**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 carried out to prevent a reoccurrence. 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 a 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 the Group H&S/ Environment Manager for review, ensuring that it is highlighted if appropriate actions have not been taken. If disciplinary action recommended then Senior Group HS&E Advisor to forward copy of form to the Regional HR Business Partner.*