This policy has been Equality and Diversity Impact Assessed in accordance with the Department’s Equality and Diversity Impact Assessment Tool against:

**Part 1 Assessment Only (no diversity impact found).**

Document Aim: The aim of this Practitioners Guide (PG) is to provide guidance on how the Construction (Design and Management) Regulations 2007 (CDM 2007) are to be complied with and implemented within the MOD and should be read in conjunction with the Health and Safety Executive’s (HSE) Approved Code of Practice. Managing Health and Safety in Construction.

This Practitioners Guide replaces Policy Instruction 13/07 (PI 13/07).


The aim of the regulations is to integrate health and safety into the management of a project and to reduce unnecessary bureaucracy, target effort where it can do most good in terms of health and safety and ensure risks are managed at the appropriate level.

The main changes in the regulation are:

a) CDM 2007 applies to all construction work.

b) The Clients duties now include the requirement for the client to ensure that reasonable management arrangements are in place, maintained and reviewed, to ensure that construction works can be carried out safely.

c) Clients must allow sufficient time for the designers and contractors to plan the work and ensure the contractor makes arrangements for suitable welfare facilities before construction work commences.
d) The role of Planning Supervisor the under CDM 1994 has been replaced by the CDM Coordinator and the role of Client Agent has been removed from the regulations.

e) Only Notifiable projects require the formal appointment of a competent CDM Co-ordinator and Principal Contractor.

f) Pre-tender Health and Safety Plan (PTHSP) is no longer required under the new regulations.

A Client is now required to provide ‘Pre Construction Information’ consisting of all the relevant health and safety information in the client’s possession.

a) The regulations reinforce the requirement for assessing competency and have made the process simpler by the provision of guidance and assessment criteria in the ACOP Impact

b) The MOD as client will need to ensure that reasonable management arrangements are in place, including arrangements for evaluating the competency of appointed duty holders and allowing sufficient time for planning before construction work commences

c) The MOD can no longer pass their client responsibilities over to a Client’s Agent.
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1. INTRODUCTION

1.1. This Practitioners Guide is aimed at those persons within MOD who are responsible for carrying out duties under the regulations, in particular those who give advice and those who are involved in the selection and appointment process.

1.2. It provide guidance on how the regulations are to be complied with and implemented within the MOD and should be read in conjunction with the Health and Safety Executive’s (HSE) Approved Code of Practice.


1.4. CDM 2007 is divided into five parts.
   a) Part 1 deals with interpretation and application;
   b) Part 2 covers general management duties which apply to all construction projects;
   c) Part 3 sets out the additional management duties which apply to notifiable projects.
   d) Part 4 covers the physical safe guards required to prevent danger on all construction projects (the requirements that were contained in the CHSW Regulations).
   e) Part 5 covers general issues which includes
      i. civil liability,
      ii. enforcement in respect of fire,
      iii. transition provisions,
      iv. revocations and amendments of other legislation,
      v. the schedules, and
      vi. the appendixes.

1.5. The key aim of CDM 2007 is to integrate health and safety into the management of a project to encourage everyone involved to work together to:
   a) Improve planning and management of projects from the very start;
   b) Identify risks early on so that they can be eliminated or reduced at the design or planning stage and remaining risks can be properly managed;
   c) Target effort where it can do the most good in terms of health and safety; and
   d) Discourage unnecessary bureaucracy.

1.6. CDM 2007 identifies the key duty holders and these are given below with the relevant parties who will be responsible for undertaking the duties within MOD.

<table>
<thead>
<tr>
<th>Duty Holder</th>
<th>MOD Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client:</strong> The person who seeks or accepts the service of another which may be used in carrying out of a project or carries out a project himself.</td>
<td>For all construction works (as defined in CDM 2007) within MOD, the SoS will be the client, with accountability for carrying out those duties cascaded down through the relevant chain of command to the MOD manager tasked with delivering those works.</td>
</tr>
<tr>
<td><strong>Designer:</strong> Any person (including client, contractor or other person referred to in the regulations) who, in the course of furtherance of a business, prepares or modifies a design or arranges for or instructs any person under his control to do so.</td>
<td>A Designer can be any person who prepares or modifies a design or arranges for or instructs any person under his control to do so.</td>
</tr>
<tr>
<td><strong>CDM Co-ordinator:</strong> The person appointed as the CDM Co-ordinator under regulation 14(1) of CDM 2007</td>
<td>MOD Clients will need to formally appoint in writing a competent CDM Co-ordinator, this could be either an in-house appointment or through an external organisation.</td>
</tr>
<tr>
<td><strong>Principal Contractor:</strong> The person appointed as the Principal Contractor under regulation 14(2) of CDM 2007</td>
<td>MOD Clients will need to formally appoint in writing a competent Principal Contractor.</td>
</tr>
<tr>
<td><strong>Contractors:</strong> Any person (including client, contractor or other person referred to in the regulations) who, in the course of furtherance of a business carries out or manages construction work.</td>
<td>MOD as client will need to ensure any contractors they engaged are competent.</td>
</tr>
</tbody>
</table>
Note: The role of Planning Supervisor the under CDM 1994 has been replaced by the CDM Co-ordinator and the role of Client Agent has been removed from the regulations.

1.7. CDM 2007 provided for a transition to full implementation of the regulations for projects that began before the 6th April 2007. The only remaining transition as applied to MOD contracts is:

a) Where a Client’s Agent has already been appointed under CDM 1994 the role can continue if requested by the client and the Client’s Agent consents to continue. The role can continue until such time as the appointment is revoked by the client or the project comes to an end, or five years elapse from the coming into of CDM 2007. (April 2012).

Note: After the 6th April 2007 a client can no longer appoint a Client Agent, however a client can still employ someone to manage the CDM function on their behalf but they can not transfer their legal responsibilities to them.

1.8. CDM 2007 reinforces the requirements for competency, co-operation and co-ordination in regulation 4, 5 and 6 respectively. Guidance on assessing competency is given in paragraphs 194 to 240 of the ACOP. A table of the information from the ACOP is attached at Annex B.

2. APPLICATION OF REGULATIONS

2.1. For the purpose of these regulations the Health and Safety Executive (HSE) is the enforcing authority on the MOD Estate.

2.2. CDM 2007 applies to all construction work, and to both employers and the self employed without distinction.

2.3. General CDM duties, and those which are additional where the project becomes notifiable, are detailed in Sections 4 & 5 below.

a) A ‘Notifiable’ project is a project where:
   i. work is expected to last more than 30 working days, or
   ii. involves more than 500 person days.

2.4. Only days on which construction work takes place, including Public Holidays and weekends as appropriate, will count towards the calculation.

2.5. For contracts (RPC’s etc) involving collective minor works and maintenance activities which fall within the meaning of ‘construction work’ (as defined in CDM 2007) are no longer considered to be a single CDM project and therefore an overarching F10 (rev) is no longer required to be issued to the HSE covering the period of the duration of the contract. The HSE have stated that they only require the submission of F10 (rev) for those elements of minor works and maintenance activities which fall within the criteria for notification under the regulations.

2.6. Under the terms of the Prime Contract the Prime Contractor will continue to undertake the tasks identified in the contract for Principal Contractor and Planning Supervisor for all works that fell under the requirements applicable to CDM 1994. In addition they will be formally appointed as Principal Contractor and CDM Co-ordinator for each and every notifiable project under CDM 2007. Their suitability as Principal Contractor and CDM Co-ordinator will be subject to formal periodic review.
2.7. For all individual minor works and maintenance activities that do attract the requirements as notifiable projects under CDM 2007, the Client is responsible for ensuring the appropriate appointments are made and that those appointed as CDM Co-ordinator and Principal Contractor are competent¹.

2.8. While CDM Co-ordinator and Principal Contractor appointments and a formal construction phase H&S plan are not required for non-notifiable projects, the regulations require cooperation and co-ordination between all members of the project team and there is still a requirement under existing legislation for appropriate planning to enable those undertaking the work to understand the risks as detailed in Appendix 3 of the regulations. The CDM 2007 ACOP states that;

*If the risks are low and the precautions well understood by those carrying out the work, then there will be no need for a written plan. In other simple cases a brief summary that clearly sets out who does what and in what order will be enough*

2.9. However, there is still a requirement under regulation 5 of the Management of Health and Safety at Work Regulations 1999 for an employer to make;

‘such arrangements as are appropriate, having regard to the nature of his activities and the size of his undertaking, for the effective planning, organisation, control, monitoring and review of the preventive and protective measures’.

**Note:** Due to the Construction (Health, Safety and Welfare) Regulation 1996 being subsumed into the new regulation. CDM 2007 applies to all construction work whether it is notifiable or non notifiable.

2.10. The following flowchart provides guidance on determining if CDM applies

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¹ For works defined within Specialist Functional Data Sheets, guidance on competency should be sought from DE Construction Support Team (CST).
3. WHO ARE DUTY HOLDERS?

