

Everest Ltd - Health & Safety Written Assessment Report

Section 'A' and 'B' to be completed by Surveyor. Section 'C' to be actioned by Booking Administrator.

Section 'D' to be completed by Asbestos Contractor and faxed back as confirmation of Booking.

This document must be completed for survey on all products with suspected asbestos or access equipment.



Fit The Best

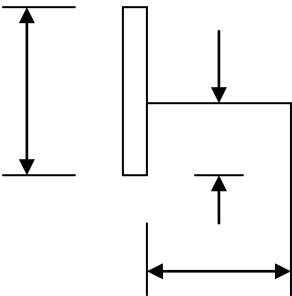
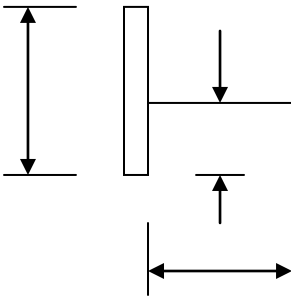
SECTION A (Surveyor)		Product	Pvc Traditional Tilt Sliders	
Pag No.	WF0701AX	Installation Centre	Central (44)	
Customer's Name.	Mr Calvin Bell	Customer Tel No.	0 07966319214	
Customer's Address.	Flat C, 3 Christchurch Gardens, READING, Berkshire, RG2 7AH			
Surveyor's Name.	Mr David Richards	Code.	DR123	Surveyor Tel. No

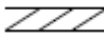
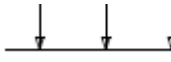
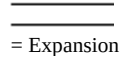
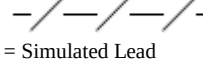
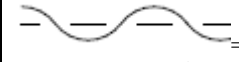
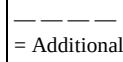
SECTION B (Surveyor)	
1. ASBESTOS CEMENT GUTTERING	No
2. ASBESTOS CEMENT RAIN WATER PIPES	No
3. SUSPECT SOFFIT IS ASBESTOS MATERIAL	No
4. SAMPLE OF SUSPECT SOFFIT TAKEN	No
5. SAMPLE SENT FOR TESTING	DATE:
6. STORAGE AREA AGREED WITH CUSTOMER	AREA:

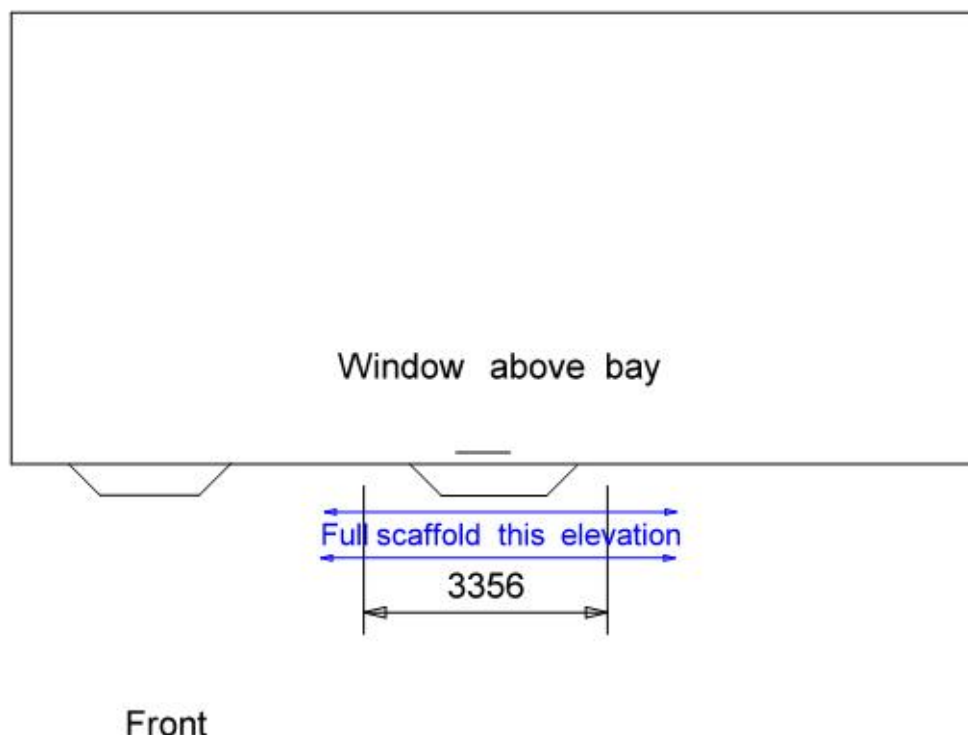
SECTION C (Office use only)		
(The sections printed in red should be ignored if the answer to question 1 to 4 inclusive is NO)		
TEST REPORT RECEIVED		DATE
RESULT	YES	
6. NO ASBESTOS		IF 'YES' ROOFLINE INSTALLATION CAN GO AHEAD IMMEDIATELY ADVISING CUSTOMER THAT THE TEST PROVED THERE WAS NO ASBESTOS PRESENT.
7. ASBESTOS CEMENT (AC) WASTED COLLECTED BY CONTRACTOR		IF 'YES' ROOFLINE INSTALLATION CAN PROCEED. OUR INSTALLER TO REMOVE AC FOLLOWING OUR SAFE SYSTEM OF WORK WITH FULL PPE SIGNED FOR.
8. ASBESTOS INSULATING BOARD (AIB)		IF 'YES' ROOFLINE CANNOT GO AHEAD UNTIL AIB HAS BEEN REMOVED AND TAKEN FROM SITE BY SPECIALIST CONTRACTOR
Cost Centre. Purchase Order No.		
Removal Date Required. / / Duration of Installation days		
Form to be faxed to relevant asbestos removal company. With copy of the Test Report		
Fax: at least 21 days before Preferred Date Removal Required.		

