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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UoN_Primary_Logo_CMYK** | | | **Contractors Site Specific Induction**  To be completed by the University Contact (Person in control of the works) | | | | | | | | | | CON2 | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | |
| **Details** | | | | | | | | | | | | | | | | | | | | | |
| Description of Works |  | | | | | | | | | | | | | | | | | | | | |
| Location(s) |  | | | | | | | | | | | | | | | | | | | | |
| University Contact |  | | | | Contact No. | | |  | | | | | | | | | | | | | |
| Contractor Contact |  | | | | Contact No. | | |  | | | | | | | | | | | | | |
| Date |  | | | | Time | | |  | | | | | | | | | | | | | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |
| **Who is being inducted** | | | | | | | | | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | | | | | | | | |  | |
| Occupation: |  | | | | | | | | | | | | | | | | | | |  | |
| Company Name: |  | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Skills and Knowledge – (Membership of a nationally recognised Health and Safety Scheme or professional body?) Please state:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | |
| Are you a First aider / Appointed Person? (delete as necessary) | | | | | | | | |  | Yes | |  | | No | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Works Briefing – University Contact (Person in control of works)** | | | | | | | | | | | | | | | | | | | | | |
| * The Risk Assessments and Methods of Work (including COSHH briefing) MUST completed * Specialist Sub-Contractors – Evidence MUST be provided which clearly states their own documentation relevant to the work has been read and understood | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Arrangements –** Tick the relevant subjects discussed that are applicable during the induction | | | | | | | | | | | | | Yes | | | No | | N/A | | | |
| Detail of the work | | | | | | | | | | | | |  | |  | | |  | | | |
| Key contact details (including emergency contacts at the University) | | | | | | | | | | | | |  | |  | | |  | | | |
| Traffic management explained (parking, routes, security procedures etc) | | | | | | | | | | | | |  | |  | | |  | | | |
| Actions to take in the event of an incident or near miss (must report to person in control of works) | | | | | | | | | | | |  |  | |  | | |  | | | |
| Name(s) of the site First Aider(s) and facilities available, along with location | | | | | | | | | | | |  |  | |  | | |  | | | |
| Fire and Emergency procedures (escape route, assembly points, fire doors MUST remain closed etc) | | | | | | | | | | | |  |  | |  | | |  | | | |
| Welfare facilities (include locations and requirements to keep clean and tidy) | | | | | | | | | | | |  |  | |  | | |  | | | |
| Site safety rules explained (inc lab, workshop rules and smoking restrictions) | | | | | | | | | | | |  |  | |  | | |  | | | |
| Minimum PPE requirements (as stated in pre-approved risk assessments and methods of work) | | | | | | | | | | | |  |  | |  | | |  | | | |
| Personal responsibilities and conduct along with disciplinary procedures | | | | | | | | | | | |  |  | |  | | |  | | | |
| Permit procedures | | | | | | | | | | | |  |  | |  | | |  | | | |
| Housekeeping and waste segregation | | | | | | | | | | | |  |  | |  | | |  | | | |
| Open discussion – highlight other areas raised by the contractor inductee: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  |
| Note: Any changes or updates will be managed in the form of meetings and as part of regular monitoring of the contracted work | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  | |  | | |  | | | |
| **Confirmation of induction** | | | | | | | | | | | | | Yes | | | | No | | | | |
| I understand all the information and instruction given in this induction | | | | | | | | | | | | |  | | | |  | | | | |
| I have received a copy of the University’s Contractors Safety Information Booklet | | | | | | | | | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | |  | | | |  | | | | |
| Print Name:  (Inductee) | |  | | | | **Signature:** | | | | |  | | | | | | | | |  | |
| Print Name:  (Inductor) | |  | | | | **Signature:** | | | | |  | | | | | | | | |  | |