**S7 External Service Providers Working on University Premises**

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| **Please complete according to** [**Guidance for Department Supervising Officers on Completing and Checking an S7 Form**](#S7formguidance)**.** |
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| **SERVICE PROVIDERS WORKING ON UNIVERSITY PREMISES - ARRANGEMENTS FOR HEALTH AND SAFETY** |
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| **To secure the health and safety at work of Service Provider’s employees and to ensure that Service Provider’s activities do not endanger University staff, students, visitors or the general public, this form should be completed by various parties, as indicated beside each PART** **below.**  **This form must be completed before the works commence.****It is strongly recommended that both the University Department initiating the work and the Service Provider keeps a copy.**  **Building where works are taking place:** |
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| **PART 1 – GENERAL** *(To be completed by the Department Supervising Officer (DSO))* |
| **1.1 Is this work covered by the Construction (Design and Management) Regulations 2015 (CDM)?**  **Yes [ ] No [ ]** |
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| *If ‘Yes’ the project is beyond the authority of a department to supervise and must be handed over to Estates Services. If ‘No’, then complete the remainder of the S7.* |
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| **1.2 Name of Service Provider:**  **1.3 Service Provider’s representative responsible for the work:**    **Printed name: Position:**    **Tel: Mobile:** |
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| **1.4 Description of the work:** |
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| **1.5 Location/Area(s) affected by operations:** *(Building, room number(s), areas, access routes, neighbouring buildings etc.)* |
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| **1.6 Department initiating the work:** |
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| **1.7 Department Supervising Officer:**  **Printed name:** **Signature:**  **Position: Date:**  **Room:****Tel No:** **Email:** |
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| **PART 2 – DEPARTMENTAL RISKS TO SERVICE PROVIDERS** *(Sections 2.1, 2.2 & 2.3 to be completed and signed by an appropriate senior departmental representative of the department in which the work will be carried out, or by the Department Supervising Officer in close liaison with such a representative).* |
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| **2.1 General Hazards, Risks and Risk Control Measures in affected area(s)** *(use a separate sheet if necessary)* |
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| **2.2 Particular Hazards, Risks and Risk Control Measures in affected area(s)** *(use a separate sheet if necessary)* |
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| **2.3 Times at which access to area/department is restricted (hours):**  **Printed name:** **Signature:**  **Position: Date:**  **Room:****Tel No:** **Email:** |
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| **PART 3 – SAFE SYSTEM OF WORK** *(To be written and attached by the Service Provider)*  The Service Provider must attach to this S7 a written Safe System of Work (sometimes referred to as a Method Statement) which details how the work will be carried out, at each stage and in the specific location(s) indicated in PART 1, so that it does not cause harm (by way of injury, ill health or damage) to University staff, students, visitors, the public (University community) and property.  As a distinct part of the safe system of work, or as a separate document, the Service Provider should include any significant risks to the University community, or property and detail the control procedures which will be implemented by him to eliminate or minimise the evaluated risks (risk assessment).  **The undersigned (at PART 4) hereby confirms that one of the following has been attached:**  *Please tick one only*  **A safe system of work and a risk assessment (for University community and property) as separate documents [ ]**  **or**  **A safe system of work which incorporates a risk assessment (for University community and property) [ ]** |
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| **PART 4 – SERVICE PROVIDER’S ACCEPTANCE** *(To be completed by Service Provider)*  **4.1 I hereby declare, on behalf of the Service Provider, the following:** |
| * *I am aware that as an employer, I have a legal duty to assess the risks to my employees of all works carried out;* * *I have received a copy of the University of Strathclyde document, ‘Safety Standards Expected From Service Providers’;* * *I will carry out the work in accordance with the said Safety Standards (or with the Principal Contractors Construction Phase Plan, if CDM applies);* * *I have communicated those conditions and circumstances to relevant employees and sub-contractors, where applicable;* * *I am aware of the particular fire detection system in the area where work will be carried out;* * *I will ensure that any work which might produce dust, steam, smoke or any aerosol including paint etc. does not interfere with or activate the fire alarm system; and* * *I accept responsibility for carrying out the work as detailed on this S7.*     **Printed name: Signature:**  **Position: Date:** |
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| **4.2 Dates & Times of Work** *(To be completed by the DSO in conjunction with the Service Provider)*  **Starting Date: Finishing Date:**  **Hours of Work (daily):**  *Note: Only in exceptional circumstances should contract work take place outwith normal working hours (Mon to Fri 0800hrs to 1700hrs), in which case an S5 form must be completed by the USO and copied to Safety, Health and Wellbeing and Security Control as detailed in the accompanying guidance.* |
