

# Contractors Register

Name of Contractor .....	Foreman/Supervisor .....
Telephone Number .....	Office Contact Name .....

**Will this contractor use/have any of the following on site :**

Power Operated Mobile Platforms <input type="checkbox"/>	Mechanical Plant <input type="checkbox"/>	First Aider <input type="checkbox"/>
Abrasive Wheels <input type="checkbox"/>	Scaffold Towers <input type="checkbox"/>	Cartridge Fixing Tools <input type="checkbox"/>

Site Induction Training		Certificates Held						Inspected By
Operatives Name	Signature	Mob Plat	Abr Whl	Mec Plnt	Scaf Twr	First Aid	Cart Fix	

Assessments						
	Method Statements	COSHH	Risk	Noise	Manual Handling	
Required						
Copies Held In File						

Plant Test Certificates					
Type of Plant	Plant/Machine Owned By:	Certificate Number	Certificate Issued By	Expiry Date	Certificate Inspected By

**Comments** \_\_\_\_\_

Signed \_\_\_\_\_ Date : \_\_\_\_\_