

Fit To Work

Station:**Client Reference:** Payment Taken**Task Type:** Jetting**Attendees:**

Simon O'Brien

Work Details: ADM VK CCTV Jetvac Clean silt to camera and probe and mark if a buried chamber found arrange date with Ian Malyan 07777 653840 ian.malyan fob-designuk.com Gary Watson 07956 010301 g watson me.com NO UU permit required as per emailed SH and CH PLEASE TAKE CONES BARRIERS AND SIGNAGE. Ian arranging TM. site address Site Address 102-104 Waterloo Road Cheetham Hill M8 8AW The up stream inspection chamber is in Harthill Street as marked in blue on plan. See plan Work to include We require a CCTV drain survey from the inspection chamber on Harthill Street to confirm both the exact route of the culvert and also it s condition. Paying by card.

Are you clear of Drugs and Alcohol?

Yes

Are you clear of any Covid 19 Syntoms?

Yes

Do you have all the materials and equipment to complete this job?

Yes

2022-11-21 07:34:06

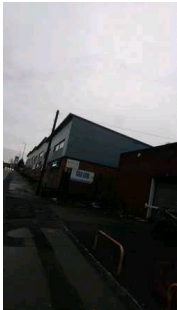
Arrival

Station:**Client Reference:** Payment Taken**Task Type:** Jetting**Attendees:**

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Please take a picture of the front of the property



2022-11-21 08:18:08

Customer Acceptance Report

Customer Name: Private Customers 22-23

Invoice Address: Not Provided

Post Code: UNKNOWN

Telephone: N/A

Contact Name:

Job Number: 525786

Depot: Manchester - Lanes

RISK ASSESSMENT AND CONSTRUCTION PHASE PLAN

Site: Atkinson Rd Post Code: M30 8AW Order No: 525786

Contact: ccu

Conditions: Day ☒ Night ☐ Sunny ☐ Overcast ☐ Fog ☐ Rain ☐ Wind ☐ Frost ☐ Snow ☐ Ice ☐

ENVIRONMENT	Y	N	N/A
34. Do you have a spill kit on your vehicle(s)?			
35. Have you read & do you understand the spillage procedure?			
36. Have you checked what type of drain you are working on?			
37. Have you checked where the drains outfall or discharge points is?			
38. Will the planned work create an uncontrolled environmental hazard (noise, dust, fumes etc)?			
39. Will you require additional resources to protect the environment at this site?			
40. Record the readings taken by the Gas Monitor on rear			
CONFINED SPACES			
41. Is there a requirement for entry into a manhole chamber or other confined space?			
42. Can the man entry be carried out safely at this location?			
43. Have you completed a permit to work			
44. Do you need more assistance at this location to effect a man entry?			
45. Do you have a fully tested & calibrated 10 minute escape set?			
46. Do you have a WORKING & tested calibrated Gas Monitor?			
47. Do you have a tested & calibrated Fall Arrest Block & Tripod?			
48. Do you have enough tested rescue harnesses for the team?			
49. Have you vented the manhole chamber prior to entry?			
50. Have you carried out a gas test prior to entry & recorded the results on rear?			
51. Is there a requirement for a tripod and which / is safer apparatus?			
52. Have you checked all equipment & atmospheres again prior to entry?			
53. Do you have communications equipment & emergency contact numbers available?			
EXCAVATION			
54. Is there need for excavation work on this site?			
55. Have you completed a permit to work			
56. Do you have current A3 Colour Public Utility Service Drawings available & or used utility location equipment			
57. Do you have an opening order for the work			
58. Are safe digging procedures being adhered to & are fully understood by all staff during hand or machine excavation?			
59. Is the correct ancillary edge protection shoring equipment selected for the excavation size & ground type?			
60. Is there adequate edge protection of the excavation, barriers, traffic management arrangements, steel plates etc?			
WORK STOPPED			
COMPLETE FULL DETAILS ON REVERSE			
WORK SUSPENDED			
COMPLETE FULL DETAILS ON REVERSE			
DECLARATION I have assessed this point of works and consider that any work in this location will proceed			
HIGH RISK Extremely likely that injury or loss could occur			
MEDIUM RISK Less likely but some work precautions necessary in place			
LOW RISK Injury that may or may not occur			
START TIME 08:10			
FINISH TIME			
Signed			
DATE 21/11/22			

