Building Themes International Plc.

ACCIDENT REPORTING PROCEDURES

1. In order to comply with the statutory requirements all accidents, dangerous occurrences and diseases will be investigated and the appropriate action taken to prevent their recurrence.

2. RESPONSIBILITIES

The Site Manager is responsible for investigating all accidents involving personal injury, accidents involving damage to property, machinery, equipment, fittings / fixtures together with all near misses in those areas under their control and reporting on the appropriate form to Mr J. Rigby. Managing Executive and Mr. A. Garretty H&SO.

3. NOTIFICATION

Mr. A. Garretty will be responsible for reporting any reportable injuries, diseases or dangerous occurrences to the enforcing authority using the laid down procedure (refer to the section in the Health and Safety Reference Manual or the Accident Book).

4. ENFORCING AUTHORITY

The enforcing authority for the organisation is:

The Health and Safety Executive Area 0ffice,
Marshall House,
Ringway
Preston.

NB. For incidents occurring elsewhere than on the premises the enforcing authority may differ. If in any doubt contact Yewsale Publications Health and Safety advice line desk immediately on 01772 466094 or 07961 393378.

5. RECORDS

Suitable records will be maintained by Mr. A. Garretty and kept in the Company's Head Office at Unit A-B. Grove Mill, Eccleston.

ACCIDENT REPORT FORM

PARTS 1 & 2 TO BE COMPLETED BY THE SUPERVISOR BEFORE THE INVESTIGATION

PART 1

DEPARTMENT: SECTION:

Personal Details _____

Full Name _____

Occupation _____

Age _____ Male / Female Married / Single

Private Address _____
_____
_____
Tel: _____ Contact: _____

Employee: Y / N Contractor: Y / N Trainees or Other Person: Y / N

INJURY OR ILLNESS WITNESS - NAMES & ADDRESSES

Part of Body Affected _____

Nature and Extent of Injury

First Aid Treatment Given

If sent to hospital, name of hospital

Date Time of injury / Accident

Normal Place of Employment

Exact Location of Accident

Name of person in Charge Position in Company

PART 2.

Delete as appropriate:

OTHER DETAILS: F.A.O. DOCTOR HOSPITAL HOME

On the day of the accident what was the person's normal hours of work?

From: Until:

What hours did he / she actually work? From: Until.

Was the injured Person engaged on normal duties? Yes / No

Were those duties authorised or permitted by the Supervisor? Yes / No

Classification (See Over)

Date: Name: Signature: Position:

PART 3.

INVESTIGATION DETAILS

How did the accident happen? Be factual - give details of action leading up to the accident/injury such as lack of control, personal failures, mechanical or physical conditions? List any unsafe acts or conditions? Should machinery be involved enter details. If the injury is a result of a fall state the height of the fall? Where necessary include a sketch with dimensions

If applicable, the nature, name and type of machine?

Part inflicting the injury

Was it in motion at the time? Yes / No.

Date: Print your name:

Signature: Position in the Company

ACC. REF. 2015

PART 4.

ACTION TAKEN TO PREVENT RECURRENCE OF INJURY ACCIDENT

What action has been taken to prevent a similar type of injury/accident recurring?

Could the contributing factors affect any other Employees, Trainees or Others?

Date: Name: Signature:	Position in the Company:
Report Received	Date:
Investigated	Date:
Report F2508 sent:	Date
B.176 attached (if required)	Date.

REPORT FORM FOR DISEASE AT WORK

To be completed in the event of any employee or trainee contracting a listed disease as a result of work undertaken for the Company.

PARTS 1 & 2 TO BE COMPLETED BY THE SUPERVISOR BEFORE THE INVESTIGATION

PART 1
DEPARTMENT: SECTION:

A. Personal Details
B. Details

Full Name

Date Reported

Occupation

Normal Place of Employment

Age Male/female Married/Single

Work Location

Private Address

Name of Person in Charge

Position in the Company

Employee / Trainees or Others

NAME OF DISEASE CONTRACTED

DETAILS (From Doctors Certificate)
Date (As Listed)

PART 2.

Doctor's Name
Address

F.A.O. DOCTOR / HOSPITAL / HOME

COSHH Assessment, Y / N
Hours of Work from: Too:

Actual Hours Worked From: Too: Assessment carried out by:

Was the person engaged on normal duties? Y / N
All records maintained? Y / N
Were those duties authorised or permitted by the Supervisor? Y / N

Date: Print your name:
Signature: Position:

ACC. REF. 2015

PART 3.