3.1. Client

a) For all construction works (as defined in CDM 2007) within the MOD, the Secretary of State (SofS) will be the client\(^2\), with accountability for carrying out those duties cascaded down through the relevant chain of command to the MOD manager tasked with delivering those works.

b) Where a contract/project is delivered by Defence Estates (Regional Prime Contracts, DE Functional Prime Contracts, DE Stand Alone Prime Contracts, DE Infrastructure Support Providers, etc) the client’s duties are delegated to the appropriate DE Manager tasked with delivering the works.

c) For all other contracts/projects not under Defence Estates financial delegation (PFI, PPP, MAC, Super MAC and non DE Prime Contracts) the Project Originator (the Integrated Project Team Leader (IPTL)) is the client. The Project Originator remains the client until someone else formally takes over the client role (e.g. the Special Purpose Vehicle (SPV)).

d) If the Project Originator does not wish to retain the client’s duties after the SPV has been appointed, then agreement will need to be reached with the SPV, for the SPV to ‘elect’ to become the only client in accordance with regulation 8 of the Regulations."

Note: For notifiable projects - If a client does not make the appropriate appointment they become, by default, legally liable for the work of the CDM Co-ordinator and/or Principal Contractor, as well as liable for not making the appointments.

3.2. Designers

a) Under the regulations a designer is any person, including client, contractor or other person referred to in the regulations, which, in the course of furtherance of a business, prepares or modifies a design or arranges for or instructs any person under his control to do so.

b) A client must only employ designers who are competent to carry out their CDM duties. Where there is more than one designer involved in a project the ACOP suggests the best way to ensure co-operation and co-ordination is to nominate one of the designers as the ‘lead designer’

c) Designer include architects, civil and structural engineers, building surveyors, landscape architects, design practices, contractors, purchasing staff etc. who specify or alter design, or specifies the use of a particular method of work or materials.

Note: Programme changes may have an impact on the risks involved with the design; therefore, persons requiring any changes to a programme of work must take into consideration the impacts of the proposed changes on the design and construction phase, in particular the time needed to be allowed for planning and preparation.

d) The ACOP provided the following as an example of who could be a designer: ‘A quantity surveyor who insists on specific materials or a client who stipulates a particular layout for a new building’.

e) Where construction work forms part of a ‘self help’ project undertaken by MOD employees, the Project Originator will be responsible for ensuring that the designer’s duties under CDM 2007 are suitably carried out.

3.3. CDM Co-ordinator

a) The CDM Co-ordinator is identified in the ACOP as a key project adviser in respect of construction health and safety risk management matters. The CDM Co-ordinator is responsible for providing the client with suitable advice and assistance on complying with the regulations and any change which may have a significant effect on the project (e.g. the client’s duty in

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\(^2\) While the SofS is deemed to be the Client for the MOD, when completing the Form F10 notification to the Health and Safety Executive the name of the relevant MOD manager tasked with delivering the works (the person undertaking the client’s duties on behalf of the SofS) will be entered in sections 9 and 15 of the form F10.
relation to arrangements for managing projects and the client’s duty in relation to the start of construction phase where the project is notifiable).

b) For notifiable projects/contracts delivered by Defence Estates Prime Contract/ISP the Prime Contractor/ISP will be appointed by the client (DE Manager) as the CDM Co-ordinator, subject to satisfactory competency assessment.³

c) For all other notifiable contracts/projects the Client (Project Originator) must appoint a competent CDM Co-ordinator, this could be either an in-house appointment or through an external organisation. Due to the requirement for a CDM Co-ordinator to be appointed as soon as practicable after initial design work commences the Project Originator cannot wait until the SPV takes over the role of client to make the appointment of the CDM Co-ordinator.

3.4. Principal Contractor

a) The Principal Contractor is usually a main or a managing contractor who is responsible for the day to day planning, management, and co-ordination of health and safety during the construction phase of a project including supervising and monitoring the work to ensure it is carried out safely.

b) There can only be one principal contractor for a project at any one time. Where there is more than one project being undertaken on a single construction site, one of the principal contractors should be appointed as the ‘Principal Contractor’, or all of the principal contractors will need to cooperate and plan their work taking into account the management of the interfaces.

c) For notifiable projects/contracts delivered by Defence Estates the Prime Contractor, ISP will be appointed by the client (DE Manager) as the Principal Contractor subject to satisfactory competency assessment.

d) For all other notifiable contracts/projects the Client (Project Originator or SPV) must appoint a competent Principal Contractor.

3.5. Contractors

a) A Contractor is anyone who directly employs, engages construction workers or controls or manages construction work. This includes companies/organisations that use their own workforce to do construction work on their own premises, e.g. for ‘self help’ work the MOD as the employer would be a contractor under CDM 2007.

b) The duties on a Contractor apply whether the workers are directly employed, self employed or agency workers.

c) Contractors must co-ordinate with the Principal Contractor in planning and managing the work to ensure any risks are adequately controlled.

3.6. General Management Duties

(A fuller version of the duties is given in Annex C)

a) General Management Duties are identified in the regulations that require all duty holders make appropriate provisions for ensuring the competency of duty holders, the co-operation of all involved in a project and co-ordination of activities to ensure the health and safety of persons carrying out construction work or who can be affected by the work.

4. DUTIES OF CLIENT, CDM CO-ORDINATOR, DESIGNER AND CONTRACTORS

(A fuller version of the duties is given in Annex C)

4.1. Duties of Client

a) Duties for all construction projects:
   i. Check on the competency and resources of all appointees;

³ It is essential that a CDM Co-ordinator is appointed by the client at the earliest opportunity (as soon as is practicable after initial design work or other preparation for construction work has begun). In the initial stages of a project the role of CDM Co-ordinator can be fulfilled either by DE as an in-house appointment or through the appointment of an external organisation (competency to has been suitably assessed). Once the contract reaches Preferred Bidder stage the CDM Co-ordinator responsibility can be transferred to the Prime Contractor or ISP upon their acceptance of the CDM Co-ordinator appointment.
ii. Ensure there are suitable management arrangements for the project including welfare facilities;
iii. Allow sufficient time and resources for all stages; and
iv. Provided pre-construction information to designers and contractors.
v. Co-ordinate their own work with others,

b) Additional duties for **Notifiable** projects:
   i. Appoint a competent CDM Co-ordinator; (Template letter provided at Annex G)
   ii. Appoint a competent Principal Contractor; (Template letter provided at Annex H)
   iii. Sign section 15 of the Form 10 Notification*
   iv. Ensure that construction phase does not start until there is a suitable construction phase plan and welfare facilities in place;
   v. To promptly provide the CDM Co-ordinator with all the pre-construction information in his possession or which it is reasonable for him to obtain; and
   vi. Retain and provide access to the health and safety file

c) Clients do not need to;
   i. Plan or manage construction work;
   ii. Specify how work must be done;
   iii. Provide welfare facilities;
   iv. Check designs;
   v. Visit site to check or supervise construction work;
   vi. Employ third party assurance advisers to monitor H&S standards;* and
   vii. Subscribe to third party competence assessment schemes.*
* There may be benefit to the client in doing this.

4.2. Duties of the Designers

*Designers must ensure that they are competent to fulfil the duties.*

a) Duties for all construction projects:
   i. Designers must eliminate hazards and reduce risk during designs;
   ii. Provide information about remaining significant risks;
   iii. Designer must not commence work on a project unless the client has been made aware of his duties.

b) Additional duties for **Notifiable** projects:
   i. Designers are not to carry out more than initial design work without confirming that the CDM Co-ordinator has been appointed for the project;
   ii. Provide sufficient information needed by the CDM Co-ordinator to fulfil his duties, including information for the health and safety file;
   iii. Check that the CDM Co-ordinator has notified the HSE of the project.

c) Designers do not need to;
   i. Take account of or provide information on unforeseeable hazards;
   ii. Design for possible future use of a structure that cannot reasonably be anticipated from their design brief;
   iii. Specify construction methods, except where design assumes or requires a particular construction or erection sequence, or where a competent contractor might need such information;
   iv. Exercise any health and safety management function over contractors or others; or
   v. Worry about trivial risks.

4.3. Duties of the CDM Co-ordinator

*CDM Co-ordinators are only required for ‘Notifiable’ projects*

*CDM Co-ordinators must ensure that they are competent to fulfil the duties.*

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*While the new Form F10 allows for the CDM Co-ordinator to sign on behalf of the Client, within the MOD the Client will sign the form except in extenuating circumstances. Where the form is signed by the CDM Co-ordinator the CDM Co-ordinator must ensure the client is aware of his CDM duties; evidence to demonstrate this should be retained for audit purposes.*
a) Duties
   i. Advice and assistance to the client to enable him/her to comply with the client’s duties; including:
      • Advising the client on the appointment of competent designers and contractors; and
      • Ensuring the client has adequate arrangements in place for managing the project.
   ii. Notify the project to the HSE on form F10 (rev). (See footnote for 4.1.b.iii)
   iii. Co-ordinate health and safety aspects of design work and cooperate with others involved with the project;
   iv. Facilitate good communication between client, designers and contractors;
   v. Liaise with principal contractor regarding ongoing design;
   vi. Identify, collect and pass on pre-construction information;
   viii. The ACOP also requires the CDM Co-ordinator to;
      • Advise the client on the suitability of the initial construction phase plan and the arrangements to ensure welfare facilities are on site from the start.

b) CDM Co-ordinators do not need to;
   i. Approve appointments of designers, principal contractors;
   ii. Approve or check design, although they do have to be satisfied that the design process addresses the need to eliminate hazards and control risks;
   iii. Approve the Construction Phase Plan;
   iv. Supervise the principal contractor’ implementation of the plan; or
   v. Supervise or monitor construction work.

