

## Project / Site Safety Assessment Form

From time to time Cotswold Canals Trust (CCT) will work with volunteer groups from other organisations. This form is to be completed and signed by both parties to clarify safe construction working practices and to ensure these have been agreed and effectively understood.

### To be completed by CCT Site Safety Representative:

<b>Name of Project / Site:</b>	
<b>Nominated CCT Site / Project Safety Officer Contact information</b>	
<b>HSE CDM Notice effective</b>	From: _____ To: _____
<b>CCT Risk Assessments in place and made available to 3<sup>rd</sup> Party</b>	Comment:
<b>Agreed Start Date for visiting volunteers</b>	
<b>Duration or End date for visiting volunteers</b>	
<b>Agreed frequency and days of week for visiting volunteers</b>	
<b>Agree who is responsible for providing and maintaining tools, plant and equipment for this exercise?</b>	Details:
All visiting volunteers are expected to wear appropriate clothing and footwear..... <b>Agree who is responsible for additional personal protective equipment (PPE) e.g. hard hats, hi-viz, eye protection, masks, gloves etc.</b>	Details:
<b>Confirm names of CCT Team Leaders who will be onsite at all times during visiting volunteer activities</b>	Name(s):
<b>Other details as agreed with the visiting organisation.</b>	Comment:

**Date:**

**on behalf of Cotswold Canals Trust**

**Signed:**

**Print Name:**

**Signed:**

**CCT Construction Director**

**To be completed by the 3<sup>rd</sup> Party Organisation Representative**

<b>Name of Organisation</b>		
<b>Nominated Leader responsible for volunteers Contact information</b>	Name: Role: Mobile No: Email:	
<b>Other key Personnel (e.g. team leader / supervisor) Contact information</b>	Name: Role: Mobile No: Email:	
<b>Does your organisation have appropriate insurance(s) in place to cover your volunteers' / students' activities?</b>		<b>Y / N</b>
<b>Please confirm that a supervisor / Team Leader from your organisation will be present on site during all activities</b>		<b>Y / N</b>
<b>If the visiting group includes young persons or vulnerable individuals, please confirm that they will be accompanied by appropriately vetted supervisors</b>		<b>Y / N</b>
<b>Please confirm that you have received and understood copies of CCT Risk Assessments appropriate to this site, and that you confirm that these methods will be adopted by your volunteers on site.</b> <b>or</b> <b>Your organisation has provided its own risk assessments and working methods which have been agreed with the CCT Site Representative and</b> <b>If volunteers are under 18, your organisation will provide appropriate youth risk assessments</b>		<b>Y / N</b>  <b>Y / N</b>  <b>Y / N</b>
<b>Average number of volunteers / students to attend at each site visit?</b>		
<b>Age group(s) of volunteers / students attending at each site visit eg &lt;16, 16-18 or 18+?</b>		
<b>Skill level of volunteers / students</b>		

**Signed:**
**Print Name:**
**Date:**
**Organisation:**