|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | | | | | | |