**Zero KPI Score Closeout/ Review Report**

**Introduction**

This form is to be completed when a Zero score have been issued to record the actions that the operating business has taken to prevent recurrence and that where appropriate individuals are held to account. Contents of this report should be read in conjunction with the initial site report highlighting the Zero Score. It is the MD responsibility to ensure that the closeout/review meeting is carried out and any remedial actions have been implemented by their operating business.

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| --- | --- | --- | --- |
| **Operating Business** |  | **Development /COINS** |  |
| **Site Address** |  | | |
| **Site Manager** |  | **Contracts Manager** |  |
| **GHS&E Advisor** |  | **Date & Time of visit** |  |

|  |  |
| --- | --- |
| GHS&EA has carried out a follow up visit – Date: |  |
| Operating business review meeting held – Date: |  |
| Remedial actions have been carried out – Date: |  |

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| **Details of the Zero Score (KPI’s)** |
| (Cut and paste the text from the site report) |

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| **Initial response from the operating business** |
| (what did they do) |

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| **Site follow up visit comments** |
| (had the issue been resolved, was there an improvement from the last visit) |

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| **Root Cause** |
|  |

**Review Meeting**

This meeting should be completed within 10 days of the Zero score being issued.

Also that where appropriate individuals have been held to account for major non-compliance.

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| **Review meeting attendees:** |
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| **Review meeting notes and comments:** |
| (Explain what has occurred/ reason for the review meeting) |

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| **Review meeting agreed actions** (specify by whom has agreed)**:** |
| **Operational:** |
| **Administration:** |
| **Worker engagement:** |
| **Training:** |
| **Capability/ disciplinary:** |
| **Other:** |

|  |  |
| --- | --- |
| **Name of Director carrying out the review:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments of Senior Group HS&E Advisor** (Satisfied that appropriate actions taken) | | | |
|  | | | |
| **Name** |  | **Date** |  |

*Senior Group HS&E Advisor to forward copy of form to Group Health and Safety Manager/ Environment Manager for review, ensuring that it is highlighted if appropriate actions have not been taken.*