

Construction Phase Plan



Document Ref:	CPP-	Version:	1.0	Date:	
Project Title:				HSE F10 Ref:	
Prepared By:		Signature:		Competence:	
Review Date:		Reviewed By:		Signature:	

SECTION 1: PROJECT DESCRIPTION & DUTY HOLDERS

Project Description:	
Site Address:	
Anticipated Start Date:	
Anticipated Completion Date:	
Client Name & Contact:	
Principal Designer Name & Contact:	
Principal Contractor Name & Contact:	
CDM Coordinator (if applicable):	
Is project notifiable to HSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: SITE MANAGEMENT ARRANGEMENTS

Site Manager Name:	
Site Manager Contact No.:	
Arrangements for Site Inductions:	
First Aid Provision:	
Number of First Aiders:	
Location of First Aid Equipment:	
Nearest Hospital with A&E:	
Accident / Near Miss Reporting Procedure:	

SECTION 3: WELFARE ARRANGEMENTS

WELFARE FACILITY	LOCATION / DETAILS	ADEQUATE?
Toilets		<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing Facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rest Area / Canteen		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drinking Water		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: SIGNIFICANT RISKS & CONTROL MEASURES

List the significant risks specific to this project and the control measures in place. This must reflect actual site conditions — do not copy generic hazards without adapting to the project.

SIGNIFICANT RISK / HAZARD	PERSONS AT RISK	CONTROL MEASURES

SECTION 5: SITE RULES & PPE REQUIREMENTS

Mandatory PPE on this site:	
Speed limit on site (if applicable):	
Smoking policy:	
Mobile phone / distraction policy:	
Visitor sign-in procedure:	
Permit to work activities on this site:	

Mandatory PPE — tick all that apply:

- Hard Hat Hi-Vis Vest Safety Boots Safety Glasses
- Gloves Ear Protection Dust Mask / RPE Harness
- Face Shield Knee Pads Other: _____

SECTION 6: CONTRACTOR MANAGEMENT

All contractors and sub-contractors must have suitable RAMS in place and reviewed before commencing work on site.

CONTRACTOR / COMPANY	TRADE / ACTIVITY	RAMS REVIEWED?	START DATE
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 7: PERMIT TO WORK ARRANGEMENTS

HIGH-RISK ACTIVITY	PERMIT REQUIRED?	PERMIT ISSUER / RESPONSIBLE PERSON
Hot Works (welding, grinding, cutting)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Isolation of Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Excavation / Ground Works	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working at Height (>2m)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 8: EMERGENCY PROCEDURES

Assembly Point Location:	
Person Responsible for Calling 999:	
Fire Extinguisher Locations:	
Action in Event of Serious Injury:	
Action in Event of Structural Collapse:	

SECTION 9: PLAN REVIEW & UPDATES

This Construction Phase Plan is a live document. It must be reviewed and updated whenever the scope of work changes, a new contractor comes on site, or a significant incident occurs.

REVIEW DATE	REASON FOR REVIEW	UPDATED BY	SIGNATURE

SIGN-OFF & ACKNOWLEDGEMENT

I confirm that this Construction Phase Plan has been prepared in accordance with the requirements of CDM 2015 and will be kept on site and made available to all persons working on the project.

Principal Contractor Name:	
Signature:	
Date:	
Position / Role:	

DOCUMENT CONTROL

VERSION	DATE	AUTHOR	CHANGES MADE	APPROVED BY
1.0			Initial issue	