

QUEST STONEHOUSE HOSPITAL SITE PLAN
INTRODUCTION



QUEST PLAN

**THE PROVISION OF HARD FACILITIES MANAGEMENT
FOR
STONEHOUSE HOSPITAL REDEVELOPMENT**

CLIENT LANARKSHIRE PRIMARY NHS TRUST
CONTRACT NUMBER FES FM Ltd/
VERSION DRAFT FOR COMMENT 1
DATE OF ISSUE 28 April 2003
PREPARED BY Iain Crawford
VERIFIED BY
VALIDATED BY
CONTROLLED COPY NUMBER
REGISTERED HOLDER

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QUEST STONEHOUSE HOSPITAL SITE PLAN

INTRODUCTION

STATEMENT OF INTENT.

The underlying principle of the QUEST management system is to provide the cornerstone of company efforts with regard to:

- Quality.
- Environment.
- Safety.
- Training.

OBJECTIVES.

This high level document will set out the management systems that must be applied across our company so that we may address the following:

- Legal requirements.
- Statutory standards.
- Company policies.
- Value for money.
- Elevating industry best practice.
- Risk management and mitigation.
- Exceeding client expectations.

APPLICATION

The above objectives are best met by the application of an integrated and cohesive approach as outlined within this management system.

- The high level QUEST document is viewed as a platform for innovation.
- Client needs will be addressed by the production of a site-specific QUEST plan.
- The production of such a plan is outlined within the relevant section of this system.
- All aspects of QUEST compliance will be subject to audit.
- The information gathered during this process will be utilised to drive improvements.
- And so add value to the management process.

DEVELOPMENT STRATEGY

Our development strategy is considered to be one of natural progression and evolution so that we may retain the requisite ability to adapt and improve our management systems as our contract develops.

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QUEST STONEHOUSE HOSPITAL SITE PLAN
PART 1 APPROVAL AND ISSUE OF QUEST PLAN

1.0 APPROVAL AND ISSUE OF QUEST PLAN.

- 1.0.1 This plan has been prepared in accordance with the FES FM Ltd QUEST system.
- 1.0.2 The QUEST plan is a controlled document issued by FES FM Ltd.
- 1.0.3 Every registered copy of this document will be updated with each revision.
- 1.0.4 Any copies made should be registered and controlled to ensure that only the most up-to-date copy is in use.
- 1.0.5 Before the QUEST Plan can be implemented, it must be reviewed and approved by the client.
- 1.0.6 Approval of this plan by the client extends to cover all parts of its contents in compliance with the approvals set out within the Stonehouse Hospital redevelopment hard facilities management contract requirements.

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| QUEST PLAN REVIEWED BY | |
| DATE OF REVIEW | |
| QUEST PLAN APPROVED BY | |
| DATE OF APPROVAL | |

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QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 2 AMENDMENT CONTROL

2.0 AMENDMENT CONTROL

2.0.1 The Quest Plan will only be amended by the FES FM Ltd once agreement has been reached with the client's representative.

2.0.2 All controlled copies will be disposed of and the most recent copy used at all times.

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QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 3 CONTRACT REQUIREMENTS

3. CONTRACT REQUIREMENTS

3.1 CONTRACTED SERVICES

3.1.1 Building Services – Mechanical and Electrical

Heating, Ventilation and Air Conditioning Systems
Lifts and Ancillary Systems
Protective and Safety Systems (Gas, Water, Fire and Security)
Back Up Systems (Generators, UPS, Batteries)
Lighting Systems
Power Distribution Systems
LV Systems
Gas Distribution Systems
Water Distribution Systems
Wastewater Distribution Systems
Water Storage Systems
Earthing Systems

3.1.2 Communications

Structured Cabling Systems
Data, Voice and Power Systems

3.1.3 Energy Management

Energy Management Systems
Building Energy Management Systems
Building Management Systems
Building Energy Management Service

3.1.4 Specialist Services

Environmental Issues
Landscaping
Pest Control
Fabric and Finishes

3.2 REPORTING AND COMMUNICATION.

3.2.1 Reporting

Monthly Reports (During steady state period)

Detail and breakdown of invoices and report
PPM schedule of works planned against completed report
Calls received / completed per allocation / priority
Forward planner for next month's maintenance tasks
Call statistics analysis and interpretation
FES FM's perception of month's performance against SLA
Health and Safety review and report; including legislative aspects

Quarterly Reports

Quarterly energy/utility consumption including benchmarks and financial information
Interpretation of results on energy/utility performance
Remedial actions proposed for energy/utility matters and associated timescales/costs
Overall quarterly report on performance, cost savings, quality of service and other relevant items

Annual Report

Total agreement review for annual period
Finance review
Betterment and cost efficiency issues
Market competitiveness of sub contracting arrangements
Agreement improvements and best value issues
Legislative review
General operational review

