

Approved Form (AF 2)

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(s): 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"/>	Email	<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 PSDP, if appointed.

PSDP name	<input type="text"/>	H&SC name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

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 PSCS, if appointed.

PSCS name	<input type="text"/>	H&SC name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

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

Description of project	<input type="text"/>
Exact address of site	<input type="text"/>

The planned date for the commencement of the construction work

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

Estimated maximum number of workers on site at any one time

Planned number of contractors and self-employed persons expected to work on site

5 Details of Contractors Chosen: 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 PSCS

Position

Date