

# Forms Pack

Assessments, records and permits · print what you need

## Scope and limitations — read before use

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## Form 1 — COSHH assessment

One per substance or process. Take the hazard information from the safety data sheet.

| Field                                                            | Entry |
|------------------------------------------------------------------|-------|
| Substance or process                                             |       |
| Where and how it is used                                         |       |
| Who is exposed                                                   |       |
| Hazard classification and statements (from the SDS)              |       |
| Workplace exposure limit (if any)                                |       |
| Route of exposure (inhalation / skin / eye / ingestion)          |       |
| Quantity and frequency of use                                    |       |
| Controls: elimination or substitution possible?                  |       |
| Controls: engineering (extraction, water suppression, enclosure) |       |
| Controls: ways of working                                        |       |
| RPE required (type and APF)                                      |       |
| Face-fit testing required and done?                              |       |
| Other PPE (gloves, eye, coveralls)                               |       |
| Washing and welfare arrangements                                 |       |
| Storage and disposal                                             |       |
| Spillage and emergency procedure                                 |       |
| First aid measures                                               |       |
| Health surveillance required?                                    |       |
| Residual risk acceptable?                                        |       |

| Assessed by | Signature | Date | Review date |
|-------------|-----------|------|-------------|
|             |           |      |             |

## Form 2 — Daily vibration exposure record

| Date | Name | Tool | Trigger time | Points | Running total | Over 100? | Over 400? | Action |
|------|------|------|--------------|--------|---------------|-----------|-----------|--------|
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## Form 3 — Health surveillance record

Where the assessment shows exposure above an action value. Health records are normally kept for 40 years because these conditions take decades to appear.

| Name | Hazard<br>(vibration /<br>noise / dust /<br>skin) | Baseline date | Last<br>assessment | Next due | Outcome | Referred? Y/N | Action taken |
|------|---------------------------------------------------|---------------|--------------------|----------|---------|---------------|--------------|
|      |                                                   |               |                    |          |         |               |              |
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*Health surveillance results are confidential medical information. The employer receives fit or unfit advice and any restrictions, not the clinical detail.*

## Form 4 — Site induction record

Everybody who works on the site, including subcontractors and agency staff.

| Topic covered                                                 | Tick |
|---------------------------------------------------------------|------|
| Site layout, welfare, access and egress                       |      |
| Site rules and PPE requirements                               |      |
| The specific hazards on this site                             |      |
| Traffic routes and pedestrian segregation                     |      |
| Work at height arrangements                                   |      |
| Dust, noise and vibration controls                            |      |
| Asbestos register and what to do if suspect material is found |      |
| Buried and overhead services                                  |      |
| Permit systems in use                                         |      |
| Accident and near miss reporting                              |      |
| First aid arrangements and first aiders                       |      |
| Fire and emergency procedure, assembly point                  |      |
| Who to report problems to                                     |      |

| Name | Company | Trade | Inducted by | Date | Signature |
|------|---------|-------|-------------|------|-----------|
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## Form 5 — Weekly site safety inspection

| #  | Check                                                                  | OK | Not OK | Action / by when |
|----|------------------------------------------------------------------------|----|--------|------------------|
| 1  | Site secure, public protected, signage in place                        |    |        |                  |
| 2  | Access and egress safe and clear                                       |    |        |                  |
| 3  | Welfare adequate — toilets, washing, drinking water, rest area         |    |        |                  |
| 4  | Work at height: scaffolds tagged and inspected, edge protection intact |    |        |                  |
| 5  | Ladders in good condition and used correctly                           |    |        |                  |
| 6  | Excavations supported, inspected, edge protection and access in place  |    |        |                  |
| 7  | Spoil and materials back from excavation edges                         |    |        |                  |
| 8  | Dust controls in use — water or extraction on tools                    |    |        |                  |
| 9  | RPE being worn correctly and users face-fit tested                     |    |        |                  |
| 10 | Hearing protection worn in marked zones                                |    |        |                  |
| 11 | Tools in good condition, guards fitted, 110V or battery                |    |        |                  |
| 12 | No taped or damaged cables; cables routed safely                       |    |        |                  |
| 13 | Overhead lines identified and exclusion zones intact                   |    |        |                  |
| 14 | Housekeeping — no trip hazards, waste controlled                       |    |        |                  |
| 15 | Materials stacked safely and stable                                    |    |        |                  |
| 16 | Fire points, extinguishers and escape routes clear                     |    |        |                  |
| 17 | First aid provision adequate and in date                               |    |        |                  |

# CONSTRUCTION SITE SAFETY

|    |                                                       |  |  |  |
|----|-------------------------------------------------------|--|--|--|
| 18 | COSHH substances stored correctly and assessed        |  |  |  |
| 19 | PPE being worn as required                            |  |  |  |
| 20 | Plant and vehicles operated by authorised people only |  |  |  |

| Inspected by | Signature | Date | Actions closed |
|--------------|-----------|------|----------------|
|              |           |      |                |

## Form 6 — Accident and near miss report

| Field                                | Entry |
|--------------------------------------|-------|
| Date and time                        |       |
| Location                             |       |
| Person(s) involved                   |       |
| Employer / company                   |       |
| What happened                        |       |
| Injury and treatment given           |       |
| Equipment or substance involved      |       |
| Witnesses                            |       |
| Immediate cause                      |       |
| Underlying cause                     |       |
| Immediate action taken               |       |
| Action to prevent recurrence         |       |
| RIDDOR reportable? Y/N               |       |
| Reported to HSE (date and reference) |       |
| Risk assessment reviewed (date)      |       |

RIDDOR reminder: deaths and specified injuries must be reported without delay. Over-seven-day injuries within 15 days. Specified injuries include fractures other than to fingers, thumbs or toes, amputations, permanent or likely permanent sight loss, crush injuries to head or torso, serious burns, and loss of consciousness. Certain diseases including HAVS, carpal tunnel syndrome, occupational dermatitis, occupational asthma and hand-arm vibration cases are also reportable when diagnosed in writing. Check current HSE guidance before deciding not to report.

| Reported by | Investigated by | Date | Closed out |
|-------------|-----------------|------|------------|
|             |                 |      |            |