

# Appendix 10 - Cardiff & Vale University Health Board

## Job Registration Form

Reference Number (Taken From Register):



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Planning	<b>A</b>	Date:	Company name:						
		Task location:	Contractor contact name:						
		Task detail:		No. of contractor's employees in workgroup					
		UHB supervising officer:	RAMS received YES <input type="checkbox"/> NO <input type="checkbox"/>						
		Sub-contractor company name:							
		Emergencies: Do you know what to do? YES <input type="checkbox"/>	Assembly point: Immediately adjacent to site						
		Training: <input type="checkbox"/> Approved <input type="checkbox"/> Induction <input type="checkbox"/> UKATA <input type="checkbox"/> PASMA <input type="checkbox"/> IPAF Other:							
		Others at location: <input type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> Tenants <input type="checkbox"/> Staff <input type="checkbox"/> Public <input type="checkbox"/> Others	Are all others on site aware of the works? YES <input type="checkbox"/> Details:						
Risk Control	<b>B Site Hazards (What environmental and other risks the UHB presents to contractor)</b>								
	<input type="checkbox"/>	Vehicle movements	<input type="checkbox"/>	Other workgroups	<input type="checkbox"/>	Water systems	<input type="checkbox"/>	Weather	
	<input type="checkbox"/>	Fragile roofs	<input type="checkbox"/>	Fire/ explosion	<input type="checkbox"/>	Steam	<input type="checkbox"/>	Asbestos (See F)	
	<input type="checkbox"/>	Confined spaces	<input type="checkbox"/>	Overhead services	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electrical isolation	
	<input type="checkbox"/>	Hazardous substance	<input type="checkbox"/>	Underground services	<input type="checkbox"/>	Pressure systems	<input type="checkbox"/>	Fire alarm isolation	
	<input type="checkbox"/>	Work at height	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Radiation			
	Others specify:								
	<b>C Contractor workgroup Hazards (as specified on RAMS- how the contractor work may put staff/ public at risk)</b>								
	<input type="checkbox"/>	Hot work equipment	<input type="checkbox"/>	Working at height	<input type="checkbox"/>	Electrical equipment	<input type="checkbox"/>	Machinery	
	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>	Portable drills	<input type="checkbox"/>	Heavy loads	<input type="checkbox"/>	Chemicals	
Others specify:									
<b>D Extra safety precautions required ( in addition to general site rules specified in induction)</b>									
<input type="checkbox"/>	Barriers/ segregation	<input type="checkbox"/>	Safety footwear	<input type="checkbox"/>	Noise protection	<input type="checkbox"/>	Underground survey		
<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>	High visibility	<input type="checkbox"/>	COSHH information				
<input type="checkbox"/>	Eye protection	<input type="checkbox"/>	Hard hat	Others specify:					
<b>E Agreed usage of UHB service / UHB equipment</b>									
<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Compressed air	<input type="checkbox"/>	Water	<input type="checkbox"/>	Welfare facilities		
<input type="checkbox"/>	Fixing point	Other specify:							
<b>F If job includes working on building fabric, services, risers or ceiling voids and the building was built before 2000. Check asbestos register and record below. STOP WORK IF ASBESTOS IS SUSPECTED.</b>									
<input type="checkbox"/>	Database checked	<input type="checkbox"/>	Asbestos present	<input type="checkbox"/>	CAT B trained	<input type="checkbox"/>	CAT C trained	<input type="checkbox"/>	Other CAV UHB will carry out prior checks
<b>G Permits required</b>									
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Medical gas	<input type="checkbox"/>	Electrical (HV/LV)	<input type="checkbox"/>	Hot work		
<input type="checkbox"/>	Confined space	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Radiation	<input type="checkbox"/>	Working at height		
<input type="checkbox"/>	Mechanical isolation	Other specify:							
Sign	<b>H The contractor recipient specified in section A has discussed with the UHB supervising officer all aspects of B,C,D, E, F,G and acknowledges they understand and will abide by the contents of this form</b>								
	UHB supervising officer:		Signature:		Date:				
	Contractor recipient		Signature:		Date:				