


Daily Site Report

Customer		Site		Work Order Info	
SCOTTISH POLICE AUTHORITY		ANTI-VIOLENCE UNIT (VIOLENCE REDUCTION UNIT) G2 IPT		Date of Visit	29-02-2024
				WO number	396035
				Project number	G12019-G-A

Number of Operatives	ALL SIGN BELOW	Time On Site	09.00	Time Off Site	10.30
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Method/Hazard Control Confirmation

- I confirm I have read, understood and agree to follow the RAMS relating to this work order.
- I confirm I have read, understood and agree with risk assessment RA01 and associated hazard controls plus task specific hazards and controls identified in the operating procedure and below.
- I confirm the IFS pre work risk assessment has been completed for this work order. (Info also to be recorded below)

Sign		Print	[REDACTED]
<small>USE EXTRA DSR IF REQUIRED</small>			

Manual Pre-Work Risk Assessment - to be completed for customer records. RA01 controls still apply. COMPLETE ALL QUESTIONS

Is asbestos present in the work area?	Y	<input checked="" type="radio"/> N	If confined space, WHQFT297 controls apply	Confirm any permits required are in place	Y	N	<input checked="" type="radio"/> NA			
Ladders to be used? (includes fixed ladders)	Y	<input checked="" type="radio"/> N		Is the work area a restricted access area?	Y	<input checked="" type="radio"/> N	Are any other works affecting your safety?	Y	<input checked="" type="radio"/> N	
Confirm ladders (fixed or mobile) footplate inspected and in good order	Y	N	<input checked="" type="radio"/> NA	Confirm suitable lighting and boarding in place. Bump caps must be worn	Y	N	<input checked="" type="radio"/> NA	Any conflict of interest re.site or task?	Y	<input checked="" type="radio"/> N
Is the work area a confined space?	Y	<input checked="" type="radio"/> N	Confirm portable equipment is inspected	Y	N	<input checked="" type="radio"/> NA	Covid control measures in place?	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	
Additional Controls Implemented		YES	<input checked="" type="radio"/> NO	If YES add Additional Controls Implemented below						

SAFE TO WORK	<input checked="" type="radio"/> YES	<input type="radio"/> NO
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Service Details

SITE VISIT TO CARRY OUT A LEGIONELLA RISK ASSESSMENT (WITHIN CLIENT'S AREA OF BUILDING)

Comments/Matters of Evident Concern

SITE ASSESSMENT COMPLETED
 DATA & SCHEMATIC DRAWINGS TO BE PROCESSED (OFF-SITE)

VISIT COMPLETION

Site Signature	[REDACTED]	IWS Signature	[REDACTED]
PRINT Name	[REDACTED]	PRINT Name	[REDACTED]
Position	[REDACTED]	Position	[REDACTED]

Daily Site Report

Customer AKMSPA		Site VIOLENCE REACTION UNIT		Work Order Info	
				Date of Visit	23/01/23
				WO number	2505703
				Project number	5785-1
Number of Operatives	ALL SIGN BELOW	Time On Site		Time Off Site	
Method/Hazard Control Confirmation Formwork 22 SJSAM01					
<ul style="list-style-type: none"> I confirm I have read, understood and agree to follow the RAMS relating to this work order. I confirm I have read, understood and agree with risk assessment RA01 and associated hazard controls plus task specific hazards and controls identified in the operating procedure and below. I confirm the IFS pre work risk assessment has been completed for this work order. (Info also to be recorded below) 					
Sign			Print		
USE EXTRA DSR IF REQUIRED					
Manual Pre-Work Risk Assessment - to be completed for customer records. RA01 controls still apply. COMPLETE ALL QUESTIONS					
Is asbestos present in the work area?	Y	N	If confined space, WHQFT297 controls apply		Confirm any permits required are in place
Ladders to be used? (includes fixed ladders)	Y	N	Is the work area a restricted access area?	Y	N
Confirm ladders (fixed or mobile) footplate inspected and in good order	Y	N	Confirm suitable lighting and boarding in place. Bump caps must be worn	Y	N
Is the work area a confined space?	Y	N	Confirm portable equipment is inspected	Y	N
Additional Controls Implemented		YES	NO	If YES add Additional Controls Implemented below	
SAFE TO WORK		YES	NO		
Service Details ANNUAL VISIT CTD OF SHOWHOOD/HOSE WHQFT01, WHQFT07 SAMPLING					
Comments/Matters of Evident Concern					
VISIT COMPLETION					
Site Signature			IWS Signature		
PRINT Name			PRINT Name		
Position			Position		