



**Part 1 Design Stage**

**1.1 Operations**  
 Instruction No.(s):   
 Route No. and Location: A90 - COOKSTON - TRINITY NIB GOLF COURSE  
 Description of activities to be undertaken: PATCHING

**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) 70 One-way System Yes  No  Near Pedestrian Facility Yes  No   
 Other(s) (Please provide details): DEFECT NO:- NE 8150462 - 1820203

**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 Pipes	<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"/> INEOS 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 checked="" 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 Pipes	<input type="checkbox"/> Overgrown Vegetation	<input checked="" 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 type="checkbox"/> Restricted space on site	<input checked="" type="checkbox"/> Cyclists	
		<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:	Print Name: <u>ROUTE STEWARDS</u>	Position: <u>/ /</u>	Date: <u>/ /</u>
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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

TRINITY GOLF COURSES

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

Date	29 14 16	Weather	SUNNY. <u>RAINING</u> . OVERCAST. WET/DAMP. SNOWING. FINE.			
Name	Leave Depot	Arrive Site	TM Setup	TM Remove	Leave Site	Arrive Depot
[REDACTED]		11:40			11:50	

OI Number	Route	Location (Link/Section/Chainage)	Description Of Works			
	A90	12245/05 (C) 2811	<b>POTHOLE/PATCHING</b>			
Work Done			Quantity	Length	Width	Depth
<b>FILLED WITH VIAFIX</b>			1	1m	0.5m	60mm

Traffic Management		Traffic Scotland Reference	
Type :	NIL	On:	NIL
		Off:	NIL
Materials	Quantity	Supplier or Stock	Comment / Note
<b>VIAFIX</b>	<b>BAGS</b>	<b>STOCK</b>	

Vehicle Type	Vehicle Registration	Hours	Plant / Tools	Supplier	Hours
<b>TRANSIT R/S</b>	[REDACTED]				
[REDACTED]		DATE 29 14 16	Sign & Name: Operations Manager / Supervisor		Date