Contractor Site Sign-In / Sign-Out Sheet

CDM Regulations 2015 · Care Home Site Rules

SITE DETAILS

Care home name:

Date:

Nature of works / work area:

Works instruction / PO ref:

Site manager / responsible person:

PRE-START CHECKLIST (CONTRACTOR TO COMPLETE)

- ☐ RAMS (Risk Assessment & Method Statement) provided and reviewed: Yes / No / N/A
- ☐ Asbestos register reviewed for work area — no ACMs identified in scope: Yes / No / N/A (If No, stop works)
- ☐ Public liability insurance current and minimum £5M: Yes / No
- ☐ DBS check held (if working near residents): Yes / No / N/A
- ☐ Site induction received — fire exits, evacuation procedure, infection control: Yes / No
- ☐ Permit to work issued (if hot works, confined space or electrical isolation): Yes / No / N/A Ref:

CONTRACTOR SIGN-IN / SIGN-OUT RECORD

#	Contractor / Engineer Name	Company	Time In	Time Out	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					