

CONTRACTOR AUTHORISATION FORM – CAFV1

Premises Repairs, Maintenance & Minor Installation Contracting Services



Appendix 1

Issue number	Location where work will take place		Premises
GENERAL HEALTH & SAFETY HAZARDS (delete as not applicable); guidance on back page			
Asbestos * (if applicable, see note on back page)	Have you seen and understood the asbestos management pack?	YES NO	Go to next question Obtain pack from Premises Manager
	Will your work affect the asbestos materials identified?	YES NO	Seek advice from C.A.S.T.** (see back page) Go to next question
Electricity	Are you qualified to work on electrical installations or equipment?	YES NO	Ensure IEE standards maintained Do not work on electrical installations/equipment
	Are you using electrical tools?	YES NO	Ensure voltage reduced & tools tested Go to next question
Work at height	Are you working at height?	YES NO	Ensure suitable precautions Go to next question
	Could materials and /or equipment fall from height?	YES NO	Ensure suitable precautions Go to next question
Fire and other emergencies	Do you know escape routes and assembly area?	YES NO	Go to next question Seek advice from Premises Manager
	Will your work obstruct escape routes?	YES NO	Ensure alternative routes are signed Go to next question
Gas	Are you working with gas installation?	YES NO	Ensure supply is isolated Go to next question
	Are you a member of GAS SAFE REGISTER?	YES NO	Go to next question Do not work on gas installations
Access & egress	Are you bringing heavy or large items into the building?	YES NO	Agree access routes with Premises Manager Go to next question
	Are you using hazardous substances/ materials?	YES NO	Ensure COSHH assessments are available Go to next question
Safe systems of work	Have risk assessments / safe systems of work been documented?	YES NO	Go to next question Complete documentation before starting work
	Have risk assessment control measures been implemented?	YES NO	Ensure implementation is monitored Implement before commencing work
Permitted Job Time: Start Date ____/____/____ Finish Date ____/____/____ If one day only: Start Time ____:____:____ Finish Time ____:____:____			
Signed by Contractor (Contractor signs to agree that conditions for safe working as contained within this form have been met)		Print Name _____ Job Title _____	
Signed by Premises Mgr. (Manager signs to confirm receipt of this completed form)		Print Name _____ Job Title _____	

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GUIDANCE
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ISLINGTON

Note: All contracted work must conform to requirements of the council's Procurement Code and any alteration to building structure must be notified to Building Control and Corporate Health and Safety for fire safety purposes.

* Asbestos Management Pack – It is not required if you are not disturbing the building's fabric, i.e. drilling, screwing nails, removing partitions, insulation materials, etc.

** C.A.S.T. – Corporate Asbestos Services Team; telephone: 020 7527 3343; asbestosdatabase@islington.gov.uk

Contractors: anyone coming on site to do work for you of any kind, i.e. servicing, maintenance, repairs, erection and dismantling of stud wall partitions or shelving, installation of equipment / machinery, laying of carpet, etc.

Visitors: anyone coming on site who will not be carrying out operational work, i.e. meter reading, surveyors to assess the work necessary (their visit precedes commencement of actual works), members of public, service users.

Premises Manager must clearly identify on the form any existing significant risks within the premises before handing the form to the contractor for completion.

WHAT IS THE PURPOSE OF THIS AUTHORISATION FORM?

Islington council recognises its statutory responsibilities to ensure the health and safety of its employees and a safe environment for contractors, service users and the general public. This form is designed for both Premises Managers and contractors as a reminder of the main hazard areas within premises, as confirmation that risk control measures have been addressed, that controls are in place before work starts and necessary documentation has been completed.

WHEN SHOULD THE AUTHORISATION FORM BE COMPLETED?

Complete in any instance when a contractor intends carrying out minor work of a repair or servicing / maintenance nature within council managed premises.
 A form is not required when the work is to "make safe" an emergency situation and major works, such as work carried out under CDM regulations (see below).
 It does not apply if you are a visitor of the premises under the supervision of a staff member.

WHO SHOULD COMPLETE THE AUTHORISATION FORM?

The form will be completed by the contractor except for the box stating "Significant risks identified by the Premises Manager" where entries are made by the Premises Manager. Significant risks are those risks having a medium to high probability of harming the contractor and others affected by their work. The form must be completed and signed by the contractor and counter-signed by the Premises Manager before work begins.

WHEN DO THE CONSTRUCTION, DESIGN & MANAGEMENT REGULATIONS (CDM) APPLY?

CDM applies to notifiable construction work e.g. lasts for more than 30 days or involves 500 person-days work, and to non-notifiable work involving 5 or more people. All construction design work and demolition is included regardless of hours worked.
 All CDM work will be managed by a surveyor.

IS THIS THE ONLY DOCUMENT REQUIRED?

No. All work must be risk assessed and significant risks documented. Where the work is of a high-risk nature, the safe system of working must be documented. In certain cases, a permit to work is required.

DOES COMPLETION OF THE AUTHORISATION FORM SHOW SAFE SYSTEMS OF WORK ARE IN PLACE?

No. It is only a statement that indicates safety issues have been addressed by the contractor. A safe system of work document completed by the contractor will show greater detail of the safety measures being taken to comply with statutory, policy, contractual and good practice requirements. It will also incorporate risk controls as identified within the contractor's risk assessment.

High risk activities requiring a permit to work: working at height, hot works (using welding / burning equipment), entering confined spaces, excavation works, work on fixed electrical installations, etc. Contact your H&S Adviser if you require further advice on permits to work.

Appendix 2

School incidents Please fill in the fields below and then click on 'Submit'

Please complete all mandatory fields and click the "submit" button.

indicates a mandatory field
Reporters Details

Your Name	<input type="text"/>	Your Email	<input type="text" value="northislington.eyc@islington.gov.uk"/>
Title/Role	<input type="text"/>	Address	<input type="text"/>
		Telephone Number	<input type="text" value="02075274844"/>

indicates a mandatory field
Incident

Reference Number	<input type="text"/>	Date/Time of Incident	<input type="text"/>
School	<input type="text" value="North Islington Nursery"/>	Was the Incident?	<input type="text" value="Accident"/>
Did the Incident happen at a council location?	<input type="text" value="Click to select"/>	Activity Description	<input type="text" value="Click to select"/>
Accident/Incident type	<input type="text" value="Click to select"/>	Injury sustained ?	<input type="text" value="Click to select"/>
Incident Details	<input type="text" value="Please fill in on other side"/>	If the weather conditions played a part in the incident please describe in detail	<input type="text"/>
Cause Description	<input type="text" value="Click to select"/>		
If there was any property damage during incident please give details	<input type="text"/>		

Persons Involved (If Applicable)

Name	<input type="text"/>	Gender	<input type="text" value="Click to select"/>
Date of Birth	<input type="text"/>	Age	<input type="text"/>
Was the Person	<input type="text" value="Click to select"/>	Has the IP parent/guardian been informed?	<input type="text" value="Click to select"/>
Pupil Status	<input type="text" value="Click to select"/>	Lost Tuition Time	<input type="text" value="Click to select"/>

Medicines & *Click to select*
Healthcare
Regulatory Agency
been info

Home Address

Postcode

Telephone Number

First Aid (if applicable)
Name of first aider

Consequence of
Incident

Click to select

First Aid Treatment
Given

Witnesses

Any witnesses? *Click to select*