable to result in dangerous situations is inspected—
    - (i) at suitable intervals, and
    - (ii) where exceptional circumstances have occurred that are liable to jeopardise the safety of the work equipment, as soon as practicable following these exceptional circumstances, and
  - (c) without prejudice to paragraph (a), a working platform—
    - (i) used for construction work, and
    - (ii) from which an employee could fall 2 m or more, is not used in any position unless it has been inspected in that position within the previous 7 days or, in the case of a mobile working platform, inspected on the site, within the previous 7 days.
- (2) A person carrying out an inspection of work equipment to which paragraph (1)(c) applies shall—
- (a) promptly prepare a report containing the particulars as set out in Schedule 5, and
  - (b) within 24 hours of completing the inspection, provide the report, or a copy thereof, to the person on whose behalf the inspection was carried out.
- (3) An employer receiving a report under paragraph (2) shall keep the report or a copy of the report—
- (a) at the site where the inspection was carried out until the construction work is completed, and
  - (b) thereafter, at an office of the employer.
- (4) An employer shall ensure that—
- (a) no work equipment under the employer's control is used in another place of work unless it is accompanied by evidence that the last inspection required to be carried out under this Regulation has been carried out, and
  - (b) the result of an inspection under this Regulation is recorded and kept available for inspection by an inspector for 5 years from the date of inspection.



# Approved Form (AF 2)

## Particulars to be notified by Project Supervisor for the Construction Stage to the Health and Safety Authority before the construction work begins

**NOTE:**

This form is to be used to notify the Health & Safety Authority of any project covered by the Safety, Health and Welfare at Work (Construction) Regulations 2006, which will last longer than 30 days or 500 person days. It can also be used to provide changes to initial notification of projects.

Any day on which construction work is carried out (including holidays and weekends) should be counted, even if the work on that day is of short duration. A person day is one individual, including supervisors and specialists, carrying out construction work for one normal working shift.

This Notification is to be made by Registered Post to HSA, Metropolitan Building, James Joyce Street, Dublin 1; or as may be directed by the Authority.

The project supervisor for the construction stage shall clearly display on the construction site a copy of this form.

**1 Client:** Provide name, full address, telephone number and e-mail address for the Client. If more than one Client, please attach details of all Clients on a separate sheet.

Name:

Address:

Telephone:  E-Mail:

**2 Project Supervisor Design Process and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSDP and Health & Safety Coordinator for the Design Process.

PSDP Name:  H&S C. Name:

Address:  Address:

Telephone:  Telephone:

E-Mail:  E-Mail:

**3 Project Supervisor Construction Stage and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSCS and Health & Safety Coordinator for the Construction Stage.

PSCS Name:  H&S C. Name:

Address:  Address:

Telephone:  Telephone:

E-Mail:  E-Mail:

**4 Information on Construction Work:** Please provide your details / estimates for the following.

Description of Project:

Address of Site:

The planned date for the commencement of the construction work:

How long the construction work is expected to take (in weeks):

The maximum number of people carrying out construction work on site at any one time.

The number of Contractors expected to work on site.

**5 Information on Construction Work:** Provide name, full address & telephone number of those selected to work on this project (if required continue on a separate sheet).

Name	Address	Telephone and Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed:  by or on behalf of the Project Supervisor for the Construction Stage

Position:  Date:





**Thorough Examination of:**

- (a) Excavations, Shafts, Earthworks, Underground Works or Tunnels;**  
**(b) Cofferdams or Caissons**

## **NOTES:**

### **General:**

1. This form contains the report of the results of any examination of excavations, shafts, earthworks, underground works, tunnels, cofferdams or caissons.
2. The report must be signed by the person carrying out the examination and shall be made on the day of such examination.
3. The report shall be kept on site while work is being carried out otherwise it shall be kept at an office of the contractor for whom the inspection was carried out. Where it is likely that work will not exceed 30 working days in duration, the report may also be kept off-site as indicated above.
4. Regulation 3(4) provides that where under these Regulations records, reports, certificates or other documents are required to be made and kept, it is sufficient compliance with the requirement if the person concerned:
  - (a) enters the record, report, certificate or other document in an approved form in a computer, and;
  - (b) duly authenticates it as soon as is practicable afterwards.