4.4. Duties of the Principal Contractors

**Principal Contractors are only required for ‘Notifiable’ projects**

**Principal Contractors must ensure that they are competent to fulfil the duties.**

a) Duties
   i. To plan, manage and monitor the construction phase in liaison with other contractors;
   ii. To prepare, develop and implement a written plan and site rules. (The initial plan must be completed before the construction phase begins);
   iii. Give contractors relevant parts of the plan;
   iv. Make ensure suitable welfare facilities are provided from the start and maintained throughout the construction phase;
   v. Check on the competence of all appointees;
   vi. Ensure all workers have site inductions and any further information and training needed for the work;
   vii. Consult with the workers;
   viii. Liaise with CDM Co-ordinator regarding ongoing design;
   ix. Secure the site; and
   x. Clearly display (for those at work) a copy of the Form F10 (rev)

b) Principal Contractors do not need to;
   i. Undertake **detailed** supervision of contractors’ work;

4.5. Duties of Contractors

a) Duties for all construction projects:
   i. To plan, manage and monitor their work and that of other workers under their control
   ii. Satisfy themselves on the appropriate competence of all their appointees and workers;
   iii. Provide suitable training for their employees;
   iv. Provide information to their workers;
   v. Comply with the specific requirements in Part 4 of the Regulations; and
   vi. Ensure there are adequate welfare facilities for their workers.

b) Additional duties for **Notifiable** projects:
i. Check that the client is aware of his/her duties, that a CDM Co-ordinator has been appointed and the HSE notified before starting work;

ii. Co-operate with principal contractor in planning and managing work, including reasonable directions and site rules;

iii. Provide details to the principal contractor of any contractor whom he engages in connection with carrying out the work;

iv. Provide any information needed for the health and safety file;

v. Inform principal contractor of problems with the plan; and

vi. Inform the principal contractor of any reportable accidents, diseases and dangerous occurrences.

4.6. Duties of Everyone

   a) To check own competence;
   b) Co-operate with others and co-ordinate work so as to ensure the health and safety of construction workers and others who may be affected by the work;
   c) Report obvious risks;
   d) Comply with requirements in Schedule 3 and Part 4 of the Regulations for any work under their control; and
   e) Take account of and apply the general principles of prevention when carrying out duties.

5. PRE-CONSTRUCTION INFORMATION

(A fuller version of the requirements is given in Annex D)

5.1. The pre-construction information is the information that the client must provide to the CDM Co-ordinator and any designers and contractors who are bidding for or planning work (or those they intend to engage). The information should contain any project specific health and safety information needed to identify hazards and risks associated with the design and construction work.

5.2. The information should be sufficient to ensure significant risks during the work can be anticipated and planned for. It should take into consideration the issues that designers and contractors would not reasonably be expected to anticipate or identify e.g. military operational activities, munitions etc.

5.3. The information needs to be clear and concise and easily understood

5.4. Appendix 2 of the ACOP identifies the information that should be included in the pre-construction information. There are a number of similarities with the information which would have been required in the Pre-tender Health and Safety Plan under CDM 1994.

5.5. The level of detail in the pre-construction information should be proportionate to the levels of risk involved with the project.

5.6. The pre-construction information comes under five headings:

   a) A Description of the project;
   b) Client’s considerations and management requirements;
   c) Environmental restrictions and existing on-site risks;
   d) Significant design and construction hazards; and
   e) The health and safety file.

5.7. For MOD CDM projects the pre-construction information should be presented in the format specified in the ACOP.
6. CONSTRUCTION PHASE PLAN

(A fuller version of the requirements is given in Annex E)

6.1. The Principal Contractor must have in place arrangements to plan, manage and co-ordinate work during construction phase of the contract/project. The Construction Phase Plan identifies, in writing, how the Principal Contractor will manage key health and safety issues by identifying the organisation and arrangements that are in place to manage the contract/project.

6.2. The Construction Phase Plan must be tailored to suit a particular contract/project. The plan should focus on key information that will enable those undertaking the work to clearly understand the process to be used for the safe management of the contract/project. The plan should not contain irrelevant or detailed generic information e.g. generic risk assessments that detract from the main issues. The plan must be a practical aid to the management of health and safety on site.

6.3. Where a project is notifiable, the client must ensure he/she does not allow construction work to commence before suitably developed construction phase plan has been prepared. The level of detail in the plan at this stage will vary depending on the information available. As design and planning for the project may develop as work progresses, the Construction Phase Plan need only contain sufficient information to allow the initial phase of construction work to commence.

6.4. The CDM Co-ordinator should advise the client, in writing, on the suitability of the plan and that it is sufficiently developed to allow construction work to commence.

6.5. Responsibility for the further development of the plan, its implementation, monitoring and review rest with the Principal Contractor under his/her duties in regulation 23.

6.6. Appendix 3 of the ACOP identifies the information that should be included in the Construction Phase Plan. There are a number of similarities with the information which would have been required in the Construction Phase Health and Safety Plan under CDM 1994.

6.7. The construction phase plan comes under four headings:

a) A Description of the project;
b) Management of the work;
c) Arrangements for controlling significant site risks;
d) The health and safety file.

6.8. For MOD CDM projects the Principal Contractor is required to ensure that Construction Phase Plans are presented in the format specified in the ACOP.

7. HEALTH AND SAFETY FILE

(A fuller version of the requirements is given in Annex F)

7.1. The health and safety file contains the information needed to allow future construction work, maintenance, refurbishment, alterations, cleaning and demolition to be carried out safely. Information in this file should be specific enough to alert those carrying out such work to the residual risks, and should help them to decide how to work safely.

7.2. This file is used to provide useful information to:

a) The client; to enable them to meet their duty to provide information about their premises to those who carry out work there.
b) Designers during the development of further designs or alterations;
c) CDM Co-ordinator preparing for construction work; and
d) Principal Contractors and contractors preparing to carry out or manage such work.
7.3. Where there is an existing health and safety file this must be included as part of the pre-construction information issued to the CDM Co-ordinator, Designers and Contractors. This file forms a key part of the information that the client, or the client’s successor, is required to provide for future construction projects under regulation 12.

7.4. Health and safety files must be kept up to date and amended after any relevant work or surveys have been undertaken.

7.5. While non-notifiable works do not require the preparation of a health and safety file, the duty still remains with the client to ensure any existing file is kept up to date. Therefore, while the CDM 2007 does not require a health and safety file for non-notifiable work, the MOD as the client will require suitable, relevant information to be provided, by the contractor, to enable the client to ensure that any existing health and safety file for a structure is updated.

7.6. All notifiable projects will require a health and safety file to be produced and handed to the client at the end of the construction phase. If a completed health and safety file is not available for any reason at handover, a draft file (including identifying any missing information) will be presented with the handover documentation and the completed health and safety file being provided within 28 day of the handover date.

7.7. The client should ensure that the CDM Co-ordinator compiles the health and safety file. It is more practical for the Principal Contractor to obtain the information needed for the file from the contractors, in these cases the Principal Contractor should assemble the information and give it to the CDM Co-ordinator as the work is completed.

7.8. Preparation of the health and safety file should be commenced as soon as work starts on a project, as it can be difficult to obtain information for the file after designers or contractors have completed their work. The Principal Contractor is responsible for obtaining information for the health and safety file from his/her contractors and passing it to the CDM Co-ordinator.

7.9. The format of the health and safety file should be agreed in advance to ensure that the information is prepared and handed over in the required form and at the right time.

7.10. While the health and safety file may form part of the ‘handover’ documentation for the project, it must be presented in a manner that allows easy access to the health and safety information. For MOD Contracts the Health and Safety File will be presented as a ‘stand-alone’ file containing only the relevant information required by CDM 2007. The file should provide appropriate cross referencing to other additional information e.g. O&M manuals, drawings, test certificates etc. contained in the rest of the handover documentation.

7.11. The format for Health and Safety Files for MOD contracts are to follow the guidance given in the ACOP (see Annex F).

8. RELATED DOCUMENTS


9. **FURTHER INFORMATION**

Advice and assistance on construction related matters can be obtained from Defence Estates through local offices or direct from:

Defence Estates  
Kingston Road  
Sutton Coldfield  
West Midlands B75 7RL

Amendments to this document will be advised via Policy Instructions issued through standard DE publication procedures. It is the responsibility of the user to ascertain if they have the most up to date version of the document.

10.1. The regulations have been reordered to group together the duties by dutyholder and by notifiable/non-notifiable projects.

10.2. Pre-tender Health and Safety Plan (PTHSP) is no longer required under the new regulations. Client is now required to provide ‘Pre Construction Information' consisting of all the information in the client's possession or which is reasonably obtainable, which is relevant to the health and safety of persons who can be affected by the project.

a) The information will include:
   b) any information about or affecting the site or construction work;
   c) any information concerning the proposed use of the structure as a workplace;
   d) the minimum amount of time before the construction phase which will be allowed to the contractors appointed by the client for planning and preparation for construction work; and
   e) any information in any existing health and safety file.
   f) Guidance on the information to be provided is provided in Appendix 2 of the ACOP.

