

# Works Delivery Programme Manager Activity Management Self Assurance Form

SMF/MG/479

Issue 1

06 June 2015

|                  |  |                |  |
|------------------|--|----------------|--|
| <b>Name:</b>     |  | <b>Date:</b>   |  |
| <b>Location:</b> |  | <b>Period:</b> |  |

| Standard & Requirements                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Not Checked<br>on this occasion | Compliant |    | If <b>No</b> please<br>provide<br>details of<br>the action<br>plan / issues<br>identified |
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|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Yes       | No |                                                                                           |
| <b>End to End Work Planning</b>                                                                                                                                                                      | Programme Manager to review compliance with a “from cradle to grave” approach and rotate on Project Manager direct reports, and rotate each period the PM will select a minimum of 2 projects per period and follow the whole process through, ensuring that all documents are completed correctly and are within the file.                                                                                                                                                                                               |                                 |           |    |                                                                                           |
| <b>Fatigue Management<br/>NR/L3/MTC/<br/>MG0224</b>                                                                                                                                                  | Have working hour exceedances been reviewed to identify trends across your area, including a specific review of trends in individuals or teams working more than 60 hours a week?<br><br>Review hours worked and the impact of fatigue to identify trends & include a sample check of the action plans to control further exceedances.                                                                                                                                                                                    |                                 |           |    |                                                                                           |
| <b>NR/L2/OHS/019<br/>Clause 14.2</b>                                                                                                                                                                 | Upon completion of the 20% check of SSOW Packs, PM to review relevant issues identified and record all issues identified and any actions taken to prevent re-occurrence.<br>RT3181s available for checked SSOW Packs.<br>RT9909 forms returned for checked SSOW Packs.                                                                                                                                                                                                                                                    |                                 |           |    |                                                                                           |
| <b>NR/L3/MTC/<br/>MG0012</b>                                                                                                                                                                         | Are all the relevant Period / Quarterly briefings up to date?<br>This includes Standards Awareness, Safety Bulletins and Management Cascades.                                                                                                                                                                                                                                                                                                                                                                             |                                 |           |    |                                                                                           |
| <b>Welfare Facilities<br/>NR/L3/INI/<br/>CP0036</b>                                                                                                                                                  | Are you able to demonstrate that welfare assessment requirements & the maintenance provision form are provided as part of maintenance location information?<br><br>Sample completed documents across your area of responsibility. This review will only be carried once per quarter.                                                                                                                                                                                                                                      |                                 |           |    |                                                                                           |
| <b>CDM2015<br/>Principal<br/>Contractors /<br/>Contractors<br/>duties:<br/>Regulation 13<br/>Para 116 – 139<br/>Regulation 15<br/>Para 147 – 178<br/><br/>and CP0044<br/>sections 7.4 &amp; 7.5.</b> | <b>CDM Requirements</b><br><br>PM to review one project each period and review the following for compliance:<br><br>Site management: security, control of access to site, notices and information, site briefing, safe storage of materials, traffic management, adequate lighting, PPE, first aid provision etc. and then use of the Work Package Plan and use of Task Briefing Sheets. If activities are deemed to be covered by the Risk Control Manual (RCM) how well is the content understood how is it referenced? |                                 |           |    |                                                                                           |

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| Standard & Requirements                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Not Checked<br>on this occasion | Compliant |    | If <b>No</b> please<br>provide<br>details of<br>the action<br>plan / issues<br>identified |
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|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Ye<br>s   | No |                                                                                           |
| <b>CDM2015<br/>Principal<br/>Designers /<br/>Designers<br/>duties:<br/>Regulations 9<br/>Para 72 – 92<br/>Regulation 11<br/>Para 94 – 108<br/><br/>and CP0044<br/>sections 7.4 &amp;<br/>7.5.</b> | <b>CDM Requirements</b><br>Design management. Who is the designer? What 'design' has the 'contractor' done / had to do by default?<br>How have they considered any risks associated with the construction both during the construction / testing / commissioning / entry into service phase and subsequently during operation / maintenance / decommissioning / dismantling / disposal? How does the design cater for safe access, protection, warning, delivery and storage of spares and scrap material. If the designer is a third party how has the 'contractor' assessed and identified issues associated with as described and advised the designer so they may be taken into consideration in the design? |                                 |           |    |                                                                                           |

| Non Compliance<br>against<br>Standard | Issue identified | Action Plan<br>Reference | Target Date<br>for<br>Completion |
|---------------------------------------|------------------|--------------------------|----------------------------------|
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I confirm that the necessary activities above have been undertaken this period. Where deficiencies have been identified, the actions listed have been put in place to address these.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Works Programme Delivery Manager**