|  |  |  |  |
| --- | --- | --- | --- |
| Site name |  | Landowner or Agent name |  |
| Contractor/ LAG number  |  | Forest works manager  |  |
| Site Address |  | Operation type  |  |
| Brief description of work |  |
| Contractor 1 |  | Expected operator days  |  |
| Contractor 2 |  | Expected operator days |  |
| Contractor 3 |  | Expected operator days |  |
| Contractor 4 |  | Expected operator days |  |
| Primary welfare providers  |  | Safe location for welfare and maintenance of facilities e.g. flat, off-road location, large enough for unit |  |  | Comments:  |
|  |  |
|  |  |
| Welfare provider(s) |  | Safe site access risk |  |  | Comments: |
|  |  |
|  |  |
| Environmental risk |  |  | Comments: | Site security risk  |  |  | Comments: |
|  |  |  |  |
|  |  |  |  |
| Welfare facilities required  | Flushing toilet  |  | Changing area |  | Other: |
| Hand washing  |  | Rest area  |  |
| Drinking water  |  | Shower  |  |
|  |  |  |  |
| Justification for any lower level of provision  |  |