|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A** | | | | | | | |
| **Property/ School:** | | | **Address:** | | | | |
| **Brief description of work:** | | | **LBHF School Contact:** | | | | |
|  | | | **Start date:** | | | **Finish date:** | |
| **Principle contractor:**  **Address:** | | | **Contractor’s Contract Manager:** | | | | |
| **Tel no:** | | |  | | | | |
| **PART B** | | |  | | | | |
| **PROJECT TYPE** | A: Small works -Office redecoration, paint, carpet, lights | B: Minor works -Partition walls, lab benching, mechanical vent, paint, flooring, lights | | C: Minor works- Partial refurbishment and change of use of a floor including partitioning, new toilets | | | D: Major capital Full refurbishment |
| (Select one) |  |  | |  | | |  |
| **LOCATION OF WORKS** |  | | | | | | |
| **WORKS BEING SCHEDULED** |  | | | | | | |
| **CONSTRUCTION PHASE HEALTH & SAFETY PLAN / RISK ASSESSMENT / METHIOD** STATEMENT are inplace prior to works approval (please attach) |  | | | | | | |
| **Other requirements**  (Such as planning permission from Building Control) |  | | | | | | |
| **Confirmation of**  **Information supplied to contractor** | Asbestos Survey  First Aid Arrangements  Emergency Evacuation Procedures | | Accident Reporting Procedures  Security Information/ DBS  Permit Information | | | | |
|  | | | | | | | |
| Authorisation Signature of school representative: | | | | | Date: | | |
| Signature of Contractor’s representative: | | | | | Date: | | |



This form must be completed and submitted **(4 weeks in advance of start date**) to LBHF Children’s Services Properties & Corporate H&S at [CorporateHealthandSafety@lbhf.gov.uk](mailto:CorporateHealthandSafety@lbhf.gov.uk) prior to works commencing.