10.3. The Client’s Agent role ceases under the new regulations. Where a Client’s Agent has already been appointed under the CDM Regs 1994 the role can continue if requested by the client and the Client’s Agent consents to continue. The role can continue until such time as the appointment is revoked by the client or the project comes to an end, or five years elapse from the coming into for of CDM 2007. (April 2012)

10.4. The Role of Planning Supervisor (PS) has been replaced by the CDM Co-ordinator (CDM Co-ord). While a number of duties undertaken by the CDM Co-ord. are the same as those of the PS, there are changes to other duties.

   The CDM Co-ord. is identified as the key adviser in respect of construction health and safety risk management matters and is tasked with providing suitable and sufficient advice and assistance to the client to enable him/her to comply with the client’s duties and for co-ordinating design and planning

10.5. CDM 2007 applies to all construction work. Domestic projects are no longer notifiable and the application requirement relating to five workers or more on site has been removed.

10.6. When calculating whether a project will be notifiable, weekends and holidays, where no work will be undertaken, will no longer count toward the 30 day criteria.

10.7. The appointment of a CDM Co-ordinator, Principal Contractor and for a written Health and Safety Plan are only required where a project is notifiable.

   However, demolition and other higher risk activities will require a more rigorous approach to planning, co-ordination and co-operation.

   The requirements of the Management of Health and Safety at Work Regulations still apply for effective planning, organisation, control, monitoring and review of the preventive and protective measures.

10.8. The requirement for competence of appointees has been expanded. Duty holders must not:

   a) Appoint or engage a CDM co-ordinator, designer, principal contractor unless he has taken reasonable step to ensure they are competent,
   b) Arrange for or instruct a worker to carry out or manage design or construction work unless they are competent, or under the supervision of a competent person. Or
   c) Accept such an appointment or engagement unless he is competent;
The requirement for assessing competency has been made simpler by the provision of guidance and assessment criteria in the ACOP. (See Annex B)

10.9. The Clients duties now include the requirement for the client to ensure that reasonable management arrangements (including time and resources) are in place, maintained and reviewed, to ensure that construction works can be carried out safely, and for ensuring that any structure designed as a place of work will meet the requirements of the Workplace (Health, Safety and Welfare) Regulations.

10.10. The client must identify to designer and contractors the minimum time allowed for planning and preparation before construction work starts on site. The ACOP identifies ‘Unrealistic deadlines and a failure to allocate sufficient funds are two of the largest contributors to poor control of risk on site’.

10.11. There are new general duties for everyone involved in a project for co-operation and co-ordination and a specific requirement to implement any preventative and protective measures on the basis of the principles of prevention specified in Schedule 1 of the Management of Health and Safety at Work Regulations.

10.12. Designers are prohibited for undertaking design work, other than initial designs, for notifiable projects unless a CDM Co-ordinator has been appointed by the client.

10.13. The civil liability exemption for employer/employee relationship has been removed from the regulation. This is unlikely to have any significant effect since the Management of Health and Safety at Work Regulations have already been amended to this effect.
### 11. ANNEX B: COMPETENCE

11.1. Core criteria for demonstration of competence; Companies, contractors, CDM co-ordinators and designers.

<table>
<thead>
<tr>
<th>Criteria for Stage 1 Assessment</th>
<th>Standard to be achieved</th>
<th>Examples of the evidence that could be used to demonstrate meeting the required standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Health and safety policy and organisation for health and safety</td>
<td>The organisation is expected to have and implement an appropriate policy, regularly reviewed, and signed off by the Managing Director or equivalent. The policy must be relevant to the nature and scale of their work and set out the responsibilities for health and safety management at all levels within the organisation.</td>
<td>A signed, current copy of the company policy (indicating when it was last reviewed and by whose authority it is published). Guidance on writing company policies for health and safety can be found in HSE free leaflet INDG259.</td>
</tr>
<tr>
<td>2 Arrangements</td>
<td>These should set out the arrangements for health and safety management within the organisation and should be relevant to the nature and scale of their work. They should set out how the company will discharge their duties under CDM2007. There should be a clear indication of how these arrangements are communicated to the workforce.</td>
<td>A clear explanation of the arrangements which the company has made for putting its policy into effect and for discharging its duties under CDM2007. Guidance on making arrangements for the management of health and safety can be found in HSE free leaflet INDG259.</td>
</tr>
<tr>
<td>3 Competent advice - corporate and construction-related</td>
<td>The contractor’s organisation, and employees, must have ready access to competent health and safety advice, preferably from within their own organisation. The advisor must be able to provide general health and safety advice, and also (from the same source or elsewhere) advice relating to construction health and safety issues.</td>
<td>Name and competency details of the source of advice, for example a Safety Group, Trade Federation, or Consultant who provides health and safety information and advice. An example from the last 12 months of advice given and action taken.</td>
</tr>
<tr>
<td>4 Training and information</td>
<td>The organisation should have in place, and implement, training arrangements to ensure employees have the skills and understanding necessary to discharge their duties as contractors, designers or CDM co-ordinators. They should also have in place a programme for refresher training, for example a Continuing Professional Development (CPD) programme or life-long learning which will keep employees updated on new developments and changes to legislation or good health and safety practice. This applies throughout the organisation - from Board or equivalent, to trainees.</td>
<td>Headline training records. Evidence of a health and safety training culture including records, certificates of attendance and adequate health and safety induction training for site-based workforce. Evidence of an active CPD programme. Sample 'toolbox talks'.</td>
</tr>
<tr>
<td>Criteria for Stage 1 Assessment</td>
<td>Standard to be achieved</td>
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</tr>
<tr>
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</tr>
<tr>
<td>5 Individual qualifications and experience</td>
<td>Employees are expected to have the appropriate qualifications and experience for the assigned tasks, unless they are under controlled and competent supervision.</td>
<td>Details of qualifications and/or experience of specific corporate post holders for example Board members, health and safety advisor etc. Other key roles should be named or identified and details of relevant qualifications and experience provided. For contractors: details of number/percentage of people engaged in the project who have passed a construction health and safety assessment, for example the CITB Construction Skills touch screen test or similar schemes, such as the CCNSG equivalent. For site managers, details of any specific training such as the Construction Skills CITB 'Site Management Safety Training Scheme' certificate or equivalent. For professionals, details of qualifications and/or professional institution membership. For site workers, details of any relevant qualifications or training such as S/NVQ certificates. Evidence of a company-based training programme suitable for the work to be carried out. For design organisations - details of number / percentage of people engaged in the project who have passed a construction health and safety assessment, for example the CITB Construction Skills touch screen test or affiliated schemes, or the CCNSG equivalent. Details of any relevant qualifications and/or professional institution membership and any other specific qualifications such as ICE construction health and safety register, NEBOSH Construction Certificate, APS Design Register. For CDM co-ordinators - details of number/percentage of people engaged in the project who have passed a construction health and safety assessment, for example the CITB Construction Skills touch screen test or affiliated schemes, or the CCNSG equivalent.</td>
</tr>
<tr>
<td>Criteria for Stage 1 Assessment</td>
<td>Standard to be achieved</td>
<td>Examples of the evidence that could be used to demonstrate meeting the required standard</td>
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<tr>
<td>5 cont</td>
<td></td>
<td>Evidence of health and safety knowledge such as NEBOSH Construction Certificate. Details of professional institution membership and any other specific qualifications such as member of the CDM co-ordinators’ register administered by the APS or ICS (formerly the IPS), or the ICE construction health and safety register etc. Evidence of a clear commitment to training and the Continuing Professional Development of staff.</td>
</tr>
<tr>
<td>6 Monitoring, audit and review</td>
<td>The organisation should have a system for monitoring their procedures, for auditing them at periodic intervals, and for reviewing them on an ongoing basis.</td>
<td>Could be through formal audit or discussions/reports to senior managers. Evidence of recent monitoring and management response. Copies of site inspection reports</td>
</tr>
<tr>
<td>7 Workforce involvement</td>
<td>The organisation should have, and implement, an established means of consulting with their workforce on health and safety matters</td>
<td>Evidence showing how consultation is carried out. Records of health and safety committees. Names of appointed safety representatives (trade union or other). For those employing less than five, be able to describe how they consult with their employees to achieve the consultation required</td>
</tr>
<tr>
<td>8 Accident reporting and enforcement action; follow-up investigation</td>
<td>The organisation should have records of all RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1999)8 reportable events for at least the last three years. The organisation should also have in place a system for reviewing all incidents, and recording the action taken as a result. They should record any enforcement action taken against them over the last five years, and the action which they have taken to remedy matters subject to enforcement action.</td>
<td>Evidence showing the way in which they record and investigate accidents and incidents. Records of last two accidents/incidents and action taken to prevent recurrence. Records of any enforcement action taken over the last five years, and what action was taken to put matters right (information on enforcement taken by HSE over the last five years is available on the HSE website). For larger companies, simple statistics showing incidence rates of major injuries, over three-day injuries, reportable cases of ill health and dangerous occurrences for the last three years. Records should include any incidents that occurred whilst the company traded under a different name, and any incidents that occur to direct employees or labour-only sub-contractors.</td>
</tr>
<tr>
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<td>Standard to be achieved</td>
<td>Examples of the evidence that could be used to demonstrate meeting the required standard</td>
</tr>
<tr>
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<tr>
<td>9 Sub-contracting/consulting procedures (if applicable)</td>
<td>The organisation should have arrangements in place for appointing competent sub-contractors/consultants. They should be able to demonstrate how you ensure that subcontractors will also have arrangements for appointing competent sub-contractors or consultants. They should have arrangements for monitoring sub-contractor performance.</td>
<td>Evidence showing how you ensure sub-contractors are competent. Examples of sub-contractor assessments you have carried out. Evidence showing how you require similar standards of competence assessment from sub-contractors. Evidence showing how you monitor sub-contractor performance.</td>
</tr>
<tr>
<td>10 Hazard elimination and risk control (designers only)</td>
<td>The organisation should have, and implement, arrangements for meeting your duties under regulation 11 of CDM2007.</td>
<td>Evidence showing how you: ensure co-operation and co-ordination of design work within the design team and with other designers/contractors; ensure that hazards are eliminated and any remaining risks controlled; ensure that any structure which will be used as a workplace will meet relevant requirements of the Workplace (Health, Safety and Welfare) Regulations 1992. Examples showing how risk was reduced through design. A short summary of how changes to designs will be managed. (Note: the emphasis here should be on practical measures which reduce particular risks arising from the design, not on lengthy procedural documentation highlighting generic risks.)</td>
</tr>
<tr>
<td>11 Risk assessment leading to a safe method of work (contractors only)</td>
<td>The organisation should have procedures in place for carrying out risk assessments and for developing and implementing safe systems of work/method statements. The identification of health issues is expected to feature prominently in this system.</td>
<td>Evidence showing how the company will identify significant health and safety risks and how they will be controlled. Sample risk assessments/safe systems of work/method statements. If you employ less than five persons and do not have written arrangements, you should be able to describe how you achieve the above. This will depend upon the nature of the work, but must reflect the importance of this risk area.</td>
</tr>
<tr>
<td>Criteria for Stage 1 Assessment</td>
<td>Standard to be achieved</td>
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</tr>
<tr>
<td>12 Co-operating with others and co-ordinating your work with that of other contractors (contractors)</td>
<td>The organisation should be able to illustrate how co-operation and co-ordination of their work is achieved in practice, and how you involve the workforce in drawing up method statements/safe systems of work.</td>
<td>Evidence could include sample risk assessments, procedural arrangements, project team meeting notes. Evidence of how the company co-ordinates its work with other trades.</td>
</tr>
<tr>
<td>13 Welfare provision (contractors)</td>
<td>The organisation should be able to demonstrate how they will ensure that appropriate welfare facilities will be in place before people start work on site.</td>
<td>Evidence could include for example health and safety policy commitment; contracts with welfare facility providers; details of type of welfare facilities provided on previous projects.</td>
</tr>
<tr>
<td>14 CDM co-ordinator’s duties (CDM co-ordinators)</td>
<td>The organisation should be able to demonstrate how they go about encouraging co-operation, co-ordination and communication between designers.</td>
<td>The evidence should be in the form of actual examples rather than by generic procedures.</td>
</tr>
</tbody>
</table>

