Clerk: Ms Sarah Willsher

Unit 2, Wheal Agar, Tolvaddon Energy Park,

Tolvaddon, Camborne TR14 OHX

Telephone: 01209 711433

Email: enquiries@illoganparishcouncil.gov.uk

**MANAGEMENT OF CONTRACTORS**

A contractor is anyone that Illogan Parish Council engages to do paid work but is not an employee.

Both the contractor and Illogan Parish Council have responsibilities under health and safety law.

Illogan Parish Council will:

* Specify the job and clearly identify all aspects of the work they want the contractor to complete.
* A job specification will consider the health and safety implications and the level of risk associated with the task.
* The Council will provide potential contractors with all information relating to the hazards and risks associated with the task.
* The Council will satisfy themselves that the contractor they appoint will do the task safely, without risks to health.
* The Clerk will enquire on behalf of the Council the competency of the contactor, the competency required will depend on the complexity of the task.
* The Clerk will agree with the contractor the best way to communicate with each other.
* The Clerk will undertake periodic site inspections throughout the duration of the contract and compete the site visit record form.
* Any concerns that the Clerk has identified during a site visit will be address with the contractor and reported to the Full Council.

The Contractor will:

* Complete the Contractor Competency Form.
* Undertake risk assessments on all tasks, where there are hazards likely to cause harm.
* Supply the Clerk, as the representative of the Council, with a copy of all risk assessments.
* Ensure that their employees and any subcontractors are provided with information, training and instruction.
* Ensure all employees comply with safe systems of work including wearing appropriate personal protective clothing.

Managing and supervising the work:

The Council needs to be satisfied that the contractors are undertaking the tasks in a safe way, complying with the control measures in place and health and safety legislation.

The Clerk will agree with the contractors how the work will be done and any precautions that will be taken to ensure the safety of employees, members of the public and others who may be affected by the work being undertaken.

This will include:

* What equipment will be used, are the operators trained in the use of the equipment.
* The personal protective equipment to be used, who will provide this.
* Working procedures including work permits that may be required.
* Reporting of accidents and recording.
* How frequently to carry out site visits?
* Recording site visits and inspections.
* Reporting near misses.

In the event of an accident, near miss or ill health associated with the workplace, the Clerk will instigate an investigation, reporting findings to the Chairman or Vice Chairman of the Full Council promptly.



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**ILLOGAN PARISH COUNCIL**

**Contractor Competency Form**

|  |  |
| --- | --- |
| **Company Name:** |  |
|  |  |
| **Address:** |  |
|  |  |
| **Name and Position of person completing this form:** |  |
|  |  |
| **‘Have you achieved a relevant accreditation with a Safety Scheme in Procurement (SSIP) i.e. The Contractors Health and Safety Assessment Scheme (CHAS); Safety Management Advisory Services (SMAS); or similar?**  **If yes, please provide copies of the certificates** |  |
|  |  |
| **Please provide details of the experience you have in the type of work specified in the job specification** |  |
|  |  |
| **What arrangements will you have for managing the work? For example, who will be responsible, how will the work be supervised, what checks do you make on equipment materials etc?** |  |
|  |  |
| **Will you be using subcontractors and if so how will you check they are competent?** |  |
|  |  |
| **What is your recent health and safety performance? (last 3 years) For example how many accidents and cases of ill health have you had and has the HSE taken any action against you? In either case please describe the actions taken to prevent re-occurrence.** |  |
|  |  |
| **Please provide a copy of your written health and safety policy?** |  |
|  |  |
| **Please provide copies of existing risk assessments done for similar jobs?** |  |
|  |  |
| **What qualifications, skills and experience do you and your workers have in this type of work?** |  |
|  |  |
| **What health and safety information and training do you provide for your workers?** |  |
|  |  |
| **How do you consult your workforce on health and safety?** |  |
|  |  |
| **Will you produce a safety method statement for the job?** | Yes/No |
|  |  |

|  |  |
| --- | --- |
| **Construction Work** | |
|  |  |
| **Where the work to be undertaken is ‘construction work’ as defined in the Construction (Design & Management) Regulations 2015 a Principal Contract (and Principal Designer where more than one contractor is involved) be appointed and this contractor will be required to produce a suitable Construction Phase Plan prior to work commencing. In addition, the Clerk will ensure that the contractor will implement the following arrangements:**   * **A suitable site induction is provided;** * **The necessary steps are taken to prevent access to the construction site;** * **Welfare facilities are provided; and** * **Emergency procedures are in place for Fire, First Aid, other emergencies.** |  |
|  |  |
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|  |  |
|  |  |

**Signed: …………………………………….. Date: ………………………**

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**ILLOGAN PARISH COUNCIL**

**Safety Inspection Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | |  | | |
|  | |  | | |
| **Location:** | |  | | |
|  | |  | | |
| **Date:** | |  | | |
|  | |  | | |
| **Time:** | |  | | |
|  | |  | | |
| **Operation:** | |  | | |
|  | |  | | |
| **Staff on Site and Responsibilities:** | |  | | |
|  | **Checked and being correctly implemented Y/N** | **Comments** | **Action Required** | **Completed** |
| **Risk Assessment correctly used** |  |  |  |  |
|  |  |  |  |  |
| **Method Statement** |  |  |  |  |
|  |  |  |  |  |
| **Site organisation** |  |  |  |  |
|  |  |  |  |  |
| **PPE – available, used correctly etc** |  |  |  |  |
|  |  |  |  |  |
| **Site set up/layout suitable and controlled** |  |  |  |  |
|  |  |  |  |  |
| **Correct cordoning, signing, lighting and guarding etc** |  |  |  |  |
|  |  |  |  |  |
| **General organisation – tidiness** |  |  |  |  |
|  |  |  |  |  |
| **Emergency procedure and first aid provision** |  |  |  |  |
|  |  |  |  |  |
| **Effective communication** |  |  |  |  |
|  |  |  |  |  |
| **Other site issues e.g. water, sharps** |  |  |  |  |
|  |  |  |  |  |
| **Tools and equipment** |  |  |  |  |
|  |  |  |  |  |
| **Vehicles** |  |  |  |  |
|  |  |  |  |  |
| **Other Observations** |  |  |  |  |

**Signed: ……………………………………. Date: ………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Date** | **Reviewed By** | **Amendments** | **Minute Number** |
|  |  |  |  |
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