Construction Phase Plan (CDM 2015)

PLAN

Your Name/Company: Signature:	
Client Name and Address:	
Site Address and Contact Number:	
Job description: Is there anything the client has made you aware of?	
Start date:	Finish date:
Arrangement for welfare facilities?	

WORKING TOGETHER

Who else is on site – and their contact details?
Who will be the principal contractor?
How will you keep everyone on site updated during the job?

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ORGANISE

What are the main dangers on site, e.g.	Hazard is present	Controls	Who is responsible?
Falls from height	Yes	✔ Prevent people and materials falling from roofs, gable ends, working platforms and other open edges using guardrails, midrails and toeboards ✔ Etc.	Principal contractor
Other dangers on site			

EMERGENCY PROCEDURE

Site Manager:
Site Address:

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Appointed Persons (First Aid):
Emergency Services (Telephone Number): Fire: Police: Ambulance:
Local Hospital (Address):
HSE (Address and Telephone):
Utilities (Telephone address): Electricity: Gas: Water: