

PORTLEATHEN XZ.

Document: COM-F01	Form Daily Work Record	BEAR SCOTLAND
Issue: 2		
Related to: COM-P01		
Page No. 1 of 1		

Date	29 14 16	Weather	SUNNY. RAINING. OVERCAST. WET/DAMP. SNOWING. FINE.			
Name	Leave Depot	Arrive Site	TM Setup	TM Remove	Leave Site	Arrive Depot
		15.15			15.30	
		-				

Ol Number	Route	Location (Link/Section/Chainage)	Description Of Works			
	A	12357/26 (c) 3283	POTHOLE/PATCHING			
Work Done			Quantity	Length	Width	Depth
FILLED WITH VIAFIX			2	0.75m	0.5m	60mm
				0.5m	0.25m	60mm

Traffic Management			Traffic Scotland Reference			
Type :	NIL	On:	NIL	Off:	NIL	

Materials	Quantity	Supplier or Stock	Comment / Note
VIAFIX	1/2 BAGS	STOCK	

Vehicle Type	Vehicle Registration	Hours	Plant / Tools	Supplier	Hours
TRANSIT R/S					

	DATE 29 14 16	Sign & Name: Operations Manager / Supervisor	Date
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Part 1 Design Stage

1.1 Operations
 Instruction No.(s):
 Description of activities to be undertaken:
 Route No. and Location: **A90 - AFTER COOKSTON BRECHIN BYPASS S13**
POTH 1.25m x 1.25m
1.25m x 0.5m

1.2 Road Type: Motorway Dual Carriageway Single Carriageway Rural Urban (9/2006 rev 1)

1.3 Was site visited before design commenced? **IF NO, please explain why**
 Yes No

1.4 Utilities: Are service details adequate and clear on the service drawings provided, e.g. in relation to their position and depth, the voltage of electricity cables, pressure of gas mains or diameter of water pipes? **IF NO, what action has been taken?**
 Yes No

1.5 Site Details:
 Available Road/Lane Width (m): **7.2** Junction(s) Nearby: Yes No Bend(s) in Road Nearby: Yes No
 Speed Limit (mph): **70** One-way System: Yes No Near Pedestrian Facility: Yes No
 Other(s) (Please provide details): **DEFECT NO:- NE 8150462-1880208,209**

1.6 Hazards: Please tick boxes below to indicate presence of Hazards on site and those People likely to be affected by the activities to be undertaken.

Health & Safety Hazards		Location / Environment:		People likely to be affected by the activities	
<input checked="" type="checkbox"/> Electricity Overhead Cables	<input type="checkbox"/> Gas Underground Pipe(s)	<input checked="" type="checkbox"/> Live Traffic	<input type="checkbox"/> Railway Line	<input type="checkbox"/> School or College	<input type="checkbox"/> Pedestrians close to or crossing the site
<input type="checkbox"/> Elect. Underground Cables	<input type="checkbox"/> H/EOS Pipeline (Ethylene)	<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Injurious Weeds	<input type="checkbox"/> Nursery or Care Home	<input checked="" type="checkbox"/> Drivers (cars, vans, lorries, motorcycles, buses etc.)
<input type="checkbox"/> Overhead Telecom Cables	<input type="checkbox"/> Oil Pipeline	<input type="checkbox"/> Dust / Fines	<input type="checkbox"/> Waste Materials	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local residents
<input type="checkbox"/> Underground Telecom Cables	<input type="checkbox"/> Water Pipe(s)	<input type="checkbox"/> Overgrown Vegetation	<input type="checkbox"/> Poor Forward Visibility	<input type="checkbox"/> Shoppers	<input type="checkbox"/> Local businesses
<input type="checkbox"/> Other Underground Cable		<input checked="" type="checkbox"/> Poor Lighting	<input checked="" type="checkbox"/> Restricted space on site	<input checked="" type="checkbox"/> Cyclists	
		<input type="checkbox"/> Water / River etc. Nearby	<input checked="" type="checkbox"/> Poor site access/egress		

Please specify any other Hazards or people likely to be affected by the activities that are not covered above:

1.7 Were discussions held with your line manager to clarify completion of activities in a safe manner? Yes No
IF YES, please provide the name of the line manager and the outcome of your discussions:

1.8 Declaration: I am satisfied that the activities to be undertaken can be completed in a safe manner

Signed:	Print Name: [REDACTED]	Position: ROUTE STEWARDS	Date: 29/04/16
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1.9 Was a briefing provided as a result of significant hazards on site? **IF YES, please provide a summary of the significant hazards and briefing given**
 Yes No

Attendees (Print Name)	Signature	Print Name	Signature

Briefing given by (Print Name)	Signature	Position	Date	Time