SECTION D (Asbestos Contractor)			
Date Removal Booked For.	/	/	Day. AM / PM (delete where appropriate)
Authorised by:			
Signed -		Print Name-	

Pag No.	WF0701AX	Installation Ctr.	Central (44)
Customer's Name.	Bell		

Existing Fascia / Soffit Soffit Height: 	Existing Bargeboard / Soffit Apex Height: 	Roof Tile Type Slate Suspect Asbestos Shown on plan AS= < X X X X >
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ROOFLINE KEY:	B= Bargeboard	C= Cladding	DP= Downpipe	F= Fascia	G= Gutter	N= No Work	S=Soffit	U/C=Undercloaking Replacement
FLATROOF KEY:	 =Raised Edge	 = Drip Edge	 = Expansion Gully	 = Simulated Lead Flashing	 = Flashing Under Roof tiles		 = Additional Ventilation Added	



Plan drawings must be fully dimensioned
Photographs of difficult access or narrow access are required

Checked by Branch Manager, signed

WORK FROM HEIGHT RISK ASSESSMENT AND SPECIFICATION OF ACCESS EQUIPMENT

Pag No.	WF0701AX	Installation Ctr.	Central (44)
Customer's Name.	Bell		

SITE CONDITIONS			
SOLID SURFACE :	Yes	UNEVEN GROUND :	No
GRAVEL SURFACE :	Yes	OVERHEAD CABLES :	No
SOIL SURFACE :	Yes	OBSTRUCTIONS :	No

<u>NARROW BASE TOWER</u> 850 x 1450		<u>STANDARD BASE TOWER</u> 1800 x 1450		<u>WALKTHROUGH FRAME</u> for Standard Tower (Boss/Climalloy)	
HEIGHT	QUANTITY	HEIGHT	QUANTITY	QUANTITY:	
2000mm		2000mm			
4000mm		4000mm			

<u>OTHER STAGING</u>		<u>LIGHT WEIGHT STAGINGS</u> 450mm x 2 or 600 x 1		<u>HANDRAIL POLES</u>	
EVEREST	QUANTITY	LENGTH	QUANTITY	LENGTH	QUANTITY
4800 x 850		2400 x 2		2m	
		3000 x 2		3m	
		3600 x 2		4m	
		4200 x 2		5m	
		4800 x 2		6m	
				7m	

<u>FLAT ROOF EDGE PROTECTION</u>		<u>DECKING BOARDS</u>	
HEIGHT			QUANTITY
TOTAL LENGTH		Flat Roof Decking	
PLATFORM HEIGHT from Flat roof surface down			

<u>MINIMAX TOWER</u> 760 x 1900		<u>EASI-DEC SYSTEM</u>	
HEIGHT	QUANTITY		QUANTITY
2000mm		BASIC PLATFORM	
4000mm		WALKWAY	
		CORNER KIT	

When erecting scaffold on felt of flat roofs decking boards are mandatory (Inform Scaffold company). Handrails are mandatory on ALL stagings..

FULL SCAFFOLDING		REASON
FRONT ELEVATION	Yes	over right bay
REAR ELEVATION	No	
RIGHT ELEVATION	No	
LEFT ELEVATION	No	

Note when specifying Full Scaffold in areas on Public footpaths & highways You must ensure Scaffold company are aware they must provide netting, warning tape, coned off areas to ensure no risk to general public while we are working on the Scaffold

PHOTOGRAPHS MUST BE SUBMITTED WHEN FULL SCAFFOLDING IS REQUIRED.

