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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details** | | | | | | | | | | | | | | |
| Contractor | |  | | | | | | | | | | | | |
| Description of Work | |  | | | | | | | | | | | | |
| Location | |  | | | | | | | | | | | | |
| University Contact | |  | | Contact No. | | | | |  | | | | | |
| Contractor Contact | |  | | Contact No. | | | | |  | | | | | |
| Start Date dd/mm/yyyy | |  | | Duration | | | | |  | | | | | |
|  | |  | |  | | | | |  | | | | | |
| **Before the Work Start** | | | | | | | | Yes | | No | Date | Initial | | |
| Does the contractor have adequate insurance cover?  Ensure suitable insurance policy remains in-date for the duration of the work (if no, reject and provide feedback) | | | | | | | |  | |  |  |  | | |
| Has the contractor agreed to University Contractor Safety Rules?  (Safety Rules for Contractors SAF-ARR-MAN2.14-RUL) | | | | | | | |  | |  |  |  |  | |
| Has the contractor been given relevant information to enable them to prepare risk assessments and methods of work? | | | | | | | |  | |  |  |  |  | |
| Has the contractor been informed to report to/notify the University Contact to access work area or obtain permit? – All relevant authorisations/permits to be issued by University Contact | | | | | | | |  | |  |  |  |  | |
| Are risk assessments and methods of work approved?  Appraise the risk assessments and methods of work over page | | | | | | | |  | |  |  |  |  | |
| Is an initial location visit required?  Are there any health and safety issues identified at the location of the work. Record this | | | | | | | |  | |  |  |  |  | |
| Frequency of monitoring  State how often monitoring of the contractor will be undertaken throughout the work | | | | | | |  | How often? | | | Who will do the monitoring? | | | |
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| **During the Work** | | | | | | | | Yes | | No | Date | Initial | | |
| Has a contractor induction been carried out?  Ensure contractor(s) have seen and understood their safe methods of work and Contractors Safety Information Booklet is issued (SAF-ARR-MAN2.14-INF) | | | | | | | |  | |  |  |  |  | |
| Are all arrangements in place to allow work to start? | | | | | |  | |  | |  |  |  | |  |
| Are the contractors working to their methods of work?  Ensure that contactors are working to their submitted risk assessments and methods of work | | | | | |  | |  | |  |  |  | |  |
|  | | | | | | | | | | | | | | |
| **After Work Completed (Evaluation of Performance)** | | | | | | | | | | | | | | |
| Please sign if the work completed satisfactorily; area left clean and tidy, inspected by University Contact before contractor leaves. | | | | | | | | | | | | | | |
| University Contact  (Print name) |  | | Signature | |  | | | | | | Date |  | |  |
|  | | | | | | | | | | | | | | |
| Are there any unresolved issues identified on site location visits? | | | | |  | | | | | | | |  | |
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| Was the health and safety performance of the contractor satisfactory (any non-conformities)?  If not, provide feedback to contractor and to the Procurement Department to take into account for future appointments | | | | |  | | | | | | | |  | |
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| **Skills, Knowledge and Experience (SKE)** – What evidence of contractors SKE obtained, including method of appointing sub-contractors? | | | | | | | | | |
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| **Document Appraisal** | | | | | | | | | |
| **Risk Assessment** | | | | Are controls suitable? | | | Comment | |  |
| N/A | Yes | No |
| Is there a suitable and sufficient risk assessment for the work? | | | |  |  |  |  | |  |
| Have all hazards been identified (manual handling, electrical etc)? | | | |  |  |  |  | |  |
| Are the identified risks controlled adequately? | | | |  |  |  |  | |  |
| Is the correct personal/respiratory protective equipment specified? | | | |  |  |  |  | |  |
| Is specific training identified? (equipment servicing, etc)? | | | |  |  |  |  | |  |
| Are all relevant substances (COSHH) assessments received (if applicable)? | | | |  |  |  |  | |  |
| **Method of Work** | | | | Is information sufficient? | | | Comment | | |
| N/A | Yes | No |
| What the contractor intends to do is clear and understandable? | | | |  |  |  |  | |  |
| When the contractor will carry out the work? | | | |  |  |  |  | |  |
| Is the location of work detailed (location specific)? Are access arrangements clear? | | | |  |  |  |  | |  |
| Who will do the work? Are the contractor personnel identified? | | | |  |  |  |  | |  |
| Will subcontractors be used? How will they be supervised? | | | |  |  |  |  | |  |
| Are risk assessments reflected in methods of work correctly? | | | |  |  |  |  | |  |
| Is there a description of all equipment to be used? | | | |  |  |  |  | |  |
| Are the details for signage and segregation adequate? | | | |  |  |  |  | |  |
| Are there any permits required? Please state | | | |  |  |  |  | |  |
| Has additional approval been sort due to specialist requirements and were the methods of work approved? | | | |  |  |  |  | |  |
| **Emergency Arrangements** | | | | | | | | |  |
| Are fire plans required? (exit routes identified, placement of extinguishers) | | | |  |  |  |  | |  |
| Are accident procedures adequate? | | | |  |  |  |  | |  |
| Are first aid arrangements adequate? | | | |  |  |  |  | |  |
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| **Appraisal – Please tick as appropriate** | | | | | | | | |  |
| **APPROVED** | |  | **REJECTED** | | | | |  | |
| Work may proceed. Ensure controls are implemented, monitored and reviewed | | Work may NOT proceed. Further controls need to be considered within risk assessment and/or methods of work. Provide feedback to the contractor and request resubmission. | | | | |
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| **Comments** – Please state the reasons for acceptance or rejection of the contractor’s risk assessments and/or methods of work | | | | | | | | |  |
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| University Contact Signature |  | | Date of Appraisal | | | |  | |  |