Appendix B [**Project Notification Check List**](#CDMProjectCompletionChecklist)

**Project Notification Checklist**

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| **Client:** |  | | | |
| **Principal Designer (Projects involving more than one contractor)** |  | | | |
| **Contact/Project Manager:** |  | | | |
| **Principal Contractor (Projects involving more than one contractor)** |  | | | |
| **Project Description** | | **Project Start Date** | **Project Duration** | **Anticipated Number of Personnel on Site at Any One Time** |
|  | |  |  |  |
| **Client:** | | **Tick to Confirm** | **Comments** | |
| **Has the Principal Designer been appointed in writing (Projects involving more than one contractor)?** | |  |  | |
| **Has the Principal Contractor been appointed in writing (Projects involving more than one contractor)?** | |  |  | |
| **Has all relevant Pre-Construction Information been provided to the Principal Contractor?** | |  |  | |
| **Is the project Notifiable (F10). This is necessary where work is scheduled to last longer than 30 days and have more than 20 workers working simultaneously at any point in the project or will exceed 500 person days** | |  |  | |
| **Principal Designer** | | **Tick to Confirm** | **Comments** | |
| **Has the Client been made aware of their duties as outlined in the CDM 2015 Regulations?** | |  |  | |
| **Are arrangements in place for the production of a Health & Safety File (Projects involving more than one contractor)** | |  |  | |
| **Has the Asbestos Management Plan been consulted and the need for a Refurbishment/Demolition Survey been considered?** | |  |  | |
| **Contractor:** | | **Tick to Confirm** | **Comments** | |
| **Has the contractors suitability been assessed through the Councils Procurement Process?** | |  |  | |
| **Has the contractors Employers Compulsory Liability Insurance & Public Liability Insurance Certificates been checked?** | |  |  | |
| **Has the Principal Contractor/Contractor provided a Construction Phase Plan where the following should be considered?** | |  |  | |
| **Construction Phase Plan Considerations:** | | **Tick To Confirm** | **Comments** | |
| **Have working times and arrangements been agreed with the buildings manager?** | |  |  | |
| **Have contact names and numbers been provided?** | |  |  | |
| **Have suitable welfare arrangements been provided?** | |  |  | |
| **Have first aid arrangements been provided, including the provision of a first aider?** | |  |  | |
| **Have arrangements for fire safety been discussed with the contractor?** | |  |  | |
| **Have arrangements for demarcation of site/working area been agreed with the Buildings Manager?** | |  |  | |
| **Has a sequence of works been provided by the Contractor?** | |  |  | |
| **Has a list of plant and equipment been provided by the Contractor?** | |  |  | |
| **Has a drawing/map or sketch of the site been provided?** | |  |  | |
| **Risk Control Systems *(Please check the following)*** | | **Tick to Confirm** | **Comments** | |
| **Is a hot works permit to be used?** | |  |  | |
| **Is a confined spaces permit to be used?** | |  |  | |
| **Is a lifting plan required?** | |  |  | |
| **Is a working at height plan required?** | |  |  | |
| **Is lock-out/tag-out required?** | |  |  | |
| **Have suitable and sufficient Risk Assessments and Method Statements been provided?** | |  |  | |
| **Project Manager Sign Off** | | **Sign Off date** | | |
|  | |  | | |