### **Inspection:**

5. Excavations, shafts, earthworks, underground works, or tunnels; every part of any excavation, shaft, earthwork, underground works or tunnel where persons are at work must be inspected by a competent person at least once in every day during which persons are at work therein, and the face of every tunnel, the working end of every trench more than 2 metres deep and the base and crown of every shaft must be inspected by a competent person at the commencement of every shift.
6. Cofferdams or caissons in which persons are at work the cofferdam or caisson must be inspected by a competent person at least once every day during which persons are working in the cofferdam or caisson.

### **Thorough Examination:**

7. A thorough examination must be carried out:
  - (a) of every part of it within the immediately preceding 7 days.
  - (b) of those parts of it and in particular any shoring or other support, in the region of a blast after explosives have been used in or near the excavation, shaft, earthwork, underground work or tunnel in a manner likely to have affected the strength or stability of that shoring or other support of any part of it. In case explosives have been used in or near the cofferdam or caisson in a manner likely to have affected the strength or stability of the cofferdam or caisson or any part thereof, since the use of the explosives, and;
  - (c) of those parts of it in the region of any shoring or other support of any part of it that has been substantially damaged and in the region of any unexpected fall of rock or earth or other material. In the case of cofferdam or caisson, where the cofferdam or caisson has been substantially damaged.
8. A thorough examination does not have to be carried out:
  - (a) to any excavation, shaft or earthwork where, having regard to the nature and slope of the sides of the excavation, shaft or earthwork and other circumstances, a fall or dislodgement of earth or other material which -
    - (i) would bury or trap a person, or;
    - (ii) would strike a person from a height of more than 1.25 metres is not likely to occur, or;
  - (b) in relation to persons carrying out inspections or examinations required by this Regulation or engaged in shoring or other work for the purpose of making a place safe or construction, placing, repairing or alteration of a cofferdam or caisson, if appropriate precautions are taken, so far as is reasonably practicable, to ensure their safety and health.



**Safety, Health and Welfare at Work (Construction) Regulations, 2006**

# Approved Form (AF 4)

Regulation 86(2)  
Regulation 86(3)  
Regulation 3(4)

## Results of Inspection & Thorough Examination of Personal Flotation Devices

**NOTE:**

This form is to be used to record the inspection and thorough examination of personal flotation devices (PFD). The inspection of the personal flotation devices must be undertaken in accordance with the manufacturer's instructions. The thorough examination needs to be undertaken at least every 12 months. The thorough examination is in addition to the requirement for inspections.

Indicate the name of the person for whom the report has been prepared.

The approved form may be stored in a computer and duly authenticated as soon as is practicable afterwards.

Name of Employer or Contractor:

Address of Registered Office:

Address of Site:

Description of equipment inspected / examined, with serial number or reference number	Date of inspection / thorough examination	Results of inspection / thorough examination State condition of personal flotation device(s)	Comments or action taken	Name (in block capitals) and signature of person who undertook inspection / thorough examination
I <input type="radio"/> E <input type="radio"/>				
I <input type="radio"/> E <input type="radio"/>				
I <input type="radio"/> E <input type="radio"/>				
I <input type="radio"/> E <input type="radio"/>				
I <input type="radio"/> E <input type="radio"/>				
I <input type="radio"/> E <input type="radio"/>				
I <input type="radio"/> E <input type="radio"/>				

^ **Note:** I  = Inspection      E  = Thorough Examination

See further notes overleaf



# Approved Form (AF 4)

Regulation 86(2)  
Regulation 86(3)  
Regulation 3(4)

## Results of Inspection & Thorough Examination of Personal Flotation Devices

### NOTES:

#### **General:**

1. This form contains the report of the results of inspections and thorough examination of Personal Flotation Devices.
2. Personal Flotation Devices must be Inspected in accordance with the manufactures instructions.
3. Personal Flotation Devices must be Thoroughly Examined every 12 months.
4. The report must be signed by the person making the Inspection or Thorough Examination.
5. The Report shall be kept on site while relevant work is being carried out.
6. Where no relevant work is being carried out on the site the report shall be kept at an office of the contractor for whom the inspection was made.
7. Regulation 3(4) provides as follows:-

**Where under these Regulations records, reports, certificates or other documents are required to be made and kept it is sufficient compliance with such requirement if the person concerned -**