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| **PART 5 – SERVICE PROVIDER’S COMPLETION ON SITE** *(To be completed by Service Provider)*  **I hereby declare that the work for which this S7 was issued is now suspended/completed** *(delete as appropriate)* **and that all persons under my charge have been withdrawn.**  **Printed name: Signature:**  **Time:** **Date:** |
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| **PART 6 – DEPARTMENTAL VERIFICATION OF COMPLETION***(To be completed by Department Supervising Officer)*  **I confirm that work is now suspended/completed** *(delete as appropriate)*  **Printed name: Signature:**  **Time: Date:** |
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**GUIDANCE FOR DEPARTMENT SUPERVISING OFFICERS**

**ON COMPLETING AND CHECKING AN S7 FORM**

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| The following layout reflects the contents of an S7 **(in bold font of this size)** but with the addition, where necessary, of comments *(in italics)* explaining or clarifying various points. |
| **SERVICE PROVIDERS WORKING ON UNIVERSITY PREMISES – ARANGEMENTS FOR HEALTH AND SAFETY S7** |
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| **To secure the health and safety at work of Service Provider’s employees and to ensure that Service Provider’s activities do not endanger University staff, students, visitors or the general public, this form should be completed as follows:** *(Parts to be completed by various parties are indicated as each appears below)*  **This form must be completed before the works commence.** *(see para.2.6 for general advice and 2.6.2.1 & 2.6.2.2 for exceptions to this policy).* **It is strongly recommended that both the University Department initiating the work and the Service Providers keep a copy of this form.**  **Building where works are taking place:** |
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| **PART 1 – GENERAL** ***(To be completed by the Department Supervising Officer (DSO))*** |
| **1.1 Is this work covered by the Construction (Design and Management) Regulations 2015 (CDM)?** **Yes [ ] No [ ]** |
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| *CDM stipulates procedures to improve the planning and management of health and safety on construction work of all types, throughout every phase and involving all duty holders in the management of risk. Construction work includes carrying out any building, civil engineering or engineering construction work, see para 2.1.2 for more detail.*  *If the work falls within this definition, it means the project is beyond the authority of a department to manage and supervise and must be handed over to Estates Services. If ‘No’, then complete the remainder of the S7.* |
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| **1.2 Name of Service Provider:**  *Give full name of Service Provider’s company*  **1.3 Service Provider’s representative responsible for the work:**      **Printed name: Position:**    **Tel: Mobile:** |
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| **1.4 Description of the work:**  *Briefly describe the nature of the work to be undertaken by the Service Provider e.g. servicing of refrigeration equipment, servicing of photocopier, deep cleaning of student residences, calibration of mass spectrometer etc.* |
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| **1.5 Location/Area(s) affected by operations:**  *State building, room number(s) and areas where work is to take place within the Department. Other areas likely to be affected should also be identified and included, e.g. stairwells, corridors, adjoining rooms, rooms above and below, neighbouring buildings, etc.* |
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| **1.6 Department initiating the work:**  *Self-evident.* |
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| **1.7 Department Supervising Officer**    **Printed name: Signature:**    **Position: Date:**      **Room: Tel:****Email:**  *Details of Department Supervising Officer.* |
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| **PART 2 – DEPARTMENTAL RISKS TO SERVICE PROVIDERS** *Sections 2.1, 2.2, & 2.3 to be completed by an appropriate senior departmental representative of the Academic or Service department in which the work will be carried out, or by the Department Supervising Officer in close liaison with such a representative.* |
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| **2.1 General Hazards, Risks and Risk Control Measures in affected area(s)**  *Record any general hazards to which Service Providers could be exposed in the general area of the University in which they are to work, for example, the presence of other Service Providers, poor lighting, electrical hazards, significant noise, pedestrian and vehicular traffic, etc. Indicate what risk control measures have been implemented to eliminate or adequately control any significant risks, to Service Providers, from the identified hazards. Use a separate sheet if necessary.* |
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| * 1. **Particular Hazards, Risks and Risk Control Measures in affected area(s)**   *Record particular hazards to which Service Providers could be exposed in the location in which they are to work, for example, chemical, biological, radiation, electrical hazards; slip/trip hazards; noise from operational equipment; the presence of staff and students carrying out routine activities, etc. Indicate what risk control measures have been implemented to eliminate or adequately control any significant risks, to Service Providers, from the identified hazards. Use a separate sheet if necessary.* |
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| **2.3 Times at which access to area/department is restricted (hours):**  *State restrictions on times and where possible avoid contract work at weekends and holidays*    **Printed name:****Signature:**  **Position: Date:**  **Room: Tel No: Email:**  *Details of Departmental Representative.* |