I have carried out an Risk Assessment of the Access Equipment and in my opinion the Installation can be completed safely with the equipment specified using the S.S.O.W

SURVEYOR'S CODE **DR123**

SURVEYOR'S SIGNATURE



RISK ASSESSMENT/FULL SCAFFOLDING APPROVED BY BRANCH MANAGERS/BUSINESS CENTRE MANAGER.

COST _____ BCM or AUDITERS SIGNATURE _____ DATE _____

BM SIGNATURE _____ NAME _____ DATE _____

Asbestos Cement Removal

The Everest Installation Team MUST sign off this page

Pag No.	WF0701AX	Installation Ctr.	Central (44)
Customer's Name.	Bell		

ACTIVITY	TICK
1. I HAVE RECEIVED TRAINING IN THE SAFE REMOVAL OF A.C. AND AGREE TO REMOVE THE MATERIAL IN ACCORDANCE WITH THAT TRAINING.	
2. I HAVE ADVISED THE CUSTOMER WHEN REMOVAL OF THE A.C. STARTS AND FINISHES.	
3 I HAVE BEEN ISSUED WITH AND USED THE REQUIRED P.P.E, BEING FACE FITTED DISPOSABLE FACE MASKS AND OVERALLS.	
4. I HAVE DISPOSED OF THE WASTE MATERIAL AND USED P.P.E IN ACCORDANCE WITH THE TRAINING.	
5. I HAVE MAINTAINED PERSONAL HYGIENE AT ALL TIMES DURING THE REMOVAL PROCESS. I HAVE NOT EATEN OR SMOKED, I HAVE CLEANED MY HANDS AFTER REMOVAL.	

I CONFIRM ALL THE ABOVE.

NAME _____ CODE _____ SIGNED _____ INSTALLER

NAME _____ CODE _____ SIGNED _____ INSTALLER

ACCESS EQUIPMENT INSPECTION RECORD (FOR TOWERS, LADDERS, EASI-DEC, BANDSTANDS)

THIS INSPECTION SHEET MUST BE COMPLETED AND SIGNED BY THE INSTALLER ON EACH ACCESS EQUIPMENT ERECTION TO CONFIRM THAT ALL PROCEDURES HAVE BEEN CORRECTLY FOLLOWED.

FAILURE TO COMPLETE THIS INSPECTION SHEET MEANS INSTALLERS/MANAGERS MAYBE LIABLE FOR PROSECUTION.

Installer issued with correct equipment for installation. Also confirm item 13.

SIGNATURE BM or IM

ENTER DATE OF EACH INSPECTION

ENTER TIME OF EACH INSPECTION

CHECK LIST	1	2	3	4
TICK	TICK	TICK	TICK	TICK
1. I HAVE BEEN TRAINED IN THE SAFE USE AND ERECTION OF ACCESS EQUIPMENT, AND WILL ERECT TOWERS IN ACCORDANCE WITH THAT TRAINING & S.S.O.W..				
2. I HAVE INSPECTED THE TOWER/SCAFFOLD PRIOR TO USE.				
3. THE TOWER/SCAFFOLD IS PLUMB, LEVEL AND SQUARE.				
4. CASTORS ARE LOCKED/LEGS CORRECTLY ADJUSTED.				
5. BRACES, HANDRAILS ARE FITTED AS PER MANUAL.				
6. STABILISERS/OUTRIGGERS/BALLAST FITTED AS REQUIRED.				
7. PLATFORMS ARE LEVEL AND WINDLOCKS ON.				
8. TOEBOARDS ARE FITTED AS REQUIRED.				
9. LADDERS ARE AT CORRECT ANGLE OF 70°./TIED ON SCAFFOLD				
10. LADDER STAND OFF & FOOTER USED.				
11. EASI-DEC USED AS PER S.S.O.W..				
12. BANDSTANDS USED WITH HANDRAILS FOLLOWING SSW				
13. HANDOVER CERTIFICATE RECEIVED BY BRANCH				

ANY FAULTS WITH EQUIPMENT OR MISSING COMPONENTS MUST BE REPORTED TO THE BRANCH MANAGER IMMEDIATELY. ACCESS EQUIPMENT MUST NOT BE USED UNLESS IT IS COMPLETE INCLUDING FULL SCAFFOLD.

SIGNED _____ INSTALLER CODE _____ DATE _____

SIGNED _____ INSTALLER CODE _____ DATE _____

RISK ASSESSMENT DOCUMENT APPROVED BY BRANCH MANAGER.

SIGNED _____ DATE _____