

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	<ul style="list-style-type: none">✓ 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: