

Name	
Address	
Trade	
Division working for	

1	<p>Proof of competency to carry out the work:</p> <p>CSCS Card appropriate for trade (note: Green cards are not acceptable for most trades) YES NO</p> <p>Provide CSCS card No</p> <p>Other Accredited scheme YES NO</p> <p>Provide details of the scheme</p> <p>Task Specific (nail guns/abrasive wheels etc) YES NO</p> <p>Provide details of task specific training</p>	<p>Office use</p> <p>Have CSCS requirements been met</p> <p>YES NO</p> <p>If no, refer to SHE Manager</p> <p>SHE Manager satisfied with competency</p> <p>YES NO</p>												
2	<p>Accident Statistics for the previous three calendar years (if applicable):</p> <table border="1"> <tr> <th>Injury Classification</th> <th>Year</th> <th>Year</th> <th>Year</th> </tr> <tr> <td>Major Injury</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Over 7 Days (time lost)</td> <td></td> <td></td> <td></td> </tr> </table> <p>Provide details of any such accidents including dates and contract details (use separate sheet if necessary):</p>	Injury Classification	Year	Year	Year	Major Injury				Over 7 Days (time lost)				<p>Any major incidents or 3 or more time lost incidents recorded</p> <p>YES NO</p> <p>If yes, refer to SHE Manager for review.</p> <p>SHE Manager satisfied with incidents recorded.</p> <p>YES NO</p>
Injury Classification	Year	Year	Year											
Major Injury														
Over 7 Days (time lost)														
3	<p>Are you in receipt of any enforcement action by any enforcing authority (HSE, Local Authority, EA/SEPA)?</p> <p>YES NO</p> <p>If yes, provide details</p>	<p>Enforcement action recorded</p> <p>YES NO</p> <p>If yes, refer to SHE Manager for review.</p> <p>SHE Manager satisfied with enforcement action recorded</p> <p>YES NO</p>												
4	<p>Do you provide your own Personal Protective Equipment, appropriate for the work to be undertaken?</p> <p>YES NO</p>	<p>If own PPE is not provided please review and detail reasons why.</p>												
5	<p>Do you have any medical conditions which may affect your ability to undertake the works? (FOR REFERENCE PURPOSES ONLY)</p>													

NB: PROOF OF ACCURACY MAY BE REQUESTED BY THE GROUP

Completed by (Print)	Title
Signature	Date
Evaluated/approved by (Print)	Title
Signature	Date
SHE Manager approval (if required)	Date