INVESTIGATION DETAILS

How did the accidental exposure to the disease occur? Be factual - give details of action leading up to the accidental exposure such as lack of control, personal failures and mechanical or physical conditions. List any unsafe acts or conditions. Do not repeat the results of the accident, which have already been entered at Part1.
Should machinery be involved enter details.

If relevant, the nature of the substances / machine in operation - Relate to COSHH Assessment.

Date: Name: Signature: Position:

PART 4.

ANY ACTION TAKEN TO PREVENT RECURRENCE

What action has been taken to prevent a recurrence? Could the contributing factors of immediate causes affect any other Employees, Trainees or Others?

Date: Name: Signature:	Position:
Report Received	Date
Investigated	Date
Report F2508 sent:	Date

B. 176 Despatched (if required) Date

DANGEROUS OCCURENCE REPORT FORM

PARTS 1 & 2 TO BE COMPLETED BY THE SUPERVISOR BEFORE THE INVESTIGATION

PART 1
DEPARTMENT: SECTION:
Dangerous Occurrence Major Minor
Location

Nature and Extent of Damage

Classification (As Listed)

PART 2.

WITNESS - NAMES & ADDRESSES

Name.
Address. Post Code.
Telephone No.
Date of Dangerous Occurrence Time
Name of person in Charge Position
Date: Name: Signature:

PART 3.

INVESTIGATION DETAILS

How did the dangerous occurrence happen? Be factual - give details of action leading up to the occurrence such as lack of control, personal failures and mechanical or physical conditions. List any unsafe acts or conditions. Should machinery be involved enter details. Where necessary include a sketch with dimensions.

If applicable, the nature, name and type of machine
Part inflicting the injury
Was it in motion at the time? Yes / No

Date: Name: Signature: Position:

ACC. REF. AG. 2015

PART 4.

THE ACTION TAKEN TO PREVENT RECURRENCE OF DANGEROUS OCCURENCE

What action has been taken to prevent a similar type of accident recurring?

Could the any contributing factor affect any other Employees, Trainees or Others?

Date: Name: Signature:	Position:
Report Received	Date
Investigated	Date
Report F2508 sent:	Date

B. 176 Despatched (if required) Date

Contract Name:	No.

SITE SAFETY

SAFETY INDUCTION INSTRUCTIONS FOR ALL OPERATIVES AND VISITORS TO THIS SITE

(1) INTRODUCTION

This Induction forms a part of the Safety Policy. It is important that you are made aware of the rules of working on this site in the interest of your Safety and the Safety of others. Failure to work to the Safety rules on this site may result in instant dismissal and as such this induction will act as a final warning.

Your supervisor is directly responsible for your Safety. He or she will attend regular meetings with management to discuss Safety aspects and will represent you on Safety matters at these meetings. The minutes of these meetings are displayed on the Site Safety Notice Board.

(2) General

These are the general Safety rules for working on site.

The minimum protective clothing is:

Safety boots or shoes in accordance with BS 1870 Part 1 to be worn at all times unless otherwise notified. Trainers or other soft shoes are not permitted.

Safety helmets must be worn at all times except:

- Site Office, Site cabin or Toilet Etc.
- Machine cab.

Other additional items will be worn as operations dictate.

Falls are the biggest accident problem in our industry. Do not take short cuts.

Do not alter scaffolding unless you are a qualified scaffolder and authorised.

Do not access any ladders unless footed by a colleague or securely lashed as well as being set at the proper angle of 4 up to every I out or 75 degrees. At least 5 rungs must project above the step off point.

Do not access scaffolding if guardrails or toe boards are missing or there are boards missing from platforms or the scaffold does not feel secure. Report defects to site manager immediately.

For work from powered access equipment, you must have in possession of a valid training certificate issued by a qualified instructor. Safety harness must also be worn and attached.

Safety harnesses must also be worn at operations where you could fall more than 2 metres and there are no means of providing safe scaffolding or other access equipment.

Do not climb reinforcement or shutter backs or any other method of unauthorised access.

(3) EXCAVATIONS

a) No mechanical excavations should take place within 0.5m of any service.

b) All excavations/manholes or openings must be guarded or securely covered. Do not leave them unprotected and report unguarded areas.

c) No entry should be attempted into any manhole or confined space unless a gas test has been carried out and a permit issued. This includes excavations due to carbon dioxide.

d) Any excavations deeper than 1.2 must be shored or adequate steps taken to prevent collapse. (See method statement).

