

HEALTH AND SAFETY FILE REQUESTS FORM

FORM COMPLETED ON: _____

PROJECT NAAM THAT WILL APPEAR ON H&S FILE: _____

PHYSICAL ADDRESS OF SITE: _____

BRIEF DESCRIPTION OF WORKS: _____

PROJECT START DATE: _____

ESTIMATED PROJECT DURATION: _____

CLIENT OR CLIENT REPRESENTATIVE: _____

CLIENT HEALTH AND SAFETY AGENT: _____

CLIENT HEALTH AND SAFETY AGENT CONTACT NUMBER: _____

HEALTH AND SAFETY SPEC HANDED OVER BY CLIENT: _____

LIST OF SUBCONTRACTORS WHICH WILL WORK ON THE PROJECT:

1. _____

2. _____

3. _____

INDICATE IF THE FOLLOWING HIGH RISK WORKS WILL BE USED ON SITE:

SCAFFOLDING	ROPE ACCESS	ROOF WORKS	ASBESTOS
DEMOLITION	TEMPORARY WORKS	EXCAVATIONS	TUNNELING

SITE FOREMAN: _____

CONSTRUCTION MANAGER: _____

THIS FORM COMPLETED BY: _____

FILE REQUEST APPROVED BY (Person Authorizing Payment): _____



SACPCMP
The South African Council for the Project and Construction Management Professions