

Contractor Self Safe Operation Agreement

Section 1. To be completed by CS2							
Location and or Plant work area:		Internal and external fit out works: Rushey Lock House, Buckland Marsh, Faringdon SN7 8RF					
Date agreed for works:		Tbc					
Scope of Works to be undertaken		As outlined in tender documentation 1055xxx					
Agreement Number		1055xxx/CL					
Surveyor Responsible:		Christopher Lane					
Surveyor Contact Details:		07896 432 543 / clane@cs2.co.uk					
Emergency Contact Name		As above					
Emergency Contact Number		As Above					
People to be notified of work:		The Environment Agency by CA					
Company undertaking works:		Tbc					
Risk Assessment and Method Statements site specific?		Yes				If no do not progress until copies have been recieved	
Highlight below Type of Work							
High Risk Type	MEWPS X	Ladders x	Platform Scaffold x	Hot Works x	Abseiling	Cradles	Roof X
	Excavation	Dust x	COSHH x				

Contractor Responsibilities

Contractors must comply with all relevant Health & Safety Law.

The Contractor's Health & Safety Rules should be provided along with current Public and Employees Liability insurance and a Risk Assessment and Method Statement.

Only the work specified is to be carried out and your work area must be left in a safe and tidy condition at all times.

This is not to be construed as a comprehensive list but rather a bare minimum standard.

The above is not to be taken as any CS2 confirmation of adequacy.

Compliance with all requisite laws and regulations rests with Contractors.

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Section 3. Information to be provided by contractor prior to works		Yes	No	N/A
1	We confirm only competent employees who have the appropriate skills, training and experience to will undertake scope of works. Please detail training below:			
2	We confirm 'The Employer' has been notified of our requirements for the isolation of any of the Landlords Services Please specify below:			
3	We confirm all employees undertaking task have been made aware of Site Hazards, Emergency Procedures and site rules.			
4	We confirm any equipment brought onto site to undertake works be it hired or owned by us, has where required in date statutory inspections and been maintained or inspected to manufacturers recommendations and where required calibrated			
5	We confirm as part of risk assessment we have adequately assessed safe access to the location of works			
6	We confirm the work will be performed by operating to the appropriate Health and Safety Regulations ,Approved Codes of Practice or guidance as applicable to the type of works- Please Specify below those associated with these works			
7	We confirm our nominated Supervisor within this agreement will carry out all required pre works safety checks and monitor works for its full duration			
8	We confirm all employees undertaking works have been instructed in the risk assessments and method statements associated with these works. DATE RAMS PROVIDED TO CS2:			
9	We confirm that Emergency arrangements are in place to perform person rescue that do not default to the Emergency services in the first instance			
IF ANSWERED 'YES' OR N/A- PROCEED FURTHER IF 'NO' WORK CANNOT PROCEED				

Section 4. CONTRACTOR STAFF DETAILS		
Number in Team:		
Appointed Supervisor		
Names in Team:		
(for each individual)		
IS IT SAFE TO WORK ALONE ON THIS JOB?	YES	NO
IF ALL ANSWERED 'YES' - PROCEED FURTHER. IF 'NO' WORK CANNOT PROCEED		

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Section 5. ACCEPTANCE OF SAFETY DUTIES

CONTRACTOR IN CHARGE: "I confirm that I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner. All risks and precautionary measures have been explained to all workers involved. I am aware and understand all HSE Guidance, ACOPS and Regulations cited in this document. I accept responsibility for carrying out this work."

Supervisor in Charge Print Name _____ **SIGNED** _____

DATE _____ **Company Name** _____ **Tel No.** _____

Operative in Charge Print Name _____ **SIGNED** _____

DATE _____ **Operative Mobile No** _____

Section 6. AUTHORISATION OF WORKS

COMPLETED ON BEHALF OF 'THE EMPLOYER'

"This agreement is issued on the understanding that all agreed safe systems of work will be adhered to and that any risk or hazard shall be maintained at a level as low as is reasonably practicable"

AGREEMENT ISSUED (Date) _____ **(Time)** _____

AGREEMENT VALID TO (Date) _____ **(Time)** _____

Print Name _____ **SIGNED** _____ **DATE** _____

Company Name _____

Section 7. COMPLETION OF WORKS AND CANCELLATION OF AGREEMENT

CONTRACTOR IN CHARGE

"I confirm that the work is **COMPLETE / PARTIALLY COMPLETE (Delete as appropriate)**. I have checked the work and confirm that the area is left in a safe and tidy condition."

AGREEMENT CANCELLED (Date) _____ **(Time)** _____

PRINT NAME _____ **SIGNED** _____ **DATE** _____

COMPANY NAME _____

Contractor in Charge Print Name _____ **SIGNED** _____ **DATE** _____

Company Name & Tel No. _____

THIS AGREEMENT MUST BE HELD BY CS2. IF THIS FORM HAS BEEN AS A SELF SUPERVISING AGREEMENT TO WORK THEN THIS FORM MUST BE RETURNED TO CS2.