**Stage 2 assessment**

| 1 Work experience | The organisation should give details of relevant experience in the field of work for which they are applying | A simple record of recent projects/contracts should be kept, with the phone numbers(addresses of contacts who can verify that work was carried out with due regard to health and safety. This should be sufficient to demonstrate your ability to deal with the key health and safety issues arising from the work you are applying for. Where there are significant shortfalls in your previous experience, or there are risks associated with the project which you have not managed before, an explanation of how these shortcomings will be overcome |
11.2. Guidance for assessing competence of a CDM coordinator for a larger or more complex project, or one with high or unusual risk

<table>
<thead>
<tr>
<th>Stage</th>
<th>Knowledge and Experience Standard</th>
<th>Field of Knowledge and Experience</th>
<th>Examples of Attainment which should indicate Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Task knowledge appropriate for the tasks to be undertaken. May be technical or managerial.</td>
<td>The design and construction process</td>
<td>Professionally Qualified to Chartered level 5. Membership of a relevant construction institution, for example CIBSE; ICE; IEE; IMechE; IStructE; RIBA; CIAT; CIOB</td>
</tr>
<tr>
<td></td>
<td>Health and safety knowledge sufficient to perform the task safely, by identifying hazard and evaluating the risk in order to protect self and others, and to appreciate general background.</td>
<td>Health and safety in construction</td>
<td>Validated CPD in this field, and typical additional qualification for example: NEBOSH Construction Certificate; Member of health and safety register administered by the ICE 6; Membership of Association for Project Safety; Membership of Institution of Construction Safety (formerly the Institution of Planning Supervisors).</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Experience and ability sufficient to perform the task, (including where appropriate an appreciation of constructability), to recognise personal limitations, task-related faults and errors and to identify appropriate actions.</td>
<td>Experience relevant to the task.</td>
<td>Evidence of significant work on similar projects with comparable hazards, complexity and procurement route.</td>
</tr>
</tbody>
</table>

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5 Chartered membership of a recognised construction-related institution.
6 Open to any member of a construction-related institution.

PG03/08 v1.0 October 2008
12. **ANNEX C: DUTY HOLDER RESPONSIBILITIES**

12.1. General Duties

a) Duty holders shall not:
   i. Appoint or engage a CDM co-ordinator, designer, principal contractor or contractor unless he has taken reasonable steps to ensure that they are competent;
   ii. Accept an appointment or engagement unless they are competent;
   iii. Arrange for or instruct a worker to carry out or manage design or construction work unless the worker is competent, or under the supervision of a competent person.

b) Duty holders shall:
   i. Seek the co-operation of any other person concerned in any project involving construction work at the same or an adjoining site, so far as is necessary, to enable him/her to comply with the Regulations;
   
   c) Co-operate with any other person concerned in any project involving construction work at the same or an adjoining site so far as is necessary to enable him/her to comply with the Regulations.

   d) Every person concerned in a project who is working under the control of another person shall report to that person anything which he is aware is likely to endanger his or others health or safety. All duty holders shall co-ordinate their activities with one another in a manner which ensures, so far as is reasonably practicable, the health and safety of persons.

   e) Every person with a duty in relation to the design, planning and preparation of a project shall take account of the general principles of prevention during all the stages of the project.

   f) Every person with a duty in relation to the construction phase of a project shall ensure, so far as is reasonably practicable, that the general principles of prevention are applied in the carrying out of the construction work.

12.2. Duties of Client

a) Duties for all construction projects:
   i. To take reasonable steps to ensure that the arrangements made for managing projects (including the allocation of sufficient time and other resources) by persons with duties under the regulations are suitable to ensure that:
      - the construction work can be carried out, so far as is reasonably practicable, without risk to the health and safety of any person;
      - the requirements of Schedule 2 are complied with in respect of any person carrying out the construction work; and
      - any structure designed for use as a workplace has been designed taking account of the provisions of the Workplace (Health, Safety and Welfare) Regulations 1992 which relate to the design of, and materials used in, the structure.
   ii. The client shall take reasonable steps to ensure that the arrangements referred to above are maintained and reviewed throughout the project.
   iii. Every client shall ensure that:
      - every person designing the structure; and
      - every contractor who has been or may be appointed by the client, is promptly provided with pre-construction information;
   iv. The pre-construction information shall consist of all the information in the client’s possession (or which is reasonably obtainable), including:
      - any information about or affecting the site or the construction work;
      - any information concerning the proposed use of the structure as a workplace;
• the minimum amount of time before the construction phase which will be allowed to the contractors appointed by the client for planning and preparation for construction work; and
• any information in any existing health and safety file, Which is relevant to the person to whom the client provides it for the purposes specified.

v. The purposes referred to in the above are;
• to ensure so far as is reasonably practicable the health and safety of persons engaged in the construction work, liable to be affected by the way in which it is carried out, and who will use the structure as a workplace; and
• to assist the persons to whom information is provided under this regulation to perform their duties under these Regulations, and to determine the resources referred to in regulation 9(1) which they are to allocate for managing the project.

b) Additional duties for Notifiable projects:
i. Where a project is notifiable, the client shall appoint a CDM co-ordinator to perform the duties specified in regulations 20 and 21 as soon as is practicable after initial design work or other preparation for construction work has begun.

ii. After appointing a CDM co-ordinator the client shall appoint a Principal Contractor to perform the duties specified in regulations 22 to 24 as soon as is practicable after the client knows enough about the project to be able to select a suitable person for such appointment.

iii. The client shall ensure that appointments under paragraphs (1) and (2) are changed or renewed as necessary to ensure that there is at all times until the end of the construction phase a CDM co-ordinator and Principal Contractor.

