



Institiúid Teicneolaíochta
Bhaile Átha Luain
Athlone Institute
of Technology

ESTATES OFFICE

CONTRACTOR HEALTH, SAFETY AND WELFARE FORM

Applicable Legislation

Safety, Health and Welfare at Work Act, 2005 (S.I. No. 10 of 2005) and Safety, Health and Welfare at Work (General Application) Regulations 2007 (S.I. No. 299 of 2007)
Safety, Health and Welfare at Work (Construction) Regulations 2013 (S.I. No. 291 of 2013)

Employers, the self-employed, persons in control of places of work and employees must comply with the Safety, Health and Welfare at Work Act, 2005 and related regulations, in particular the Safety, Health and Welfare at Work (General Application) Regulations 2007. Employers and self-employed persons must take all reasonable precautions to ensure the safety, not only of their workforce, but also of members of the public and others who might be affected by their activities.

This form is for Contractors who are engaged by Athlone Institute of Technology under the instruction of the Estates Office to fulfil Works on Campus. The Form must be completed, signed and submitted to the Estates Office before commencing Works on or off Campus. The term **Contractor** refers to any Employer or self-employed person who are going to carry out work for Athlone Institute of Technology. The term **Works** refers to any works, services, surveys, inspection, testing, trade, delivery, installations to be carried out for Athlone Institute of Technology. Work will be carried out in a live, third-level education campus environment where there are approximately 5000 students, 800 staff members, visitors, members of the public and children present. The Health, Safety and Welfare of all campus occupants, and those persons carrying out work is of the highest importance to AIT.

Project/Contract Title: _____

Purchase Order Number: _____
(if applicable)

Contractor Details

Contractor Name	
Address	
Telephone No.	
Email Address	

Health, Safety and Welfare Policy / Statement

Question	Yes	No
Does your Company have a Health, Safety & Welfare Policy/Statement?	<input type="checkbox"/>	<input type="checkbox"/>
Does it reflect your intention to commit to Health, Safety & Welfare?	<input type="checkbox"/>	<input type="checkbox"/>
Has your Health, Safety & Welfare Policy/Statement been reviewed in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

Health, Safety and Welfare Control

Question	Yes	No
Have you carried out Risk Assessments specific for your Works in AIT?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the following hazards going to be encountered when fulfilling Works at AIT? (This list is non-exhaustive and is not ranked in priority)		

- Slips, trips and falls
- Falls of persons from height
- Falls of material from height
- Hazards associated with the manual handling of loads
- Hazards from plant and machinery (e.g. exposure to dangerous moving parts)
- Mechanical handling
- The movement of vehicles and site transport
- Fire and explosion
- The use of hazardous substances (e.g. toxic, corrosive)
- The use of compressed air
- Exposure to harmful levels of noise
- Exposure to radiation
- Hazards associated with electricity
- Exposure to harmful vibration
- Entry into confined spaces
- Unsuitable lighting levels in the workroom
- Inadequate thermal environment (i.e. too hot or too cold)
- Work with visual display screens
- Human factors (e.g. violence to staff, stress, bullying at work)
- Other – please specify:

If the answer to any of the above is YES, have you taken the appropriate Control Measure?

Have you provided appropriate Training for your Employees as required under the Health, Safety and Welfare?

Have you provided appropriate Personal Protective Equipment and Clothing as required under the Health, Safety and Welfare?

Are your Employees aware of the Emergency Procedures at AIT?

Are your Employees aware of the Welfare Facilities available to them in AIT?

Have you inspected, examined and tested plant, equipment and tools that you will use while carrying out the Works on campus?

Are the plant, equipment and tools maintained and in a safe condition?

Do you agree not to carry out any Excavations, Hot Works, Entry to Confined Spaces, Line Breaks, Work at Heights or Access Rooftops without first completing and submitting the appropriate Permit?

Do you intend to sub-contract any or all of the Works?

If YES, have you taken measures to ensure the sub-contractor complies with their obligations under the Health, Safety and Welfare?

Do you have up to date and suitable Insurance Policies in place?

Declaration and Signature

I declare that the information provided in this form is true and accurate

Name (in BLOCK CAPITALS): _____

Signature: _____

Contractor Name: _____

Date: _____