



Part 1 Design Stage

1.1 Operations Instruction No.(s): _____ **Description of activities to be undertaken:**
Route No. and Location: A90 - BRIDGE 'O' DEG PED BARRIER REPAIR

1.2 Road Type: Motorway Dual Carriageway Single Carriageway Rural Urban (select tick)

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) 40 One-way System Yes No Near Pedestrian Facility Yes No
 Other(s) (Please provide details) DEFECT NO:- NE 8150462 - 1880205

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 type="checkbox"/> Electricity Overhead Cables	<input type="checkbox"/> Gas Underground Pipe(s)	<input checked="" type="checkbox"/> Lane Traffic	<input type="checkbox"/> Railway Line	<input checked="" type="checkbox"/> School or College	<input checked="" type="checkbox"/> Pedestrians close to or crossing the site
<input checked="" type="checkbox"/> Elect. Underground Cables	<input type="checkbox"/> WEGS Pipeline (Ethylene)	<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Injurious Weeds	<input checked="" type="checkbox"/> Nursery or Care Home	<input checked="" type="checkbox"/> Drivers (Cars, vans, Trains, 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 checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Shoppers
<input checked="" type="checkbox"/> Underground Telecom Cables	<input type="checkbox"/> Water Pipes(s)	<input type="checkbox"/> Overgrown Vegetation	<input checked="" type="checkbox"/> Poor Forward Visibility	<input checked="" type="checkbox"/> Cyclists	<input checked="" type="checkbox"/> Local residents
<input checked="" type="checkbox"/> Other Underground Cable		<input checked="" type="checkbox"/> Poor Lighting	<input checked="" type="checkbox"/> Restricted space on site		<input checked="" type="checkbox"/> Local businesses
		<input type="checkbox"/> Water / River etc Nearby	<input 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: [Signature] Print Name: _____ Position: ROUTE STEWARDS Date: 29/4/16

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



Part 1 Design Stage

1.1 Operations
 Instruction No.(s):
 Description of activities to be undertaken:
 Route No. and Location: **A90 - BRIDGE OF DON NIS**
REPLACE LIGHTING COLUMN (STREET LIGHTING)

1.2 Road Type: Motorway Dual Carriageway Single Carriageway Rural Urban (please tick)

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): **40** One way System: Yes No Near Pedestrian Facility: Yes No
 Other(s) (Please provide details): **Defect No. LE 8150462 - 1880204**

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 type="checkbox"/> Electricity Overhead Cables	<input type="checkbox"/> Gas Underground Pipes(s)	<input checked="" type="checkbox"/> Live Traffic	<input type="checkbox"/> Railway Line	<input checked="" type="checkbox"/> School or College	<input checked="" type="checkbox"/> Pedestrians close to or crossing the site
<input checked="" type="checkbox"/> Elect. Underground Cables	<input type="checkbox"/> IHEGS Pipeline (Ethylene)	<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Injurious Weeds	<input checked="" 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 checked="" type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Local residents
<input checked="" type="checkbox"/> Underground Telecom Cables	<input type="checkbox"/> Water Pipe(s)	<input type="checkbox"/> Overgrown Vegetation	<input checked="" type="checkbox"/> Poor Forward Visibility	<input checked="" type="checkbox"/> Shoppers	<input checked="" type="checkbox"/> Local businesses
<input checked="" 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 checked="" 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: Position: Date:
ROSE STEWART **29.4.16**

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