**(a) enters the record, report, certificate or other document in an approved form in a computer, and**

**(b) duly authenticates it as soon as is practicable afterwards.**

8. Regulation 86(2) provides as follows:-

**A contractor responsible for a construction site shall ensure for that site that personal flotation devices provided in pursuance of this Regulation are -**

**(a) properly maintained,**

**(b) checked before each use,**

**(c) inspected in accordance with the manufacturer's instructions, and**

**(d) subjected to a thorough examination every 12 months.**

9. Regulation 86(3) provides as follows:-

**On the day of a required inspection or examination under paragraph (2), the person who carries out the inspection or examination, as the case may be, shall -**

**(a) make a report of the results in an approved form, and**

**(b) sign the report.**



# Form 5.1 - Investigation Form

Type of Incident		Reported Date	
<input type="checkbox"/> Injury Damage	<input type="checkbox"/> Property / Plant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Other.....	Further Action Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Notify to HSA on Form IR1 or IR3?			

**Details of Incident**

<b>Date of Incident</b>		<b>Time of Incident</b>	am <input type="checkbox"/> pm <input type="checkbox"/>
<b>Name of Witness</b>			
<b>Witness Address &amp; Phone Number</b>			
<b>Nature of Incident</b>			
<b>Location of Incident</b>			
<b>Description of Incident</b>			

## Form 5.1 - Investigation Form continued

Details of damage to equipment / property?

### Details of Injured Person(s) (if applicable)

Name

Address / Phone Number

Employer

Occupation

Date of Birth

### Details of Injured Person(s) (if applicable)

Name

Address / Phone Number

Employer

Occupation

Date of Birth

### Recommended Preventative Action

Details

### Report Completed By:

Name

Position

Signature

Date

## Form 5.2 - Emergency Telephone Numbers

### Form 5.2 - Emergency Telephone Numbers

<b>Occupational First Aider</b>	
<b>Nearest Hospital / A&amp;E</b>	
<b>Local Doctor</b>	
<b>Emergency Services</b>	<b>112 or 999</b>
<ul style="list-style-type: none"><li>• Ambulance</li><li>• Fire Brigade</li></ul>	
<b>Garda Station</b>	
<b>ESB Networks</b>	<b>1850 372 999</b>
<b>Bord Gáis</b>	<b>1850 205 050</b>
<b>Eircom</b>	<b>1901</b>
<b>Health &amp; Safety Authority</b>	<b>1890 289 389</b>
<b>Assembly Point</b>	

Please fill in your emergency telephone numbers above and display at your workplace.







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## Form 6.2 - Project Information Sheet

**What Is the Project Name?**

**What Is the Project Address?**

**Who Is My Supervisor?**

**What Work Have I to Carry Out?**

**How Long Will the Work Take to Do?**

**What Are the Daily Working Hours**

**How Many Employees Will Be Working on the Project?**

**PSCS / Main Contractor Details**

**PSCS / Main Contractor Contact**

**Sign & Date**

Signature:-----

Name:-----

Date:-----





## Form 6.3 – Site-Specific Risk Assessment Register

No.	Activity	Created By	Created On
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
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26.			
27.			
28.			
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30.			
31.			
32.			
33.			
34.			
35.			



# Form 6.4 Risk Assessment

<b>Company Name</b>		<b>Risk Assessment No.</b>	
<b>Task Activity</b>		<b>Date:</b>	
		<b>Prepared By:</b>	

Ref.	Hazards	Risk Rating		
		High	Med	Low
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Control Measures			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	

Training Requirements	Resources Required



## Form 6.5 – Pre-Start/ Weekly Checklist

Form 6.5 – Pre-Start / Weekly Checklist				
Completed By		Ref No:		
Company		Ref No:		
Item No	Item	Yes	No	N/A
1.	Can workers get to their place of work safely?			
2.	Is the site fenced so that the public cannot get in?			
3.	Are measures in place to protect members of the public (such as people passing by the site)?			
4.	Are traffic routes kept clear and lit well?			
5.	Are vehicles equipped with auxiliary reversing devices?			
6.	Is the site tidy and well laid out?			
7.	Are appropriate safety signs in place (e.g. traffic routes, authorised personnel)?			
8.	Are workers' facilities sufficient (changing rooms, toilets)?			
9.	Are there facilities for the workers to eat their meals (canteen)?			
10.	Are there first-aid facilities, Is health surveillance ensured?			
11.	Have workers been instructed and trained on safe manual handling?			
12.	Is appropriate lifting equipment provided for handling heavy loads, is the equipment suitable for the job, certified and inspected on a regular basis?			
13.	Are existing power lines (buried or overhead) identified?			
14.	Is there a system of work that deals with live electric lines in place?			
15.	Are precautions taken to ensure that electrical systems and equipment are maintained and frequently inspected by a competent person?			
16.	Is 110v electrical power supply being used and are there adequate transformer points located on site?			
17.	Are scaffolds erected, altered and dismantled by competent people?			
18.	Are scaffolds inspected and results recorded on Form GA3 at regular intervals by a competent person and required remedial works completed?			
19.	Do workers use mobile ladders only for light work of short duration and when there is no other choice?			

