**Regulatory Authority Contact (Health and Safety Executive/ Local Authority)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Operating Business** |  | | **Development** | |  | | |
| **COINS No** | |  | | |
| **Site Address** |  | | | | | | |
| **Date** (of visit or correspondence) |  | **Time Start**  (if visit) | |  | | **Time End**  (if visit) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person Completing Form** | | | | | |
| **Name** |  | **Position** |  | **Contact no.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Regulator Contact Details** | | | |
| **Organisation** |  | | |
| **Name** |  | **Position** |  |
| **Email** |  | **Contact Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Contact Type** [✓] | | | |
| Site visit [ ] | Email/Letter [ ] | Telephone call [ ] | Incident led investigation [ ] | Other [ ] |
| **If other, provide details** |  | | | |

|  |  |  |
| --- | --- | --- |
| **Initial result of contact [✓]** | | |
| Prohibition Notice Issued [ ] | Improvement Notice Issued [ ] | Notification of Contravention [ ] |
| Problems Identified [ ] | Satisfactory [ ] |  |
| **Note:** Where the HSE Inspector issues a **Prohibition Notice**, **Improvement Notice, or a Notice of Contravention** the Group HS&E Advisor (or in his/her absence the Senior Group HS&E Advisor) must be notified by telephone immediately.  **Copies of all Notices (if available) must be attached to this form** | | |

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| **KPI’s Observed/Discussed [✓]** | | | | | | | | |
| Manual Handling |  | Noise Protection | |  | Use of Ladders |  | Welfare |  |
| Hand Arm Vibration |  | Scaffold | |  | Excavations/ Confined Spaces |  | Site Security/ Public Protection |  |
| Respiratory Protection |  | Joist/Truss Installation | |  | Plant and Equipment |  | Housekeeping |  |
| Skin Protection |  | Roof work | |  | Traffic Management |  | Nuisance |  |
| Eye Protection |  | Stairwell | |  | Fire/Emergency Arrangements |  | Lifting Operations |  |
| Training Records |  | Evidence of Worker Engagement | |  | Notice Boards |  | Telehandler Usage |  |
| PPE |  | Other | |  |
| **If other, provide details** | | |  | | | | | |

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| **Regulator comments** |
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| **Site management response – attach photos and detail any comments from sub-contractors** |
|  |
| **Remedial actions taken** |
|  |

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| **Further action / support required (specify by whom)** |
|  |

Send form to local GHS&E Advisor (or in his/her absence the Senior Group HS&E Advisor)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR GROUP HEALTH, SAFETY & ENVIRONMENT ADVISOR TO COMPLETE** | | | | |
| **Advisor Name** |  | | | |
| **Notifications** [✓] | | | | |
| Site Management/  Contract Manager [ ] | | Group HS&E Administrator [ ] | Senior Group HS&E Advisor [ ] | Senior Management [ ] |

Senior management includes – Construction Director, Managing Director, Regional MD

|  |  |
| --- | --- |
| Group HS&E Advisor has contacted the inspector/ enforcement officer [✓] | |
| Yes [ ] | No [ ] |

|  |  |
| --- | --- |
| If no, why not |  |