Client Name: _____

Group plc **POINT OF WORKS**

Name of Client: Private
 Work address: 104-102
 Telephone No: 12

LOCATION OF WORKS

1. Can the point of works be accessed safely with your vehicle?
2. Are there any overhead cables/services present at the location?
3. Are there any underground services present at the location?
4. Are you authorised to be at this location by the person in charge?
5. Have adequate welfare facilities been identified & made available?
6. Has the Principal Contractor been identified / agreed? If not, including contact information & record on the reverse.
7. Can the point of works be made secure & protected by a sufficient Traffic Management Arrangements.
8. Can all manholes, excavations and openings be protected?
9. Are there any other hazards present at this location that could affect the work?
10. Is the location safe for the identified work to progress?

PEOPLE

11. Have all permits /isolations been requested/completed?
12. Are all personnel in the team skilled, experienced, trained & competent to complete the works?
13. Will the planned work create an uncontrolled hazard to other workers?
14. Will any other contractor be adversely affected by your work?
15. Will the planned work create an uncontrolled hazard to the public or after the works?

TOOLS & EQUIPMENT

16. Do you have the correct tools & equipment to carry out the work?
17. Is all the Health & Safety equipment in test &/or calibrated?
18. Is there a requirement for additional Safety Equipment?
19. Have the pre-use checks identified any defective or damaged equipment?
20. If yes have they been recorded, reported & removed from service?
21. Is there a requirement for specialist equipment? e.g. lifting equipment?
22. Do you have the correct & necessary stock of PPE to carry out the work? i.e. visor-goggles etc.

SAFE SYSTEM OF WORK PACK

23. Do you have an up to date Safe System of Work Pack?
24. Have you read & understood the generic section of the pack?
25. Do you have a specific risk assessment / method statement for this work?
26. Can the work be safely carried out in line with the generic pack?

HAZARDS

27. Are there any suspected asbestos containing materials present?
28. Have you enquired from the client &/or been made aware of any hazards identified above safely controlled?

JOB SHEET

Customer order number: P300460744 Payment Taken:

Contact name: Simon O'Brien
 Site address: Private
102-104 Waterloo Road

ATW
Simon O'Brien
Elliot Kelly

POINT OF WORKS RISK ASSESSMENT & CONSTRUCTION PHASE PLAN

PRINCIPLE CONTRACTOR IF NOT LANES GROUP: NAME:
 JOB TITLE: COMPANY: TELEPHONE NO:

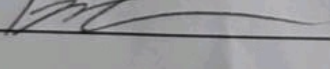
ITEM NO.	ACTION - What have you done? DETAIL HERE WHAT YOU HAVE DONE ABOUT THE HAZARD	JOB NOW SAFE?	
		YES	NO

