



# THE CLANCY GROUP PLC

## SITE WIDE SURVEY FORM

### Explanatory Notes

**PART A** – To be completed for all Projects;

**PART B** – To be completed only if CG are Planning Supervisor;

**PART C** – To be completed only if CG is the Principal Contractor.

Every space on the relevant parts must have a response, even if only to confirm it is not applicable.

Do not just cross-reference to an attached Pre-Tender Health and Safety Plan, as it might not be accurate to the works now to be carried out.

**A Risk Assessment is still required to accompany this Site Wide Survey Form.**

# A

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

**SAFETY ADVISER**

**DATE**

**CONTRACT TITLE**

**CONTRACT ADDRESS**

### PROJECT DIRECTORY

**CLIENT**

**PLANNING SUPERVISOR**

**CLIENTS AGENT/PROJECT  
MANAGER**

**PRINCIPAL CONTRACTOR**

**ARCHITECT**

**STRUCTURAL ENGINEER**

**OTHER DESIGNERS /  
CONSULTANTS**

**LOCAL AUTHORITY (if known)**

### BRIEF DESCRIPTION OF WORKS

### DESCRIPTION OF EXISTING USE OF SITE AREA

**A****THE CLANCY GROUP PLC  
SITE WIDE SURVEY FORM****SURROUNDING LAND USE**

<b>Residential?</b>	YES / NO
<b>How near?</b>	
<b>Height of adjacent buildings</b>	
<b>Condition of adjacent buildings</b>	
<b>Commercial/Industrial</b>	YES / NO
<b>How near?</b>	
<b>Past use of land (if known)</b>	
<b>Schools?</b>	YES / NO
<b>How near?</b>	
<b>Hospitals?</b>	YES / NO
<b>Old peoples home?</b>	YES / NO
<b>Underground voids?</b>	YES / NO
<b>How near?</b>	
<b>Any risk of vermin?</b>	YES / NO
<b>Any risk of drug use / old needles?</b>	YES / NO
<b>Any rivers / streams nearby?</b>	YES / NO
<b>How near?</b>	
<b>Existing fencing?</b>	YES / NO
<b>What type?</b>	
<b>Condition of nearby structures</b>	
<b>Any streetlights?</b>	YES / NO
<b>Any obvious hazardous materials?</b>	YES / NO
<b>If yes – what?</b>	
<b>Contaminated ground?</b>	YES / NO
<b>EXISTING SERVICES</b>	
<b>Electric?</b>	YES / NO
<b>Gas?</b>	YES / NO
<b>Telecommunications?</b>	YES / NO
<b>Overhead services?</b>	YES / NO
<b>Underground services?</b>	YES / NO
<b>Drainage?</b>	YES / NO

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SITE WIDE SURVEY FORM****EXISTING SERVICES continued****Water?** YES / NO**Other services** (list)**EFFECTS OF ABOVE ON PROPOSED WORKS****TIMESCALE****Anticipated start date****Contract duration** (weeks)**Restrictions on working hours** (if any)**Site working hours** (if known)**TRAFFIC SYSTEMS ETC.****Type of roadways, i.e., single  
carriageway, dual carriageway, etc.****Are roads busy?** YES / NO / Only at peak times**Parking restrictions?****Are roads one-way?** YES / NO**Should deliveries be timed?** YES / NO**Any emergency service special access?** YES / NO**If yes, detail****Name of road accessing site****Are there pedestrian routes affecting  
roads?** YES / NO**If yes, detail****Is parking available for site vehicles?** YES / NO**If yes, where?**

**A****THE CLANCY GROUP PLC  
SITE WIDE SURVEY FORM****SECURITY****Any existing security arrangements?**

YES / NO

**If yes, detail****Any Pass/Permit system required?**

YES / NO

**If yes, detail****Security systems required (detail)****EMERGENCY SERVICES****Location of nearest A & E Hospital****Location of nearest Fire Station****Location of nearest Police Station****Existing fire points (if any)****Existing assembly points (if any)****Existing fire / emergency plans (if any)**

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SITE WIDE SURVEY FORM****HAZARDS**

Specify any hazards on site that must be incorporated into the Health, Safety & Environmental Plan, e.g., isolation of services, working at height, exclusion zones, etc. Use the following table as a guide only.

<b>Abrasive wheels</b>		<b>Maintenance of Plant &amp; Equipment</b>	
<b>Air Pollution</b>		<b>Manual Handling</b>	
<b>Alcohol and Drugs</b>		<b>Moling</b>	
<b>Asbestos</b>		<b>Night-Time Working</b>	
<b>Badgers</b>		<b>Noise Control</b>	
<b>Compressed Gas Cylinders</b>		<b>Noxious Plants</b>	
<b>Concrete, Cement and Bentonite</b>		<b>Overhead Cable</b>	
<b>Confined Spaces</b>		<b>Personal Protective Equipment</b>	
<b>Conserving Energy</b>		<b>Pressure Systems</b>	
<b>Construction Work</b>		<b>Roadworks</b>	
<b>COSHH</b>		<b>Scaffolding and Working Platforms</b>	
<b>Demolition</b>		<b>Silt Control</b>	
<b>Dewatering</b>		<b>Subcontractors/Other Contractors</b>	
<b>Display Screen Equipment (DSE)</b>		<b>Temporary Works</b>	
<b>Diving</b>		<b>Tree &amp; Vegetation Protection</b>	
<b>Dust and Emissions</b>		<b>Unauthorised Access</b>	
<b>Ecology</b>		<b>Underground Services</b>	
<b>Electricity at Work</b>		<b>Use of Hand Tools</b>	
<b>Emergency Procedures</b>		<b>Use of Ladders</b>	
<b>Excavations</b>		<b>Vehicle Safety</b>	
<b>Fire</b>		<b>Vibration</b>	
<b>First Aid</b>		<b>Visitors &amp; Third Parties</b>	
<b>Flammable Liquids</b>		<b>Waste Management</b>	
<b>Fuel Storage and Handling</b>		<b>Water Management</b>	
<b>Health Surveillance</b>		<b>Welfare</b>	
<b>House Keeping</b>		<b>Work Equipment Safety</b>	
<b>Incident Reporting &amp; Investigation</b>		<b>Working Alone</b>	
<b>Induction</b>		<b>Young Persons &amp; New Mothers</b>	
<b>Lifting Operations</b>			

**A**

**THE CLANCY GROUP PLC  
SITE WIDE SURVEY FORM**

**ADDITIONAL HAZARDS**

Empty box for recording additional hazards.

# B

Planning Supervisor

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

### PROBABLE LOCATION OF WELFARE FACILITIES

Any existing?	YES / NO
Where?	
What?	

### LOCATION OF TEMPORARY FACILITIES

Service connections available?	YES / NO
If yes, detail	
Any special requirements required? (detail)	

### CAN THE FOLLOWING BE PROVIDED EASILY?

Canteen	YES / NO
Where?	
Drying / changing room	YES / NO
Where?	
Toilets / washing	YES / NO
Where?	
Site office	YES / NO
Where?	
Storage space	YES / NO
Where?	
If NO to any of above, please detail	

# B

Planning Supervisor

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

### SPECIAL REQUIREMENTS

Method Statements / Risk Assessments for (list)

Permits required (list)

Is smoking permitted?

YES / NO

Client Induction

YES / NO

If yes, detail

Specific site rules (list)

Special training requirements (list)

Waste disposal restrictions

YES / NO

If yes, detail

# B

Planning Supervisor

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

### SPECIAL REQUIREMENTS continued

Are safety inspections required?

YES / NO

If yes, state frequency

Provide drawings, specifications,  
Client Manuals, etc., if possible  
(list what is included)

### ADVISER'S COMMENTS

(Any additional information that may be relevant)

# C

Construction Phase

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

### TEMPORARY FACILITIES

<b>OFFICE</b>	Type	
	Location	
<b>CANTEEN</b>	Location	
<b>STORAGE</b>	Location	
<b>TOILETS / WASHING</b>	Type / quantity	
	Location	
<b>DRYING ROOM</b>	Location	
<b>FIRST AID BOX</b>	Location	
	Name of First Aider	
<b>FIRE POINTS</b>	Type	
	Location	
<b>TEMPORARY ALARMS</b>	Type	
	Location	
<b>Name of Fire Co-ordinator (if known)</b>		

### GENERAL

<b>Is Pre-Tender Health &amp; Safety Plan available?</b>	YES / NO
<b>If yes, where?</b>	
<b>Has F10 been completed?</b>	YES / NO (if YES – copy required)
<b>Principal Contractor personnel (list)</b>	
<b>Known Sub-Contractors (list)</b>	

# C

Construction Phase

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

### GENERAL continued

<b>Method Statements / Risk Assessments required (list)</b>	
<b>Permits required (list)</b>	
<b>Assessments required, e.g., noise, manual handling, COSHH, etc. (list)</b>	
<b>Is smoking permitted?</b>	YES / NO
<b>Special training requirements (list)</b>	
<b>Induction – who to carry out?</b>	
<b>Are Tool Box Talks required?</b>	YES / NO
<b>If yes, who to carry out?</b>	
<b>Are safety inspections required?</b>	YES / NO
<b>If yes, state frequency and who to carry out</b>	
<b>Arrangements for communicating safety matters to Contractors and Operatives (detail)</b>	

# C

Construction Phase

## THE CLANCY GROUP PLC SITE WIDE SURVEY FORM

### GENERAL continued

Special site rules required (list)

Waste disposal arrangements  
(detail if known)

Do all Site Operatives speak /  
understand English?

YES / NO

If no, explain

### ADVISER'S COMMENTS

(Any additional information that may be relevant)