(4)

LIFTING OPERATIONS

a) All plant and equipment must have current test/examination certificate and only be used by authorised persons.

b) Only tested equipment is to be used for all lifts i.e. not rebar or breaker points etc.

c) Only recognised banks-men to direct cranes and all lifting positions will be under the supervision of Management and to comply with LOLER and PUWER Regulations 1998.

(5)

GENERAL ITEMS

a) It is your responsibility to ensure you are familiar with operations detailed in method statements and follow all given instructions.

b) Control of Pollution is essential - all re-fuelling operations must be as directed by Management in designated areas.

c) No persons will be allowed onto this or any other contract whilst under the influence of alcohol or drugs. Any persons suspected of the above will be requested to leave the site.

If you are taking drugs for medical reasons you must inform your Supervisor and the Site Manager.

(6) SITE PLANT AND EQUIPMENT

Only operators authorised by the Site Manager will be allowed to operate plant on site.

Operators must be CITB trained or any other valid training certificate issued by a qualified instructor.
Operators are responsible for ensuring:-

a) All reversing plant with restricted visibility is under control of a banks man.

SITE PLANT AND EQUIPMENT (cont)

b) Flashing amber beacons are used at all times and daily maintenance checks are carried out.

c) No passengers will be carried out unless seats are provided,

d) All plant must be effectively immobilised overnight.

e) Strict control of pollution is essential and you must ensure you follow all guidance on fuelling operations.

f) All Lorries and plant with restricted rear view vision must be seen back by a reversing attendant.

g) All portable electric tools and lighting must be 110v with current test certificate and fitted with correct splash-proof fittings. Special electrical Safety precautions will be provided in confined workspaces.

h) Your first aider on this site is

You must ensure all injuries are treated and recorded. In the event of a serious accident, contact the nearest member of staff and emergency services will be called.

i) **No urinating on site**. This will lead to instant dismissal.

(7) FIRE

It is essential that all persons on site are familiar with the fire plan and are aware of the location of fire fighting equipment and escape routes.

No fires must be lit on any part of the site without prior permission of the site supervisor. The requirements of the LPG and HFL Regulations 1972 regarding storage and handling must be observed in respect of any paint, thinners, petrol, gases or other substances brought onto site.

There Must be a certificated Fire Control Monitor on site who must be notified to the site Manager.

(8) STORAGE OF MATERIALS

All materials must be stored as instructed by the site management.

All Contractors must keep the work area clear and prevent any accumulation of debris and materials. On completion of work the site should be left clean and tidy and disposal of waste must be carried out in accordance with relevant legislation.

(9) HEALTH AND SAFETY PLAN

The site Health and Safety Plan is available in the site office and reference may be made to it as and when required.

(10) OPERATIVES RESPONSIBILTIES ON SITE

a) You must follow the instructions given to you by your supervisor in relation to COSHH, Noise, Risk Assessments and any other method statement instructions and you should make yourself aware of their content i.e. risk's and precautionary measures which require to be undertaken.

b) Report hazards, faults and near misses to Site Manager

c) DO NOT play dangerous or practical jokes on site.

d) Use correct tools and equipment DO NOT compromise or take short cuts.

e) Follow all instructions - if in doubt ASK! Failure to work in a safe manner may result in your dismissal from site.

f) Where work involves the use of abrasive cutting wheels, authorised certificated persons may only change the cutting disks.

Your Safety and the Safety of everyone else depends on co-operation. If you are not sure about something ask. If you are of the opinion that something is wrong, tell your supervisor. The site Safety Notice Board had details about site Safety for this site and you should make yourself aware of it and all other notices and warning signs posted on site.

QUALITY ASSURANCE

I. THE QUALITY SYSTEM

a) A copy of the Quality Policy is displayed in the Site Office.

b) The Site Manager has overall responsibility for Quality on site.

c) The Quality System is designed to ensure that the customer's requirements are satisfied by carrying out the works in accordance with the Contract Drawings, Specifications, and Instructions etc.

2. YOUR RESPONSIBILITIES are to: -

a) Understand the requirements of tile Company Quality Policy.

b) Ensure that you have all the necessary information prior to starting work. If you think you need more information ask your supervisor.

c) If you are issued with Drawings etc., make sure that they are kept **up to date.**

d) Carry out your work in accordance with the drawings, specification and instructions given to you.

e) If any process or materials are new to you ask your supervisor for the manufactures instruction or request training.

f) Respect the work carried out by others - protect if necessary.

g) If you are not sure ASK don't GUESS.

