The United Reformed Church

# Contractor Health and Safety Approval Checklist

**Purpose:** This checklist assists local URC churches in selecting, appointing and monitoring contractors in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, and HSE guidance on managing contractors. Churches have a duty to ensure that contractors are competent and that risks arising from their work are properly managed.

**This checklist should be completed before any contractor starts work on church premises.**

## Contractor Details

**Church:** _____

**Contractor Company:** _____

**Contact Name:** _____

**Telephone:** _____

**Email:** _____

**Nature of Works:** _____

**Work Location:** _____

**Expected Start Date:** _____

## Part 1: Pre-Selection Assessment

**Contractor Competence**

| Requirement | Yes | No | N/A |
|---|---|---|---|
| Contractor has relevant experience for the work | ☐ | ☐ | ☐ |
| References have been obtained where appropriate | ☐ | ☐ | ☐ |
| Contractor can demonstrate competence for the task | ☐ | ☐ | ☐ |
| Contractor has suitably trained employees | ☐ | ☐ | ☐ |
| Contractor belongs to a recognized trade body (if applicable) | ☐ | ☐ | ☐ |

Comments:

_____

_____

_____

**Insurance Verification**

| Requirement | Yes | No | N/A |
|---|---|---|---|
| Public Liability Insurance provided (where applicable) | ☐ | ☐ | ☐ |
| Employer's Liability Insurance provided (where applicable) | ☐ | ☐ | ☐ |
| Professional Indemnity Insurance provided (where applicable) | ☐ | ☐ | ☐ |
| Insurance is valid for duration of works | ☐ | ☐ | ☐ |

Insurance Expiry Date(s):

_____

_____

## Part 2: Health and Safety Documentation

The HSE advises organisations to assess risks, exchange information and ensure suitable arrangements are in place before work begins.

| Document Required | Received | Not Received |
|---|---|---|
| Risk Assessment | ☐ | ☐ |
| Method Statement | ☐ | ☐ |
| Evidence of training/competence | ☐ | ☐ |
| COSHH Assessments (if hazardous substances used) | ☐ | ☐ |
| Asbestos awareness arrangements | ☐ | ☐ |
| Electrical certification (where relevant) | ☐ | ☐ |
| Gas Safe registration (where relevant) | ☐ | ☐ |
| DBS check (where required) | ☐ | ☐ |

## Part 3: Church-Specific Risk Controls

**Has the Contractor been informed of:**

| Item | Yes | No |
|---|---|---|
| Site emergency procedures | ☐ | ☐ |
| Fire evacuation arrangements | ☐ | ☐ |
| Assembly point location | ☐ | ☐ |
| First aid arrangements | ☐ | ☐ |
| Safeguarding requirements | ☐ | ☐ |
| Restricted access area | ☐ | ☐ |
| Asbestos information (where applicable) | ☐ | ☐ |
| Known building hazards | ☐ | ☐ |
| Requirements for lone working | ☐ | ☐ |

## Part 4: Additional Controls for Church Premises

Churches often present unique risks due to public use, historic buildings and vulnerable occupants.

| Consideration | Yes | No | N/A |
|---|---|---|---|
| Work scheduled to minimize disruption to worship and activities | ☐ | ☐ | ☐ |
| Contractor aware of safeguarding requirements | ☐ | ☐ | ☐ |
| Arrangements in place to protect children and vulnerable adults | ☐ | ☐ | ☐ |
| Public access managed during works | ☐ | ☐ | ☐ |
| Historic or listed building considerations addressed | ☐ | ☐ | ☐ |
| Noise and dust controls agreed | ☐ | ☐ | ☐ |

## Part 5: Higher-Risk Activities

Tick if any apply:

☐ Working at Height

☐ Roof Work

☐ Tower or Bell Chamber Access

☐ Scaffolding

☐ Hot Works (welding, cutting, grinding)

☐ Electrical Work

☐ Gas Work

☐ Excavations

☐ Manual Handling Risks

☐ Hazardous Substances

☐ Asbestos Disturbance Risk

☐ Confined Spaces

☐ Other: _____

**Additional Controls**

Where higher-risk activities are involved, confirm:

| Control | Yes | No |
|---|---|---|
| Suitable risk assessment reviewed | ☐ | ☐ |
| Method statement reviewed | ☐ | ☐ |
| Work permit required and issued | ☐ | ☐ |
| Additional supervision required | ☐ | ☐ |
| Contractor competence verified | ☐ | ☐ |

## Part 6: During the Works

| Check | Yes | No |
|---|---|---|
| Contractor following agreed method statement | ☐ | ☐ |
| Work area suitably controlled | ☐ | ☐ |
| Escape routes remain clear | ☐ | ☐ |
| No unsafe practices observed | ☐ | ☐ |
| Issues addressed promptly | ☐ | ☐ |

## Part 7: Completion Review

| Question | Yes | No |
|---|---|---|
| Work completed safely | ☐ | ☐ |
| Area left clean and safe | ☐ | ☐ |
| Any defects or concerns addressed | ☐ | ☐ |
| Relevant certificates received | ☐ | ☐ |
| Lessons learned recorded | ☐ | ☐ |

## Approved Decision

☐ Contractor Approved

☐ Contractor Approved Subject to Additional Controls

☐ Contractor Not Approved

Reason (if applicable):

_____

_____

_____

## Authorisation

**Person Completing Assessment**

**Name:** _____

**Role:** _____

**Signature:** _____

**Date:** _____

**Authorising Elder/Trustee/Property Officer**

**Name:** _____

**Role:** _____

**Signature:** _____

**Date:** _____