HSA
An tÚdarás Sláinte agus Sábháilteacht
Health and Safety Authority

Safety, Health and Welfare at Work (Construction) Regulations 2013

Approved Form (AF 1)

Regulation 10

Particulars to be notified by the Client to the Health and Safety Authority before the design process begins

NOTE:

This form is to be used to notify of any project covered by the Safety, Health and Welfare (Construction) Regulations 2013, which will last longer than 30 days or 500 person days. It can also be used to provide changes in appointments since initial notification of projects.

Any day on which construction work is carried out (including holidays and weekends) should be counted, even if the work on that day is of short duration. A person day is one individual, including supervisors and specialists, carrying out construction work for one normal working shift.

This Notification is to be made by Registered Post to HSA, Metropolitan Building, James Joyce Street, Dublin 1; or as may be directed by the Authority.

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1 **Client:** Provide name, full address, telephone number and e-mail address for the Client. If more than one Client, please attach details of all Clients on a separate sheet.

Name:

Address:

Telephone: E-Mail:

2 **Project Supervisor Design Process and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSDP and Health & Safety Coordinator for the Design Process.

PSDP Name: H&S C. Name:

Address: Address:

Telephone: Telephone:

E-Mail: E-Mail:

3 **Project Supervisor Construction Stage and Health & Safety Coordinator, if known:** Provide name, full address, telephone number and e-mail address for the PSCS and Health & Safety Coordinator for the Construction Stage.

PSCS Name: H&S C. Name:

Address: Address:

Telephone: Telephone:

E-Mail: E-Mail:

4 **Information on Construction Work:** Please provide your details of the following.

Description of Project:

Exact Address of Construction Site:

Signed: by or on behalf of the Client

Position: Date: