

**Appendix 1 Safe System of Work Plan –** **small projects only**.
**Contractors engaged by NUI Galway Units.**

**Note: This Work Plan is only for minor Unit Contract work.  If this involves any level of buildings or grounds works you must ensure that the** **Helpdesk, Buildings & Estates** **is notified with adequate notice prior to appointment of contractor.**

This Safe System of Work Plan must be filled out by contractors who carry out any hazardous maintenance or repair work on the premises. Its aim is to ensure that adequate precautions are taken to protect the safety of staff, students and the contractor. It can be filled out on the spot and does not need to be typed. The contractor or Safety Coordinator may fill in the time finished section.

1. **Contractor company name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Contractor Person responsible for safety** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Names of all contractor’s staff or subcontractors who will be on site.**

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4. **Date and time work commenced** \_\_\_\_/\_\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_am/pm
 **Time work finished** \_\_\_\_ am/pm *Note: A new plan must be completed for each day.*

5. Nature of the work, e.g. repair particular equipment.

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6. **List the hazards** associated with work, e.g. fall from a height, electrocution, fire, use of hazardous chemicals, welding, brazing, and list the precautions that will be taken to prevent injury or ill health, e.g. cordon off the area, disconnect equipment, erect ‘do not use’ sign, wearing eye protection

|  |  |
| --- | --- |
| **Hazard** | **Precautions** |
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6.5 The following **documentation** has been received

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| --- | --- |
| **Document** | **Received by and date** |
| Safety Statement |  |
| Method Statement |  |
| Employers Liability and Public Liability insurance certificates. |  |

7. **On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I declare** that our staff and sub contractors will carry out all our work in accordance with the requirements of the Safety, Health and Welfare at Work Act and associated regulations and they will be briefed accordingly. Any accidents will be reported to the Unit Safety Coordinator

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Signed: Person with responsibility for safety with the contracted company

8. **The above named contractor has been given permission to commence work.**

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Signed by the Unit Safety Coordinator Date