NEVER TAKE A CHANCE, IF IN DOUBT CONTACT YOUR LINE MANAGER IMMEDIATELY

PRINT NAME SIGNATURE TIME & DATE

SITE INDUCTION CHECKLIST

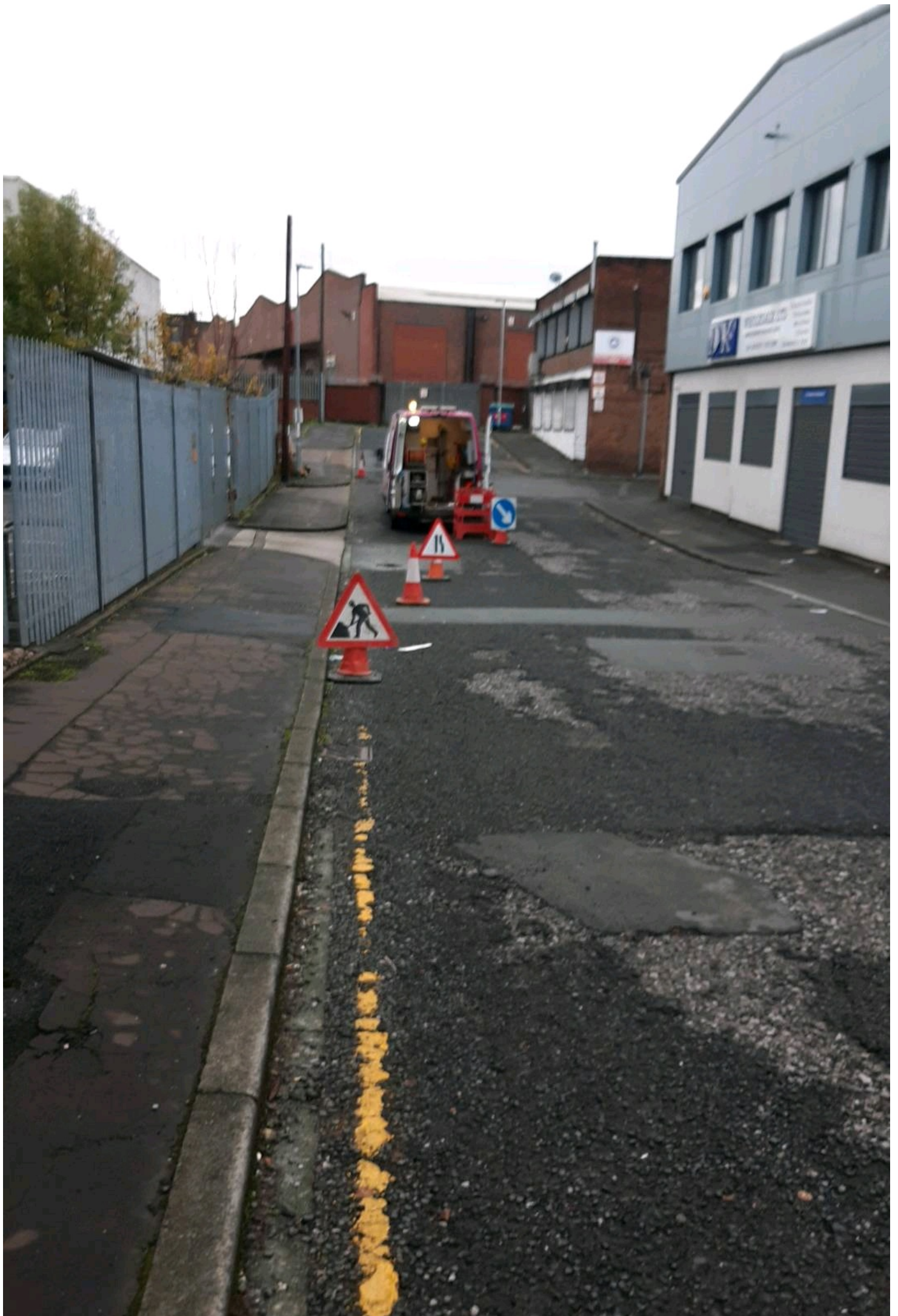
HAZARD	✓	HAZARD	✓
SLIPS, TRIPS & FALLS	☒	WELFARE ARRANGEMENTS	☒
SAFE WALKWAYS	☒	EMERGENCY ARRANGEMENTS	☒
TRAFFIC MANAGEMENT ARRANGEMENTS	☒	SITE IMPACT HAZARDS	☒
PLANT ARRANGEMENTS	☒	P.P.E. REQUIREMENTS	☒

