

Form Safe System of Work Form

Safe System of Work Form			
To be completed when tasks involve multiple or complex activities that are not covered in their entirety by risk assessments and/or key procedures.			
Note: This form is only valid when sections K and L are completed and signed by the manager responsible and all personnel involved.			
Site/project name:		Project no.:	
Address:			
Area/location:			
Company:			
SSOW No.		Title:	
Name of Project Manager:			
Name of Responsible Manager/Supervisor: (Sign and date Section K)			
Prepared by:		Date:	
Revision:		Revised by:	
		Revision Date:	
A: Brief description of work to be undertaken			
Summary of Work:			
Work location:			
Start date:		Duration:	
B: Work Equipment, Procedures and Competences required for Health and Safety			
Note: Include all equipment needed for a safe work environment. Do not include PPE – see section H.			
Work Equipment (including mobile/fixed plant, safety equipment and tools):			
Materials required:			
Safety Documents (including temporary works designs, statutory safety and site inspection forms):			

Job task

Safety control (reference sections B, D-J below)

[illegible]

D: Key health and safety procedures (HSP) required (see SHE2 for guidance) and associated documentation

Note: Each relevant HSP to be briefed to the site team

E: Relevant risk assessment guidelines (RAG) (see section 3 of the manual and JRL HSE Website for list of risk assessment guidelines)

Note: Each relevant RAG to be in place, associated toolbox talk completed and section L of this form completed.

F: Additional resources, specialised skills & competencies

Note: This may include other specialist trades/skills, in-house or external

G: Details of work permits or authorisations required (tick ✓ and attach permits or other forms are required for the work activity)

Permit to work (<i>general</i>)		Permit to work (<i>excavate</i>)		Permit to work (<i>hot work</i>)		Permit to work (<i>confined spaces</i>)	
Permit to work (<i>electrical</i>)		Permit to work (<i>working platform certificate</i>)		Permit to work (<i>mobile crane authorisation</i>)		Permit to work (<i>other</i>)	

If Other, please describe:

H: Personal protective equipment required

Description of PPE	Required Yes/No? (tick ✓)	Type of PPE (In accordance with PPE regulation or international standards)
Head protection Safety Helmet	Yes/No-	EN 397:2012+A1:2012
Foot protection - Boots - Wellington	Yes/No-	BS EN ISO 20345:2011
High visibility clothing - Vest, - Jackets - Trousers	Yes/No-	EN 471
Hand protection - General - Chemical - Mechanical - Thermal	Yes/No-	EN 420 EN 374 EN 388 EN 407
Eye protection - Glasses - Goggles - Visor	Yes/No--	EN 166
Hearing protection - Earmuff - Earplugs - Helmet Earmuff	Yes/No	EN 352 – 1 EN 352 – 2 EN 352 – 3
Clothing - Waterproof/foul weather - Chemical resistant - Heat and flame	Yes/No-	EN 343 EN 465 EN 533
Respiratory protection - Filtering face-piece - Half face mask - Full face mask	Yes/No	EN 149 FFP3 EN 140 EN 136
Fall arrest protection - Full body harness - Fall arrest system - Fall restraint system	Yes/No	EN361 EN362 EN353
Other PPE required	-	

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I: Are other contractors involved in the activity? (If so state name, address and key contact details). Other site health and safety information.

J: Details of contacts, site management etc., or special emergency arrangements

Contracts Manager	
Project Manager	
Senior Engineer	
Construction Manager	
Site Supervisor	
Safety Manager/Advisor	
JRL Safety Department	0208 953 7800

K: Name of manager / supervisor responsible for implementation of safe system of work (communications and monitoring compliance)

Name (please print):		
Position:	Contact no:	

1. Check all sections and confirm correct.

Signature:		Date	
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2. Issue document to site team and ensure briefing.

Signature:		Date:	
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L: Details of personnel involved and confirmation that information and instructions in this document have been satisfactorily communicated.

I/We the undersigned have been instructed and made aware of the contents of this 'Safe System of Work and Risk Assessment/s' and agree to comply with its requirements. If we are unable to carry out the work safely we agree that we must immediately stop work and inform our manager/supervisor.

Date	Name	Position/Role	Signature	Briefing given by

Risk Assessment Guidance and Briefings					
Assessment for:					
Site location:		Date of assessment			
Area:					
Assessment conducted by:		Position:		Date:	
Assessment reviewed by:		Position:		Date:	
Date of next review:					
Responsible manager to review control measures in section A.					
Name:		Position:			
Signature:		Date:			

Relevant Risk Assessment Guidelines (RAG) and Risk Assessment Environmental (RAE) attached

Note: Each relevant RAG and RAE to be in place, associated toolbox talk completed and section L of this form completed.

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WORK MUST NOT START UNTIL CONTROLS ARE IN PLACE, THESE BRIEFINGS HAVE BEEN DISCUSSED AND ALL SIGNATURES OBTAINED.

SIGNATURES SHOULD BE OBTAINED AND RECORDED ON THE SHE 4 DOCUMENT