



Section 1 - Company Details											
Name:											
Address:											
Postcode:											
Contact Name:				Contact Tel No:							
Section 2 - Site Details											
Site Name:											
Site Address:											
Postcode:		What 3 Words location (W3W):									
Site Contact Name:				Site Contact Tel No:							
Site Contact Email Address:				Value of Contract:							
Is parking available on site?		Yes	No	If "No", where is there parking?							
Report recipient - Name & Email				Report recipient - Name & Email							
Date Notified:		Proposed Start Date:									
Duration (Weeks):		First Inspection Required:									
Has the client appointed you in writing as...				Principal Contractor:		Sub-Contractor:					
Site Pack Required? (Chargeable)		Yes	No	Site inspections will be monthly unless requested otherwise. Alternative frequency:				2 weekly			
Section 3 - Risk Assessment											
Description of Project:											
HIGH RISK ACTIVITIES											
Deep Excavation		Yes	No	Steel Erection		Yes	No	Working At Height		Yes	No
Asbestos Removal		Yes	No	Demolition		Yes	No	Proposed date for demolition:			
Have method statements been prepared for high-risk features?				Yes	No						
Other high-risk features (Confined spaces, close to live services, working over water, etc.)											
When will the potential risk be at their highest?											
Given the nature of this contract, what is your overall assessment of risk?						High	Medium	Low			
If you require any additional on-site services, such as Safety Awareness Training, or Contractor's Induction Training, and/or specific meetings, please contact the office.											
Office Use Only											
EBSG Ref:		Membership Level:		Safety Advisor:							

If you need any assistance completing the form, you can call us on 01223 420111
 When complete please send the form to info@ebsafetygroup.co.uk