NAME	SIGNATURE	DATE
S.D. E. Kelly		21/11/22
		21/11/22

Work Notice By whom Time: Reason

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During Works

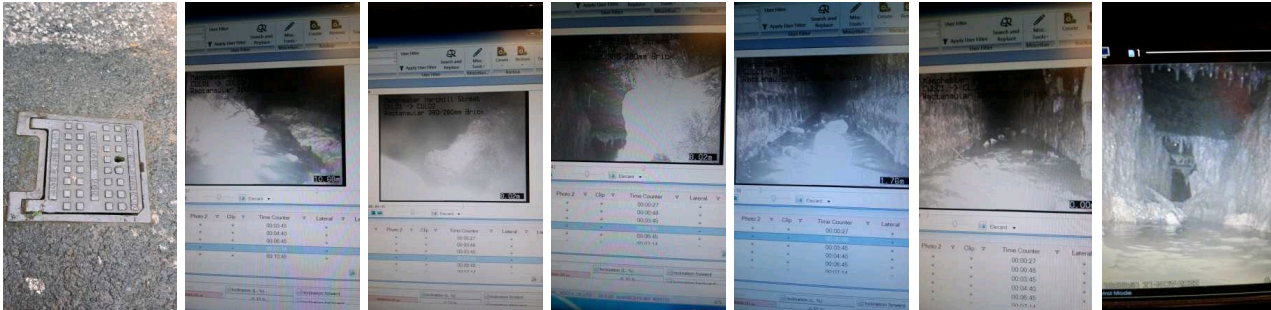
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Please take a picture during works


2022-11-21 14:24:20

Post Site Pictures

Job Number: 525786

Customer Name: Private Customers 22-23

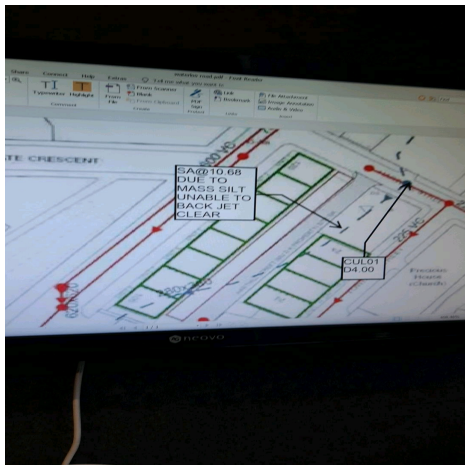
Invoice Address: Not Provided

Post Code: UNKNOWN

Telephone: N/A

Contact Name:

Depot: Manchester - Lanes



Customer Acceptance Report

Customer Name: Private Customers 22-23

Invoice Address: Private 102-104 Waterloo Road Cheethan Hill Manchester M18 8AW

Post Code: NOT AVAIL

Telephone: N/A

Contact Name:

Job Number: PJ00460744

Depot: Manchester - Lanes

Attendance Date: 21/11/2022

Site Times: 07:32:52 - 15:03:15

Description of work to be carried out:

got to site to cctv and trace culvert got 10.68 sa due to mass silt unable to back jet clear pulling back bricks and other debris

Recommendations to rectify issues identified on site:

might work back jetting with the Muller wagon and sleigh jet back jetting as ds mh is utl

Number of engineers attending: Name of Engineers: Simon O'Brien

Hazards:**Control Methods:****Lanes Group plc Authorisation**

I confirm I have read and understood the constraints imposed by the Safety Method Statement and the precautions identified above and will ensure that the above work is carried out in accordance with them.

**Authorised
Engineer**

Name Simon

Signature



Date 21/11/2022

I confirm the Works have been completed to my satisfaction and the work area has been left safe and tidy.

Customer sign off

Name

Signature

Date

Customer Satisfaction

Staff Appearance &

Service Quality

Enthusiasm

Professionalism

Overall

Friendliness
N/A



N/A



N/A



N/A



N/A