iv. The client shall:
• be deemed for the purposes of these Regulations, to have been appointed as the CDM co-ordinator or principal contractor, or both, for any period for which no person (including himself) has been so appointed; and
• accordingly be subject to the duties imposed by regulations 20 and 21 on a CDM co-ordinator or, as the case may be, the duties imposed by regulations 22 to 24 on a Principal Contractor, or both sets of duties.

v. Any reference in this regulation to appointment is to appointment in writing.

vi. Where the project is notifiable, the client shall promptly provide the CDM coordinator with pre-construction information consisting of:
• all the information described in regulation 10(2) to be provided to any person in pursuance of regulation 10(1);
• any further information as described in regulation 10(2) in the client’s possession (or which is reasonably obtainable) which is relevant to the CDM co-ordinator for the purposes specified in regulation 10(3), including the minimum amount of time before the construction phase, Which will be allowed to the Principal Contractor for planning and preparation for construction work.

vii. Where the project is notifiable, the client shall ensure that the construction phase does not start unless;
• the principal contractor has prepared a construction phase plan which complies with regulations 23(1)(a) and 23(2); and
• he is satisfied that the requirements of regulation 22(1)(c) (provision of welfare facilities) will be complied with during the construction phase.

viii. The client is required to complete section 15 of the Form 10 Notification. (See footnotes to Para 3.1.a & 4.1.b.iii)

ix. The client shall ensure that the CDM co-ordinator is provided with all the health and safety information in the client’s possession (or which is reasonably obtainable) relating to the project which is likely to be needed for inclusion in the health and safety file, including information specified in regulation 4(9)(c) of the Control of Asbestos Regulations 2006(a).
x. Where a single health and safety file relates to more than one project, site or structure, or where it includes other related information, the client shall ensure that the information relating to each site or structure can be easily identified.

xi. The client shall take reasonable steps to ensure that after the construction phase the information in the health and safety file:
   - is kept available for inspection by any person who may need it to comply with the relevant statutory provisions; and
   - is revised as often as may be appropriate to incorporate any relevant new information.

xii. It shall be sufficient compliance with the above if a client disposes of his entire interest in the structure and delivers the health and safety file to the person who acquires his interest in it and ensures that he is aware of the nature and purpose of the file.

12.3. Duties of the Designers

*Designers must ensure that they are competent to fulfil the duties.*

a) Duties for all construction projects:
   i. Designers must not commence work in relation to a project unless the client is aware of his duties;
   ii. Designers shall, when preparing or modifying a design, avoid foreseeable risk to the health and safety of any person who is involved in or could be affected by the construction, maintenance or use of the structure;
   iii. Designers must eliminate hazards which might give rise to risks and reduce risks from the remaining hazards;
      *The above shall be performed, so far as is reasonably practicable, taking account of other relevant design considerations.*
   iv. Designers shall take account of the Workplace (Health, Safety and Welfare) Regulations when designing a structure;
   v. Designers shall take all reasonable steps to provide with his/her design, sufficient information about the design of the structure, its construction or maintenance that will allow the other duty holders to comply with their duties under the regulations.

   Where a design is prepared or modified outside of the UK the person who commissioned it (if established within the UK) or if that person is not established, the client for the project shall ensure that the designer’s duties under regulation 11 are complied with.

b) Additional duties for Notifiable projects:
   i. No designer shall commence work (other than initial design work) in relation to a project unless the CDM Co-ordinator has been appointed for the project;
   ii. The designer will take all reasonable steps to provide with his/her design, sufficient information about the aspects of the design of the structure, construction or maintenance that will adequately assist the CDM Co-ordinator to comply with his/her duties under the regulation, including the duties in relation to the health and safety file.

   The ACOP also requires the Designer to ensure that the CDM Co-ordinator has notified the HSE of the project.

c) Designers do not need to:
   i. Take account of or provide information on unforeseeable hazards;
   ii. Design for possible future use of a structure that cannot reasonably be anticipated from their design brief;
   iii. Specify construction methods, except where design assumes or requires a particular construction or erection sequence, or where a competent contractor might need such information;
   iv. Exercise any health and safety management function over contractors or others; or
12.4. Duties of the CDM Co-ordinator

**CDM Co-ordinators are only required for ‘Notifiable’ projects**

**CDM Co-ordinators must ensure that they are competent to fulfil the duties.**

a) Duties

i. Provide suitable and sufficient advice and assistance to the client to enable him/her to comply with the client’s duties;

ii. Ensure that suitable arrangements are made and implemented for the coordination of health and safety measures during planning and preparation for the construction phase; including facilitating;
   - co-operate and co-ordinate between others involved with the project to meet the requirements of regulations 4 and 5 (competency and co-operation);
   - the application of the general principles of prevention (reg. 7).

iii. Liaise with the Principal Contractor regarding;
   - the health and safety file,
   - the information needed to prepare the construction phase plan; and
   - design developments that may affect planning and management of the construction work;

iv. Take all reasonable steps to identify and collect the pre construction information;

v. Promptly provide relevant pre construction information (that is in his possession) to designers and contractors;

vi. Take all reasonable steps to ensure designers comply with their duties and ensure co-operation between designers and the principal contractor during the construction phase in relation to any design or change to a design;

vii. Prepare/update the health and safety file and pass the file to the client at the end of the construction phase; and

viii. Issue the Notification (Form 10 (rev)) to the HSE;

ix. The ACOP also requires the CDM Co-ordinator to;
   - Advise the client on the suitability of the initial construction phase plan and the arrangements to ensure welfare facilities are on site from the start; and
   - Manage the flow of health and safety information between the client, designers and contractors.

12.5. Duties of the Principal Contractors

**Principal Contractors are only required for ‘Notifiable’ projects**

**Principal Contractors must ensure that they are competent to fulfil the duties.**

a) Duties

i. 1. The Principal Contractor shall plan, manage and monitor the construction phase in a way which ensures that, so far as is reasonably practicable, it is carried out without risk to health and safety, including facilitating;
   - co-operate and co-ordinate between others involved with the project to meet the requirements of regulations 4 and 5 (competency and co-operation);
   - the application of the general principles of prevention (reg. 7).

ii. Liaise with the CDM Co-ordinator in performing his duties during the construction phase in relation to any design or change to a design.

iii. Ensure that suitable and sufficient welfare facilities are provided throughout the construction phase.

iv. Where necessary for health and safety, draw up rules which are appropriate to the construction site and the activities on it.

v. Give reasonable directions to any contractor so far as is necessary to enable the principal contractor to comply with his duties under these Regulations.

vi. Ensure that every contractor is informed of the minimum amount of time which will be allowed to him for planning and preparation before he begins construction work.
vii. Where necessary, consult a contractor before finalising such part of the construction phase plan as is relevant to the work to be performed by him.

viii. Ensure that every contractor is given, access to such part of the construction phase plan as is relevant to the work to be performed by him, before he begins construction work and in sufficient time to enable him to prepare properly for that work.

ix. Ensure that every contractor is given, before he begins construction work and in sufficient time to enable him to prepare properly for that work, such further information as he needs:
   - to comply punctually with the duty under regulation 13(7); and
   - to carry out the work to be performed by him without risk, so far as is reasonably practicable, to the health and safety of any person.

x. Identify to each contractor the information relating to the contractor’s activity which is likely to be required by the CDM co-ordinator for inclusion in the health and safety file in pursuance of regulation 20(2)(e) and ensure that such information is promptly provided to the CDM coordinator.

xi. Ensure that the particulars required to be in the notice given under regulation 21 are displayed in a readable condition in a position where they can be read by any worker engaged in the construction work; and

xii. Take reasonable steps to prevent access by unauthorised persons to the construction site.

xiii. The principal contractor shall take all reasonable steps to ensure that every worker carrying out the construction work is provided with:
   - a suitable site induction;
   - the information and training referred to in regulation 13(4) by a contractor on whom a duty is placed by that regulation; and
   - any further information and training which he needs for the particular work to be carried out without undue risk to health or safety

12.6. Duties of Contractor

a) Where a project is notifiable, no contractor shall carry out construction work in relation to the project unless:
   i. he has been provided with the names of the CDM co-ordinator and principal contractor;
   ii. he has been given access to such part of the construction phase plan as is relevant to the work to be performed by him, containing sufficient detail in relation to such work; and
   iii. notice of the project has been given to the Executive

b) Every contractor shall:
   i. promptly provide the principal contractor with any information (including any relevant part of any risk assessment in his possession or control) which:
      • might affect the health or safety of any person carrying out the construction work or of any person who may be affected by it,
      • might justify a review of the construction phase plan, or
      • which has been identified for inclusion in the health and safety file in pursuance of regulation 22(1)(j);
   ii. promptly identify any contractor whom he appoints or engages in his turn in connection with the project to the principal contractor;
   iii. comply with:
      • any directions of the principal contractor given to him under regulation 22(1)(e), and
      • any site rules;
   iv. promptly provide the principal contractor with the information in relation to any death, injury, condition or dangerous occurrence which the contractor is required
to notify or report under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

c) Every contractor shall:
   i. in complying with his duty under regulation 13(2) take all reasonable steps to ensure that the construction work is carried out in accordance with the construction phase plan;
   ii. take appropriate action to ensure health and safety where it is not possible to comply with the construction phase plan in any particular case; and
   iii. notify the principal contractor of any significant finding which requires the construction phase plan to be altered or added to.

