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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? |
|       |       |
|  |  |  |  |  |
| **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 |  |  |
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| 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? |  | [ ]  | [ ]  |  |  |
|  |  |
| **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 |  |  |