

**Contractors Form**



**Name/Address:**

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**Safety statement:**

Has contractor a Safety Statement:  
Copy Safety Policy Statement:  
Contractor made aware of  
Cheshire Safety Statement

Yes		No	
Yes		No	
Yes		No	

**Insurances:**

Public Liability

Details: \_\_\_\_\_

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Employers Liability

Details: \_\_\_\_\_

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**Works to be carried out:**

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**Required Permits:**

Hot Work Permit:

Yes  No

Permit to Work:

Yes  No

**Restrictions on Work:**

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**Works Commenced:**

Date:

**Works Completed:**

Date: