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

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

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

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| **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** |  |

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| **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** |
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| **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)

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| **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

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

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