

Contractor Induction Form (copy to be retained by contractor)

Premises:	
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Your contact on site:	
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Your contact, detailed above is the person to whom you must report any accident or incident involving yourself, your employees, sub-contractors, premises staff, buildings and equipment or service users.

Hours of work agreed are:	From;	To;	From;	To;
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All workers must sign in and out of the premises unless the work site has been handed over to your control.

FIRST AID

First aid supplies located at:	
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Individuals designated as first aiders are:
1.
2.
3.

FIRE AND EMERGENCY

Fire alarm on this site is:	<i>Premises management should describe sound etc here</i>
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Fire alarm call points are located:	
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In an evacuation, your assembly point is:	
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Your route of evacuation is:	<i>Premises management may wish to attach a plan of the premises to this form</i>
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WELFARE

Welfare provision is available to your staff <i>only</i> at these locations:	
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These welfare restrictions will apply unless other arrangements are made with the premises management. Any amendments must be recorded here:

Date;	
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Contractor supplying own welfare facilities?	<i>Detail arrangements here</i>
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Contractor access is not permitted to these areas of the site:	
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DECLARATION

I hereby acknowledge that I have been shown a copy of the Asbestos Survey for these premises and understand my responsibilities regarding asbestos

I further give an undertaking to observe and follow the requirements of all relevant health and safety legislation and Coventry City Council policies and associated procedures. If there is any information I do not understand, I undertake to enquire from my premises contact identified above.

I undertake to inform my premises contact of any hazardous activities required and to provide suitable and sufficient risk assessments and method statements for any such activities.

I will inform my premises contact immediately of any changes to work plans, schedules or specifications that may have an impact on health and safety.

I understand and agree that if I engage any sub-contractors I will ensure that they comply with the same requirements as detailed above.

Contractor Name (Print):		
Contract Company:		
	Tel:	
	Mobile:	
Signed:		Date: