

INSURANCE, HEALTH AND SAFETY CHECKLIST



Please complete this form **FULLY** and provide the all relevant documentation (as detailed in red below)
Permission to use MSV circuits will not be given until all information is attached, valid and in order.

| | | | |
|----------------------|--|---------------|--|
| Team/Company Name: | | | |
| Full Postal Address: | | | |
| Post Code: | | Phone Number: | |

| | | | |
|-------------------------|--|--|--|
| Team/Company Name: | | | |
| Name: | | | |
| Position in Company: | | | |
| Date and Times on Site: | | | |
| Phone/Mobile Number: | | | |

| Insurance Details (refer to your Insurance Brokers for information) | | | |
|---|---|---|--|
| Employers Liability Insurance: <i>(Valid Certificate must be attached)</i> | Name of Insurer: | Policy Number: | |
| | Renewal Date: | Indemnity Limit (£m): | |
| Public Liability Insurance: <i>(Valid Confirmation/Schedule must be attached)</i> | Name of Insurer: | Policy Number: | |
| | Renewal Date: | Indemnity Limit (£m): | |
| | Indemnity Limit Each Claim: £ Aggregate: £ | Indemnity to Principles Clause included? Y or N? | |

| Health and Safety Documentation | | |
|--|--------------------|------------------------------|
| Risk Assessment <i>(Including fire risks)</i> | Date last updated? | Copy must be attached |
| Operational Procedures & Safe Systems of Work | Date last updated? | Copy must be attached |

| Temporary Structures Information | | |
|--|--|--|
| Are you setting up Temporary Structures? | Yes <input type="checkbox"/> <i>If YES, complete boxes below.</i> | No <input type="checkbox"/> <i>If No, skip boxes below.</i> |

| | |
|---|--|
| Describe Temporary Structures: | Copy of Method Statements attached? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Structural Plans and Weight Loading Calculations followed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Fire retardant materials used, where possible? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| All personnel competent and well trained? Yes <input type="checkbox"/> No <input type="checkbox"/> | Electrical Equipment well maintained with PAT certification? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fire Plans drawn up and Fire provisions in place eg. fire extinguishers, appropriate access and egress? Yes <input type="checkbox"/> No <input type="checkbox"/> | Plant drivers hold valid licenses and/or tickets? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Copies to be kept with them on site)</i> |

| | |
|---|--|
| Full Name of Person Completing this Form: | |
| Position held Within Company: | |
| Date this Form Completed: | |
| Phone/Mobile Number: | |

| FOR MSV USE ONLY | |
|--|--|
| Date This Form Reviewed: | |
| Name of Person Reviewing this Form: | |
| All Documents Included? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any further Comments? | |
| What documents are left outstanding? | |
| Scan and email this Form and corresponding documentation to Group H&S Manager? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date Emailed? | |