## Sample induction form for contractors on site, amend as required for local situation. A copy should be given to the contractor once completed with a copy held locally.

Extract from [CS CoP004 Local Exhaust Ventilation](https://www.docs.csg.ed.ac.uk/Safety/Policy/CSCoP004LocalExhaustVentilationV1.0Final.pdf)

|  |  |  |
| --- | --- | --- |
| A. | Policy | Yes |
|  | If appropriate, highlight the relevant local Health and Safety Policy |   |
|  | [enter URL of local Health and Safety Policy] |   |
| B. | Procedures |  |
|  | The local emergency procedures, relevant to the school/buildings the contractor will be frequenting |   |
|  | [enter local procedures here] |  |
| C. | Accidents and Incidents |  |
|  | The local system for reporting and recording accidents, incidents, near-misses and instances of occupational ill-health * Online at <https://www.edweb.ed.ac.uk/health-safety/accident-reporting>
* specify the relevant school contact.
 |   |
| D. | School Health and Safety Contacts |  |
|  | The names and details of health and safety contacts within the School * SSA *(Specify)*
* BSO *(Specify where applicable)*
* RPA *(Specify where applicable)*
* Fire Stewards *(Specify)*
* First Aiders *(Specify).*
 |   |
| E. | Risk Assessment and control measures |  |
|  | The findings of relevant risk assessments – ensure contractors are informed of any hazards or risks they may encounter, for example, exposure to animal allergens, electricity, confined spaces etc. and what control measures they must follow.Add lines to this form to detail those hazards – the following are simple examples |   |
| * Animal allergens – do not enter rooms with animal out of cages, contact [enter contact details] for assistance, symptoms include itchy or runny nose after exposure, or an allergic reaction. Report to your own employer if you experience any of these symptoms after attending an animal facility
 |  |
| * Electricity – do not enter room XXX without supervision
 |  |
| * Confined space – undercroft is classed as a confined space, must not enter unsupervised
 |  |
| F. | Safe Systems |   |
|  | Inform contractor if there are specific Safe Systems or Work or Safe Operating Procedure they must follow, for example Permit to Work, Hot Works Permit etc. |   |
| G. | Information and Advice |  |
|  | Who to contact in case of emergency, general support required whilst on site or to raise a health and safety concern – please provide a contact number, preferably a mobile number, to obtain assistance or report an issue or concern |   |
|  | [enter name and contact number – this could be more than one person] |   |
| H. | Additional Information as required, please detail |  |
|  | Anything else pertinent to the site visit |   |
| Name of staff member undertaking induction: |   |
| Job Title: |   |
| Date of site visit: |   |
| Name and signature/s of contractor: |   |
| Company name: |  |