

Appendix 2: (AF 2 form)



Safety, Health and Welfare at Work (Construction) Regulations, 2013 Approved Form (AF 2) Regulation 22

Particulars to be notified by Project Supervisor for the Construction Stage to the Health and Safety Authority before the construction work begins

NOTE:

This form is to be used to notify the Health & Safety Authority of any project covered by the Safety, Health and Welfare at Work (Construction) Regulations 2013, which will last longer than 30 days or 500 person days. It can also be used to provide changes to initial notification of projects.

Any day on which construction work is carried out (including holidays and weekends) should be counted, even if the work on that day is of short duration. A person day is one individual, including supervisors and specialists, carrying out construction work for one normal working shift.

This Notification is to be made by Registered Post to HSA, Metropolitan Building, James Joyce Street, Dublin 1; or as may be directed by the Authority.

The project supervisor for the construction stage shall clearly display on the construction site a copy of this form.

- 1 Client:** Provide name, full address, telephone number and e-mail address for the Client. If more than one Client, please attach details of all Clients on a separate sheet.

Name:

Address:

Telephone: E-Mail:

- 2 Project Supervisor Design Process and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSDP and Health & Safety Coordinator for the Design Process.

PSDP Name: H&S C. Name:

Address: Address:

Telephone: Telephone:

E-Mail: E-Mail:

- 3 Project Supervisor Construction Stage and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSCS and Health & Safety Coordinator for the Construction Stage.

PSCS Name: H&S C. Name:

Address: Address:

Telephone: Telephone:

E-Mail: E-Mail:

- 4 Information on Construction Work:** Please provide your details / estimates for the following.

Description of Project:

Address of Site:

The planned date for the commencement of the construction work:

How long the construction work is expected to take (in weeks):

The maximum number of people carrying out construction work on site at any one time.

The number of Contractors expected to work on site.

- 5 Information on Construction Work:** Provide name, full address & telephone number of those selected to work on this project (if required continue on a separate sheet).

Name	Address	Telephone and Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed: by or on behalf of the Project Supervisor for the Construction Stage

Position: Date:

Appendix 3: (AF 1 Form)

Note: This is a HSA Approved Form and it has not been subject to the NALA 'Plain English' Audit.



Safety, Health and Welfare at Work (Construction) Regulations, 2013

Approved Form (AF 1) Regulation 10

Particulars to be notified by the Client to the Health and Safety Authority before the design process begins

NOTE:

This form is to be used to notify of any project covered by the Safety, Health and Welfare (Construction) Regulations 2013, which will last longer than 30 days or 500 person days. It can also be used to provide changes in appointments since initial notification of projects.

Any day on which construction work is carried out (including holidays and weekends) should be counted, even if the work on that day is of short duration. A person day is one individual, including supervisors and specialists, carrying out construction work for one normal working shift.

This Notification is to be made by Registered Post to HSA, Metropolitan Building, James Joyce Street, Dublin 1; or as may be directed by the Authority.

- 1 Client:** Provide name, full address, telephone number and e-mail address for the Client. If more than one Client, please attach details of all Clients on a separate sheet.

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone:	<input type="text"/>	E-Mail:	<input type="text"/>

- 2 Project Supervisor Design Process and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSDP and Health & Safety Coordinator for the Design Process.

PSDP Name:	<input type="text"/>	H&S C. Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>	E-Mail:	<input type="text"/>

- 3 Project Supervisor Construction Stage and Health & Safety Coordinator, if known:** Provide name, full address, telephone number and e-mail address for the PSCS and Health & Safety Coordinator for the Construction Stage.

PSCS Name:	<input type="text"/>	H&S C. Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>	E-Mail:	<input type="text"/>

- 4 Information on Construction Work:** Please provide your details of the following.

Description of Project:	<input type="text"/>
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Exact Address of Construction Site:	<input type="text"/>
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Signed:	<input type="text"/>	by or on behalf of the Client	
Position:	<input type="text"/>	Date:	<input type="text"/>