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| **PART 3 – SAFE SYSTEM OF WORK *(To be written and attached by the Service Provider)***  The Service Provider must attach to this S7 a written Safe System of Work (sometimes referred to as a Method Statement) which details how the work will be carried out, at each stage and in the specific location(s) indicated in Part 1, so that it does not cause harm (by way of injury, ill health or damage) to University staff, students, visitors, the public (University community) and property.  As a distinct part of the safe system of work, or as a separate document, the Service Provider should include any significant risks to the University community, or property and detail the control procedures which will be implemented by him to eliminate or minimise the evaluated risks (risk assessment).  **The undersigned (at PART 4) hereby confirms that one of the following has been attached:**  *Please tick one only*  **A safe system of work and a risk assessment (for University community and property) as separate documents [ ]**  **or**  **A safe system of work which incorporates a risk assessment (for University community and property) [ ]**  *Safe System of Work*  *There is no statutory definition of a safe system of work. However, it is generally thought of as a planned, formal procedure that brings together personnel, materials and equipment in a specific location and for a specific task, in such a way that the task can be achieved without harm to personnel and property.*  *The checklist given at para 2.6.3.1 includes the essential elements that Department Supervising Officers should expect the Service Provider to include in his safe system of work, which demonstrate he has thought about all aspects of the work.*    *Risk Assessment*  *Under the current* ***Management of Health and Safety at Work Regulations****,**the Service Provider is required to carry out a risk assessment of his work, in relation to his own employees* ***and others who may be affected****. This latter category should include the University community and property.*  *This risk assessment process requires the Service Provider to undertake a careful examination, of what, in relation to the specific work he is to undertake in the Department, could cause harm to the University community and property. The aim is to make sure that no one is injured, becomes ill and that property is not damaged. It involves the Service Provider identifying the hazards he creates at each phase of the work and then evaluating the likelihood of occurrence of any injury, ill health or damage, taking into account existing precautions. The Service Provider should then weigh up whether he has taken enough precautions or should do more to prevent harm.*  *The significant findings of the risk assessment should then be submitted as an identifiable part of the Service Provider’s safe system of work or as a separate document. They should clearly identify any risks to the University community and property and should detail the control measures that the Service Provider intends to implement to eliminate or minimise each identified risk.*  *In practice, it is often the case that the Service Provider only identifies the risks to his own employees and ignores the risks to the University community and property. If so, then the S7 form must be returned to the Service Provider for amendment.* |
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| **PART 4 – SERVICE PROVIDER’S ACCEPTANCE *(To be completed by Service Provider)***  **4.1 I hereby declare, on behalf of the Service Provider, the following:** |
| * *I am aware that as an employer, I have a legal duty to assess the risks to my employees of all works carried out;* * *I have received a copy of the University of Strathclyde document, ‘Safety Standards Expected From Service Providers’;* * *I will carry out the work in accordance with the said Safety Standards (or with the Principal Contractors Construction Phase Plan, if CDM applies);* * *I have communicated those conditions and circumstances to relevant employees and sub-contractors, where applicable;* * *I am aware of the particular fire detection system in the area where work will be carried out;* * *I will ensure that any work which might produce dust, steam, smoke or any aerosol including paint etc. does not interfere with or activate the fire alarm system; and* * *I accept responsibility for carrying out the work as detailed on this S7.*     **Printed name: Signature:**  **Position: Date:** |
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| **4.2 Date & Times of Work (*To be completed by the USO in conjunction with the Service Provider)***  **Starting Date: Finishing Date:**  **Hours of Work (daily):**  *As a general rule, work should always be carried out within normal working hours, i.e. Monday to Friday 0800hrs to 1700hrs. Only in exceptional circumstances should work be carried out at other times, in which case an S5 form must be completed and copied to Security Control as detailed in para.2.9.* |
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| **PART 5 – SERVICE PROVIDER COMPLETION ON SITE (*To be completed by Service Provider)***  **I hereby declare that the work for which this S7 was issued is now suspended/completed (delete as appropriate) and that all persons under my charge have been withdrawn.**  *On completion (or suspension, as the case may be) of work, it is the responsibility of the Department Supervising Officer to ensure this PART has been signed by the Service Provider to indicate that their work is complete (or suspended) and that his employees have been withdrawn.*  **Printed name: Signature:**  **Time:** **Date:**  *Dated signature of person to whom this form was issued, plus time of completion.* |
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| **PART 6 – DEPARTMENTAL VERIFICATION OF COMPLETION *(To be completed by Department Supervising Officer)***  **I confirm that work is now suspended/completed (delete as appropriate)**  **Printed name: Signature:**  **Time: Date:**  *Dated signature of Department Supervising Officer, plus time of completion, to formally sign off the S7 form* |
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