## Form 6.5 – Pre-Start/ Weekly Checklist continued

20.	Do workers know the safest way to place and to use mobile ladders?		
21.	Is the width of the work area on the scaffolding always larger than the minimum (60cm)?		
22.	Have lifts and hoists been properly installed and checked by competent people?		
23.	Are collective measures in place to stop workers and objects from falling (e.g. netting)?		
24.	Where collective fall protection measures are not possible, do persons working at height use appropriate fall arrest / restraint equipment?		
25.	Do all people on the site wear correct protective equipment (e. g., footwear, hard hat)?		
26.	Are suitable protective measures used to prevent or to reduce exposure to dust (e.g. wood, cement, silica)?		
27.	Are suitable protective measures used to prevent or to reduce exposure to noise and vibration?		
28.	Is work equipment and machinery maintained in a safe condition?		
29.	Do the machines' safety devices (e.g. sound signals, guards) work?		
30.	Are excavations adequately protected to minimise the risk of collapse? Are they inspected weekly and records maintained on Form AF3?		
31.	Are operatives suitably trained and in possession of a valid FÁS CSCS card where applicable?		
32.	Are all persons working on site in possession of a valid Safe Pass card and have they been inducted?		
33.	Do all employees get information about potential risk and the established preventive measures in a language and at a level that they understand?		
<b>Signed:</b>		<b>Date:</b>	

## Form 7.1 - Method Statement

<b>Contractor</b>	<b>Name</b>	<b>Address</b>	<b>Tel.</b>
			<b>E-mail</b>
<b>Project Name</b>			
<b>Description of the Task / Activity</b>			
<b>Site Address / Location</b>		<b>Start Date / Time</b>	
		<b>Finish Date / Time</b>	
<b>Personnel Involved</b>	<b>Name</b>	<b>Role / Trade</b>	
<b>Site Supervisor</b>		<b>Tel</b>	
<b>Safety Officer</b>		<b>Tel</b>	
<b>Key Plant &amp; Tools (Attach Certification)</b>			

## Form 7.1 – Method Statement continued

<b>Key Materials</b>	
<b>Other Essential Equipment</b>	(e.g access platforms / winches / ladders, etc)
<b>Specific Identified Residual Hazards</b> (or refer to the task-specific risk assessment(s))	
<b>Specific Staff Training</b>	
<b>Sequence of Operations</b> (include sketches if required)	<ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li><li>6.</li><li>7.</li><li>8.</li><li>9.</li><li>10.</li></ol>



## Form 7.1 – Method Statement continued

### Fall Protection Measures:

(Where work at height cannot be eliminated – consider both Personnel & Materials)

(i.e. Guard Rails/Toe Boards/Brick Guard/Safety Harnesses/Exclusion Zones, etc.)

### Hazardous Substances:

(Attach SDS if required)



Very Toxic



Harmful/  
Irritant



Corrosive



Dangerous  
For the  
environment



Oxidising



Highly  
flammable



Explosive

### Applicable

Yes/No

Yes/No

Yes/No

Yes/No

Yes/No

Yes/No

Yes/No

### Storage Arrangements

### Details of Permit to Work

### SWLs

(Detail any limits on the loadings applicable to temporary plant/equipment or fixed elements of the structure where the work is taking place)

### Required Personnel Protective Equipment



Safety Boots



Hard Hats



Safety Gloves



Hearing  
Protection



Eye  
Protection



Respiratory  
Protection

Other:

1. Hi-Viz
2. Coverall
- 3.

### Applicable

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

### Emergency Procedures



### First Aid Facilities

Name of On-Site First Aider

First Aid Box Location

Location of Nearest Hospital

