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NOTIFICATION OF PROJECT

Notes

Where possible you should fill this form out online at www.gov.gg/f10.

This form can be used to notify any project covered by the approved Code of Practice entitled: The Guernsey Construction Design & Management Approved Code of Practice 2020. As per Paragraph 60. The Principal Contractor is required to give the Health & Safety Executive 14 days' notice of all construction works on projects:

- a. where the number of persons working on site (whether it be employees, subcontractors or self- employed contractors) exceeds 5 and the duration of the contract is more than 30 days;
- b. if the work involves demolition or dismantling of a structure regardless of duration or numbers on site;
- c. where work is of short duration but is expected to involve at least 500 man-days of input.

The form should be completed and emailed or sent to the HSE office. You should send it as soon as possible.

The form can be used by contractors working for domestic clients; in this case, completion of the client's details is optional.

. Is this the	initial notification of this project or are you providing addi	tional information that was not previously available.	
	Initial notification Ad	dditional information	
2. Client: name, full address, postcode, telephone number and email. (If more than one client, please attach details on separate sheet).			
Name:		Telephone number:	
Address	5:	E-mail address:	
Postcod	de:		
B. Principal Contractor: (or contractor when project for a domestic client): name, full address, postcode, telephone number and email			
Name:		Telephone number:	
Address	: :	E-mail address:	
Postcod	de: name, full address, postcode, telephone number and ema	sil.	
Name:		Telephone number:	
Address	s:	E-mail address:	
Postcod	de:		
5. Health and Safety Project Coordinator: name, full address, postcode, telephone number and email.			
Name:		Telephone number:	
Address	: :	E-mail address:	
Postcod	le:		

6. Address of site: where construction work will be carried out, or is being carried out.			
Address:			
Postcode:			
7. Please give your estimates on the following: Please indicate if these estimates are: original revised	(tick relevant box)		
a. The planned date for the commencement of the construction work			
b. How long the construction work is expected to take (in weeks)			
c. The maximum number of people carrying out construction work on site at any one time			
d. The number of contractors expected to work on site			
8. Construction work: give brief details of the type of construction work that will be carried out			
9. Contractors: name, full address and postcode of those who have been chosen to work on the project (if required continue on (Note this information is only required when it is known at the time notification is first made to HSE. An update is not req			
10. Declaration			
I hereby declare that the relevant appointments required under the Guernsey CDM ACoP have been made.			
Signed by or on behalf of the Principal Contractor(Print name)			
Date			



Data Protection - How we collect and use information

The States of Guernsey Health and Safety Executive processes personal data for the purpose of enforcing Health & Safety at work and associated legislation. The personal data collected will vary depending on your business with us, but will be no more than is required for that legitimate and lawful purpose. We may obtain information about you from third parties for any lawful purpose in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 ("DPL"). We may also share your personal data with certain other organisations if the DPL allows us to. All the personal data held by The States of Guernsey Health and Safety Executive will be processed in accordance with the DPL. If you wish to know more about the information we have about you, or about the way we use it, you can check our website page www.gov.gg/hse