

## **Pre-Site Attendance Check Sheet (Client to Complete)**

Site Details			
Client/Company Name:	-		
Site Address:			
Site Postcode:			
Site Contact Name: Site Contact Number:			
Date of Works:	On Site Parking Available?	Yes □	No □
Are there any restriction	s for site access?		
Descriptions of Works			
Important Notice – Our works <u>WILL</u> cause disruption to service!			
Description of Works Required:			
Is the site ready for our works to be complete?		Yes □	No □
Are the work areas easily accessible without access equipment?		Yes □	No □
If not will access equipment be available (e.g. ladders to access the roof?)		Yes □ N	o □ N/A □
Will an electrician be available on site?		Yes □ N	o □ N/A □
Will other trades be available on site (if required)?		Yes □ N	o □ N/A □
Are there any additional factors which may interfere with the required works completion (time restraints etc)?		Yes □ N	o □ N/A □
If yes please explain:			
Is there any other information	ation that we should be aware of:		