*Information taken from the HSC ACOP*
13. ANNEX D: PRE-CONSTRUCTION INFORMATION

13.1. Description of project

a) Project description and programme details including:
   i. key dates (including planned start and finish of the construction phase); and
   ii. the minimum time to be allowed between appointment of the Principal Contractor
      and instruction to commence work on site.

b) Details of client, designers, CDM co-ordinator and other consultants;

c) Whether or not the structure will be used as a workplace (in which case, the finished
   design will need to take account of the relevant requirements of the Workplace (Health,
   Safety and Welfare) Regulations 1992);

d) Extent and location of existing records and plans.

13.2. Client’s considerations and management requirements:

a) Arrangements for:
   i. planning for and managing the construction work, including any health and safety
      goals for the project;
   ii. communication and liaison between client and others;
   iii. security of the site;
   iv. welfare provision;

b) Requirements relating to the health and safety of the client’s employees or customers or
   those involved in the project such as;
   i. site hoarding requirements,
   ii. site transport arrangements or vehicle movement restrictions,
   iii. client permit-to-work systems,
   iv. fire precautions,
   v. emergency procedures and means of escape,
   vi. ‘no-go’ areas or other authorisation requirements for those involved in the project,
   vii. any areas the client has designated as confined spaces
   viii. smoking and parking restrictions;

13.3. Environmental restrictions and existing on-site risks

a) Safety hazards, including:
   i. boundaries and access, including temporary access – e.g. narrow streets, lack of
      parking, turning or storage space;
   ii. any restrictions on deliveries or waste collection or storage;
   iii. adjacent land uses – e.g. schools, railway lines or busy roads;
   iv. existing storage of hazardous materials;
   v. location of existing services particularly those that are concealed – water,
      electricity, gas, etc.;
   vi. ground conditions, underground structures or water courses where this might
      affect the safe use of plant, e.g. cranes, or the safety of groundworks;
   vii. information about existing structures – stability, structural form, fragile or
        hazardous materials, anchorage points for fall arrest systems (particularly where
        demolition is involved);
   viii. previous structural modifications, including weakening or strengthening of the
        structure (particularly where demolition is involved);
   ix. fire damage, ground shrinkage, movement or poor maintenance which may have
      adversely affected the structure;
   x. any difficulties relating to plant and equipment in the premises, such as overhead
      gantries whose height restricts access;
   xi. health and safety information contained in earlier design, construction or ‘as-built’
       drawings, such as details of pre-stressed or post-tensioned structures.
b) Health hazards, including:
   i. asbestos, including results of surveys (particularly where demolition is involved);
   ii. existing storage of hazardous materials;
   iii. contaminated land, including results of surveys;
   iv. existing structures containing hazardous materials;
   v. health risks arising from client’s activities.

13.4. Significant design and construction hazards

   a) Significant design assumptions and suggested work methods, sequences or other control measures;
   b) Arrangements for co-ordination of on-going design work and handling design changes;
   c) Information on significant risks identified during design;
   d) Materials requiring particular precautions.

13.5. The health and safety file

   a) Description of its format and any conditions relating to its content.

   Information taken from the HSC ACOP
14. ANNEX E: CONSTRUCTION PHASE PLAN

The plan sets out how health and safety is to be managed during the construction phase. The level of detail should be proportionate to the risks involved in the project.

Information should be included in the plan where the topic is relevant to the work proposed.

14.1. Description of project

a) Project description and programme details including:
   i. key dates (including planned start and finish of the construction phase); and
   ii. the minimum time to be allowed between appointment of the Principal Contractor and instruction to commence work on site.

b) Details of client, CDM co-ordinator, designers, principal contractor and other consultants;

c) Extent and location of existing records and plans that are relevant to health and safety on site, including information about existing structures when appropriate.

14.2. Management of the work:

a) Management structure and responsibilities:
   i. planning for and managing the construction work, including any health and safety goals for the project;
   ii. communication and liaison between client and others;
   iii. security of the site;
   iv. welfare provision;

b) Health and safety goals for the project and arrangements for monitoring and review of health and safety performance;

c) Arrangements for:
   i. regular liaison between parties on site;
   ii. consultation with the workforce;
   iii. the exchange of design information between the client, designers, CDM co-ordinator and contractors on site;
   iv. handling design changes during the project;
   v. the selection and control of contractors;
   vi. the exchange of health and safety information between contractors;
   vii. site security;
   viii. site induction;
   ix. on site training;
   x. welfare facilities and first aid;
   xi. the reporting and investigation of accidents and incidents including near misses;
   xii. the production and approval of risk assessments and written systems of work;
   xiii. site rules;
   xiv. fire and emergency procedures.

14.3. Arrangements for controlling significant site risks

a) Safety risks, including:
   i. delivery and removal of materials (including waste) and work equipment taking account of any risks to the public, e.g. during access to or egress from the site;
   ii. dealing with services - water, electricity and gas, including overhead powerlines and temporary electrical installations;

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7 Regulations made under the Clean Neighbourhoods and Environment Act 2005 are expected to require that from October 2007 all construction projects above a given value will be required to write and implement a site waste management plan (SWMP). The SWMP will record the amount of each type of waste that is expected to arise on site and whether it can be reused, recycled or needs to be disposed of. During construction the plan will be updated to map what happens against what was expected to happen, allowing lessons to be learned for future projects. Non-statutory guidance will explain the SWMP process in further detail.
iii. accommodating adjacent land use;
iv. stability of structures whilst carrying out construction work, including temporary structures and existing unstable structures;
v. preventing falls;
vi. work with or near fragile materials;
vii. control of lifting operations;
viii. the maintenance of plant and equipment;
ix. work on excavations and work where there are poor ground conditions;
x. work on wells, underground earthworks and tunnels;
xi. work on or near water where there is a risk of drowning;
xii. work involving diving;
xiii. work in a caisson or compressed air working;
xiv. Work involving explosives;
xv. traffic routes and segregation of vehicles and pedestrians;
xvi. storage of materials (particularly hazardous materials) and work equipment;
xvii. any other significant safety risks.

b) Health risks, including:
i. any other significant safety risks.
ii. the removal of asbestos;
iii. dealing with contaminated land;
iv. manual handling;
v. use of hazardous substances, particularly where there is a need for health monitoring;
vi. reducing noise and vibration;
vii. work with ionising radiation
viii. any other significant health risks.

14.4. The health and safety file

a) layout and format;
b) arrangements for the collection and gathering of information;
c) storage of information.

*Information taken from the HSC ACOP “Managing Health and Safety in Construction” (ISBN 9780717662234)*
15. ANNEX F: THE CONTENTS OF THE HEALTH AND SAFETY FILE

The following information should be considered for inclusion in the Health and Safety file, where they are relevant to the health and safety of any future construction work.

15.1. The level of detail should allow the likely risks to be identified and addressed by those carrying out the work:

   a) A brief description of the work carried out;
   b) Any residual hazards which remain and how they have been dealt with (e.g. surveys or other information concerning asbestos; contaminated land; water bearing strata; buried services etc);
   c) Key structural principles (e.g., bracing, sources of substantial stored energy – including pre- or post-tensioned members) and safe working loads for floors and roofs, particularly where these may preclude placing scaffolding or heavy machinery there;
   d) Hazardous materials used (e.g. lead paint; pesticides; special coatings which should not be burnt off etc);
   e) Information regarding the removal or dismantling of installed plant and equipment (e.g. any special arrangements for lifting, order or other special instructions for dismantling etc);
   f) Health and safety information about equipment provided for cleaning or maintaining the structure;
   g) The nature, location and markings of significant services, including underground cables; gas supply equipment; fire-fighting services etc;
   h) Information and as-built drawings of the structure, its plant and equipment (e.g., the means of safe access to and from service voids, fire doors and compartmentalisation etc).

15.2. The file does not need to include things that will be of no help when planning future construction work, for example:

   a) The pre-construction information, or construction phase safety plans;
   b) Construction phase risk assessments, written systems of work and COSHH assessments;
   c) Details about the normal operation of the completed structure;
   d) Construction phase accident statistics;
   e) Details of all the contractors and designers involved in the project (it may be useful to include details of the Principal Contractor and CDM Co-ordinator).
   f) Contractual documents;
   g) Information about structures, or parts of structures, that have been demolished – unless there are any implications for remaining or future structures, e.g., voids;
   h) Information contained in other documents, but relevant cross-references should be included.

*Information taken from the HSC ACOP*
16. ANNEX G: DRAFT LETTER FOR APPOINTMENT OF CDM CO-ORDINATOR

CLIENT DUTIES UNDER THE CDM REGULATIONS 2007

1. In accordance with the requirements of Regulation 14(1) of The Construction, Design and Management Regulations 2007, in my role of Client, on behalf of the Secretary of State for Defence, I hereby appoint Insert Name of Contractor as CDM Co-ordinator for enter name of project/contract.

Insert name and post title

Distribution:
17. ANNEX H: DRAFT LETTER FOR APPOINTMENT OF PRINCIPAL CONTRACTOR

CLIENT DUTIES UNDER THE CDM REGULATIONS 2007

1. In accordance with the requirements of Regulation 14(2) of The Construction, Design and Management Regulations 2007, in my role of Client, on behalf of the Secretary of State for Defence, I hereby appoint Insert Name of Contractor as Principal Contractor for enter name of project/contract.