BE SURE TO UNDERSTAND THESE INSTRUCTIONS.
DO NOT PLAY AT SAFETY
BUT
MANAGE IT THROUGHOUT THE PROJECT THAT IS,
WORK SAFELY
OR
LEAVE SITE, THE CHOICE IS SIMPLE.

IF IN DOUBT AT ANY TIME ASK NO MATTER HOW STUPID YOU MAY FEEL IT IS.

WE ARE ALL HERE TO ACHIEVE THE SAME GOAL,
THE SAFE COMPLETION OF THE WORK
AND
IT WILL ONLY BE POSSIBLE BY TEAM WORK AND CO-OPERATION.

THE ABOVE RULES, INFORMATION & RESPONSIBILITIES HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THEM.

Following this induction the Safety Induction Record form must be signed.

SAFETY INDUCTION RECORD SHEET

SECTION A: ABOUT THE PERSON

Operative's Name: _____

Address: _____

_____

_____

Telephone No: _____

Date of Birth: _____

National Insurance No: _____

Income Tax Details: _____

Public Liability Insurance Details:_____

SECTION B:

ABOUT THE COMPANY THE PERSON WORKS FOR:

Company Name: _____

_____

Telephone No: _____

Name of Company's

Supervisor: _____

How long have you worked for this company:_____

Have you received a Safety Induction form from the Company who has employed you? **YES / NO**

If Yes please give date of induction:_____

SECTION C: PREVIOUS EXPERIENCE

How long have you been involved?

within the Construction Industry?_____

What is your trade? _____

Are you an Apprentice or Trainee?

If you are an Apprentice,

who are you responsible to? _____

Please list your qualifications (if any)

SECTION D: NEXT OF KIN

In case of an emergency we require details of your next of kin.

Name: _____

Address: _____

_____

_____

_____

Telephone No: _____

Relationship: _____

SECTION E: HEALTH DETAILS

Do you suffer from any medical problems? ***YES / NO***

If yes, please give details: _____

_____

SECTION F: SAFETY HISTORY

Have you received any Safety training prior to this job, i.e?

Certificates to use –

- To change angle grinder blades YES / NO
- Safety Awareness course YES / NO
- CITB courses (Safety) YES / NO
- Construction plant operators YES / NO
- Scaffolding certificates YES / NO
- COSHH awareness YES / NO

Others YES / NO

Safety Inductions by other companies YES / NO

If you have answered YES to any other of the above, please give details below.

SECTION G: DECLARATION

I hereby confirm that I have received a Site Induction and agree to abide by the Safety regulations and requirements.

Signed by the Operative:…….. Print your name……

Name of Site Manager / Supervisor……

Name of Inductor:……

THIS DOCUMENT IS "PRIVATE AND CONFIDENTIAL" AND FOR COMPANY USE ONLY, IT WILL NOT BE PASSED TO ANY THIRD PARTY WITHOUT WRITTEN PERMISSION.

Safety

The following statement is issued in accordance with the
Health and Safely at Work Act 1994

Health and Safety Policy

I. The Company is committed to progressive improvement in Health, Safety and Welfare standards and will conduct its undertakings accordingly

2. It is the policy of U.K. Ceramics Limited:

i) To pursue high standards of Health, Safety and Welfare as an integral part of efficient management of the business and to ensure that decisions about other priorities take proper account of Health and Safety requirements.

ii) To safeguard the Health , Safety and Welfare of all its employees whilst at work, and to provide, so far as is reasonably practical, working environments which are safe and without risk to Health .

iii) To conduct its undertakings in such a way as to ensure, so far as is reasonably practicable, that people not in its employment, but who may be affected, are not exposed to risks to their Health and Safety.

iv) To comply with all relevant legislative requirements pertaining to Health, Safety and Welfare as the minimum standard.

3. The Health and Safety Supervisors have overall responsibility for implementing this policy details of individual levels of responsibility are published in the Safety Procedures Manual that, together with this policy, will be revised when appropriate. These procedures may be inspected at any office of the company.

4. The Health and Safety Officer will be responsible for monitoring the performance of the company on Health and Safety issues and making recommendations for improvements. The Health and Safety Supervisors are responsible for developing the policy on Health and Safety matters and will oversee and co-ordinate the work of the company.

5. The Health and Safety Officer / Supervisors will provide the necessary training to enable all employees to carry out their responsibilities wider this policy.

6. The employees must set an example by wearing appropriate protective clothing and equipment where necessary.

7. This statement will be prominently displayed at all sites and work places. Employees can obtain further information about Health and Safety through their manager and/or their Safety department.

A. Garretty
Company Health and Safety Officer. Dated.