



Houlihan & Co. (Excavations) Limited
Health & Safety Management System

Individual (Sub Contractor) induction sheet

Full Name:	Occupation:
Date of birth:	Employer:
National Insurance Number:	Site:
Vehicle Registration if parked on site:	
Home Address:	Next of Kin Contact Details or who will contact next of kin: Address: Tel No:
<p>Do you have any medical condition that our First Aider or Site Supervisors should be made aware of? <i>This information is not mandatory but is requested to ensure information for emergency services or first aiders available in the event of an emergency, so you are treated promptly.</i></p> <p>Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetic <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Back problems <input type="checkbox"/></p> <p><i>Other please state:</i></p>	
<p>Are you on any medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If you are on medication that may affect any drug test you should declare it – if you are prescribed drugs at any time whilst working on this site, you should advise the site management team.</i></p>	
<p>Health Surveillance Questions:</p> <p>Hand Arm Vibration Syndrome (HAVS) - Hand arm vibration syndrome is a widespread industrial disease affecting many workers. The most common form of Hand Arm vibration Syndrome is Vibration White Finger.</p> <p>Have you ever suffered from your fingers going white and numb when exposure to cold? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you suffer from tingling in your hands? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Are you suffering from loss of grip strength in your hands and do you have pain in your wrist and arm? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you feel that the sensation of touch in any of your fingers isn't what it used to be? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there a reduction in how you can do fiddly and fine tasks because your fingers don't work like they used to? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Musculoskeletal disorders (MSD) - Back pain is common in society and will affect most people at some time in their life. It can occur anywhere from the base of the skull to the bottom of the tailbone. The pain may be acute or chronic, which may occur once or more than once in 12 weeks. It is commonly caused by straining the muscles or ligaments or tendons along the backbone. The pain may get worse when bending or sitting. Coughing and sneezing can also worsen the pain. Pain often begins suddenly after a strain or injury and may even come out of the blue or come on slowly.</p> <p>Do you get regular pain in your back? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do points in your back often feel tender? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you have limited back motion, with tightness or tenderness in the back muscles? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>During inactivity to you suffer back pain? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you have any pain in your buttocks or running down the backs of your legs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Noise Induced Hearing Loss (NIHL) - Every day in the workplace we are exposed to different noises and sounds and at different levels. Some of these can affect our ability to hear noise including speech, close or far sounds. Noise induced hearing loss happens over time and you may not be aware that it is happening to you.</p> <p>Do you have trouble hearing the telephone or doorbells? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do any of your family or friends complain that you have the television or radio on too loud? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have difficulty hearing conversation against a noisy background? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you suffer from permanent / constant ringing in your ears? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Personnel Protective Equipment (PPE):</p> <p>Do you have the following PPE (Houlihan branded <i>where applicable</i>)?</p> <p>Boots <input type="checkbox"/> Hi-Vis vest / jacket <input type="checkbox"/> Hard Hat <input type="checkbox"/> Gloves <input type="checkbox"/></p> <p>Do you know who to ask & where PPE stock is located? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Are you aware of where additional PPE is located on-site such as: Dust Mask (P3) <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Ear Defenders <input type="checkbox"/></p> <p>If a face mask is required have you been face fit tested: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(If NO immediate arrangements must be made to arrange for a face-fit test carried out by the H&S department along with abrasive wheel awareness training if applicable. If Yes – please provide evidence of face fit testing and mask type.</i></p>	



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Existing Competence:

CSCS Card: Yes No

Card Type (Please circle): Labourer or Skilled Worker (note no other card should be accepted)

Registration no:..... Expiry Date:.....

CPCS / NPORS(CSCS) Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Category.....	Registration no:.....
CPCS / NPORS(CSCS) Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Category.....	Registration no:.....
CPCS / NPORS(CSCS) Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Category.....	Registration no:.....
CPCS / NPORS(CSCS) Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Category.....	Registration no:.....
CPCS / NPORS(CSCS) Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Category.....	Registration no:.....

NVQ's:

Other (First-Aid / Confined Spaces/ SMSTS / SSSTS / NRSW / CAT/ Abrasive Wheel)

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Future training I am interested in:

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Revision 05(McS)

Houlihan & Co. (Excavations) Ltd work with a service provider:

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Please indicate below if you are happy for us to provide them with your basic contact details to discuss providing project services: Y / N

Signed.....Date.....