Insert name and post title

Distribution:
18. ANNEX I: WHAT CLIENTS DO AND DO NOT HAVE TO DO

The duties of a client under the regulations are summarised below, together with suggestions as to how they can be discharged.

The following has been taken from guidance provided by the Construction Clients Group’s (CCG) and amended to suit MOD application.

18.1. What clients have to do for all projects

<table>
<thead>
<tr>
<th>What you have to do</th>
<th>How you do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check competency of designers, contractors and individuals doing the work</td>
<td>a. Ask your suppliers for evidence that they are competent to do the work and, if they are not, to recommend someone else who is</td>
</tr>
<tr>
<td>2. Give information about the site and/or premises in advance of the works</td>
<td>a. Obtain relevant surveys for asbestos and services and make a reasonable search for other relevant information b. If there is one for an existing building, provide the current health and safety file and operating manuals c. Give this information before a quotation for the work is provided so that contractors plan and price on known risks</td>
</tr>
<tr>
<td>3. Take reasonable steps to ensure that your arrangements for managing your own duties on this project, as well as those of others with duties under these regulations, are suitable</td>
<td>a. From time to time, check with your suppliers i.e. contractor, designer and CDM co-ordinator (where applicable) that they are doing what they said they would do in these arrangements, such as face-to-face meetings and written progress updates b. Check that your own client arrangements are working</td>
</tr>
<tr>
<td>4. Allow for sufficient time and resources</td>
<td>a. Get estimates of the likely time required to do the work when you ask for quotations and accept what seems most realistic b. Take advice from your designer, contractor, or other people (see also item 9 regarding mobilisation)</td>
</tr>
<tr>
<td>5. Co-operate with the contractor to allow them to discharge their duties</td>
<td>a. Be reasonable and considerate in your co-operation b. Do not expect the contractor to manage all risks, otherwise you will inherit more at the end of the works</td>
</tr>
<tr>
<td>6. Co-ordinate their own work so it does not affect the safety of those doing the job</td>
<td>a. Tell them in good time about any activities you do that may affect the work b. Give relevant H&amp;S information</td>
</tr>
<tr>
<td>7. Ensure the contractor has appropriate welfare arrangements in place before work starts on site.</td>
<td>a. Get the contractor to confirm that they will have welfare, e.g. toilets, water and restrooms, on site before they start work and that these will be adequate for the number of people and activities likely to be on site at any one time b. Do not specify what welfare is required c. Check that the provision of the facilities is covered in the quotation for the work</td>
</tr>
<tr>
<td>8. Make sure there are arrangements in place so that what is built complies with the Workplace Health, Safety and Welfare Regulations</td>
<td>a. Before designers start work, obtain a declaration that their designs will comply with the Workplace and CDM Regulations b. Get the contractor and designer to confirm and record that the finished work complies with the Workplace Regulations</td>
</tr>
<tr>
<td>9. Give the contractor adequate time for planning and preparation between their appointment and the start of the work</td>
<td>a. When getting quotes, ask the contractor how much time they need to prepare before they can start work, and get this included as part of their quote b. Take advice on what is a reasonable time from others involved in the project</td>
</tr>
<tr>
<td>10. Ensure you are provided with information about what has been built to enable you to manage health and safety in this building over its life and ultimate demolition</td>
<td>a. Ask designers and contractors for information to keep your health and safety files up to date and to manage the building safely b. Ask what key risks are left over from the project that need to be managed in future</td>
</tr>
</tbody>
</table>

Note: Where projects are also notifiable, the Client can seek assistance and assurance from the CDM-C on the discharge of these and his additional duties.
18.2. In addition, what clients **must do** for notifiable projects

<table>
<thead>
<tr>
<th>What you have to do under CDM 2007</th>
<th>How you do it</th>
</tr>
</thead>
</table>
| 1. Appoint a competent CDM Co-ordinator, who will assist you with your duties and other legal functions | a. A competency criteria is provided in Annex B for assessing the competency of the CDM Co-ordinator.  
b. The competency of the CDM Co-ordinator must be assessed prior to contract award.  
c. The CDM Co-ordinator is responsible for identifying and gathering pre-construction information and advising client on its adequacy. |
| 2. Appoint a competent Principal Contractor to plan and manage the work | a. A competency criteria is provided in Annex B for assessing the competency of the Principal Contractor.  
b. Do it early to minimise costs as these often trigger changes in the project that are costly to rectify.  
c. The competency of the Principal Contractor must be assessed prior to contract award. Seek guidance from CDM Co-ordinator that the Principal Contractor is competent. |
| 3. Do not allow the work to start until the contractor has prepared a suitably developed plan to manage health and safety and install welfare facilities | a. Inform the contractor of this expectation before their appointment.  
b. Use the CDM Co-ordinator to provide pre-construction health and safety information from you and others in your tender; this allows the contractors to identify and plan for early risk issues in the project. This will give you better cost certainty and minimise surprises.  
c. Do not expect all risks for the whole project to be dealt with at the early stages, especially in design and build contracts.  
d. Seek assurance from CDM Co-ordinator plan is suitably developed to allow construction phase to begin. |
| 4. Make sure a health and safety file is prepared, ready for handover at the end of the project, and keep it readily available for future work/new owners | a. Use your CDM co-ordinator to explain what a file is.  
b. The CDM co-ordinator is responsible for gathering information and preparing the H&S File.  
c. Agree a template of how you want it presented.  
d. Focus on key issues: less is more. Avoid information that is not specific to the project.  
e. Keep the file separate from the building maintenance manual to avoid information that is required urgently from 'getting lost'.  
f. Ask for an electronic copy as well as a hard copy.  
g. Keep a copy on site for reference by maintenance staff and tenants.  
h. Give over a copy of the file for any due diligence and to a new owner if you sell the building. |
18.3. What clients **do not** have to do for any project

<table>
<thead>
<tr>
<th>What you do not have to do</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plan or manage construction projects yourself</td>
<td>a. If you have the competency, resources and insurances and choose to do this, you will pick up legal liability for the work you do and anything over which you have had control</td>
</tr>
</tbody>
</table>
| 2. Specify how work should be done                                                           | a. Unless you have the competency, resources and insurances to do this  
b. There may be role confusion if you do get involved; you will also pick up legal liability for design work |
| 3. Provide welfare facilities or be expert in determining what constitutes good or adequate welfare | a. It is for your contractors to demonstrate to you in their quotations the welfare required to conform to construction regulations  
b. You should accept a quote on the basis that appropriate facilities will be provided by the contractor before work starts  
c. If you are not sure, ask your CDM co-ordinator  
d. If you do not have a CDM co-ordinator and the contractor does not know then, if they cannot get these basics right, they are probably not competent enough to run the project |
| 4. Check designs to make sure that they comply with designer duties and that the designs satisfy the Workplace Regulations | a. Your designers must demonstrate to you that their designs comply; you may want to request a written declaration to ensure, if later requested, you are able to demonstrate this  
b. You are not expected to have detailed design knowledge; this is what you are paying your designers for |
| 5. Visit the site to supervise or check construction work standards                           | a. You are not expected to be a health and safety expert  
b. Your suppliers should assure you that risk issues are under control |
| 6. Employ third-party assurance advisers to monitor health and safety standards on site       | a. There may be benefits in doing this  
b. Good CDM co-ordinators will be able to provide you with this service, normally for an additional fee |
| 7. Subscribe to a third-party competence assessment scheme                                    | a. There may be benefits in doing this  
b. There is no one overall scheme to make it easy for clients to choose, but an example of one covering individual qualifications and health and safety awareness is CSCS. Other schemes cover organisational competence (Section 7) |
18.4. What clients **do not** have to do for non-notifiable work

<table>
<thead>
<tr>
<th>What you do not have to do</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appoint a CDM Co-ordinator</td>
<td>a. If you are new to construction and have not carried out a project before, and do not have access to competent health and safety advice, appointing a CDM co-ordinator may assist you with your responsibilities; otherwise you do not need to appoint one.</td>
</tr>
<tr>
<td>2. Appoint a Principal Contractor</td>
<td>a. If the work is complicated and needs some management oversight, or you have concerns about the management abilities of your contractors, then this appointment may be useful to you; otherwise you do not need to appoint one.</td>
</tr>
</tbody>
</table>
| 3. Have a health and safety plan in place before construction work starts | a. Good clients will ask for a project risk register from all suppliers to see what the key risks are and how they will be managed.  
b. Other information, such as method statements, traffic routes and material delivery and storage arrangements, will assist those on site and those who may be affected by these activities, e.g. neighbours, other tenants and your staff.  
c. Get the contractors to explain the key risks of their work to you and make you aware of any decisions you need to take that may affect the way the work is done (e.g. on cost) and of the implications of your decisions. |
| 4. Receive a health and safety file | a. Good clients will ask for information about how the completed work will be operated and maintained safely and should not sign off the work or give final payment until this key information has been received from suppliers.  
b. A file from a CDM co-ordinator is not required. |