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 3 CONTRACT REQUIREMENTS

3.2.2 Communication.

The reports shall be augmented by both parties meeting on the same frequency where the contents of the reports are discussed along with the following areas:-

Monthly

Improvement Areas/Suggestions
Conflict resolution

Quarterly

Customer Satisfaction Levels
Change Request Summary
Resource Planning
Progress against agreement objectives

Annually

Strategic Overview – looking backwards and forwards
Critical Review of successes and failures
Progress against the year's objectives
Forthcoming annual objectives

3.3 Mobilisation programme

3.3.1 Pre-start Period (Before Day 1)

Prepare and submit QUEST plan to client for approval
Mobilise and induct FES FM teams in the strategic and operational requirements to meet the agreement delivery.
Mobilise administration and central support services in preparation of go-live start date.
Mobilise any specialist support services and induct on operational and strategic requirements.
Implement program of site familiarisation
Develop detailed support strategy.
Develop operational Health & Safety to interface with the client
Liaise with The Trust on day 1 strategy and communication protocols.

3.3.2 Go-Live and Mobilisation Period (From Day 1)

Mobilise local response teams and Management teams to provide the following:-

- Continuity of critical operational support.
- Implement Health & Safety procedures.
- Migrate to helpdesk and administration systems.
- Implement steady state maintenance strategy to recognised standards to provide continuity from existing maintenance strategy, ensuring provision to meet statutory obligations whilst maintaining critical operational demands and supporting the Trust and its Clients personnel.
- Implement program visit to each location with a brief to identify the following: -
 - All assets under contracted services remit of FES FM Ltd.
 - Situation report on any outstanding construction related issues.
 - Critical business impact assessment.
 - Health & Safety File.
 - O & M asset information.
 - "As installed" drawing availability.
 - Log books.
 - Any other historical data where available.
 - Collate and assess all information, updating and developing O&M information for electronic formatting, and re-align "as installed" drawings as required.
 - Review, discuss and develop an optimum maintenance strategy, based on the findings of the surveys, which shall provide the Trust and its Clients with the best value strategy supported by rational and cost benefit analysis against business risk and business impact assessments.
 - Review, discuss and develop assessment of existing operational and technical improvements against potential business risk, points of failure and investment opportunities for operational cost reductions through innovation and technical improvements.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 3 CONTRACT REQUIREMENTS

- Present findings and proposals to the Trust discussing rationale, business impact, risk and a strategy to move forward providing short and long term solutions.
- Establish and implement continual communication and reporting protocol.
- Develop reporting forum, strategy and format.
- Establish program for business continuity process for live testing and scenario planning, developing disaster recovery contingency plans.
- Review operational and strategic processes applied from day 1 and amend if required.

3.3.3 Within 6 Months

Monitor and manage all data resources to ensure support in the provision of reporting system to The Trust.
 Manage, operate and control the Maintenance system, regarding asset software management change control, deletion and addition.

3.3.4 Within 12 months

Implement, monitor and review quality management and local working procedures regarding all aspects of the contract.

3.4 Critical Success Factors.

- Fixed price for agreement operation and maintenance.
- Commitment to share in operational improvements between FES FM and the client.
- Robust arrangements for service delivery for PPM and FMR activities.
- Achievement of KPO's, KPI's, SLA's and value added aspects.
- Utilisation of recognized and relevant industry benchmarks.
- Continuation of existing plant history and maintenance records.
- Ongoing upkeep of site specific documentation.
- Technical advice and support.
- Approved Continuous Improvement plan and associated standards utilised throughout the agreement period.
- Regular bespoke reporting and site breakdown information.
- Fluidity of agreement to allow continuous review of coverage as required by changing needs of the Trust's property.
- Achieve a safe and acceptable environment for Staff and Patients.
- Provisions of a high quality standard of service in all facets of the Agreement operation.
- Direct contact and interface with the Trust, its Clients and other service providers on site.
- Ensure that statutory requirements are met by provision of a safe and environmentally sound working environment.

As part of the continued review of the agreement we will strive to achieve the following: -

- Continual ability to deliver innovation.
- Review of documentation including processes, policies, procedures and quality systems.
- Cyclical process of continuous improvement.
- Benchmarking to industry data / internal data.
- Efficiency gains in FM Service delivery.
- Benchmarking and market testing of sub-contracted elements to obtain "Best value".
- Embracing advances in technology.
- Changes in output specification to optimise maintenance spend.
- Potential integration of additional support services within FES FM's remit.
- Collaborative relationship between the Trust and FES FM to identify and participate in best value cycle.

3.5 Response times.

| Criteria | Response Window |
|-----------|--|
| Emergency | Immediate initial response Resolution within 12 hours |
| Urgent | Within 15 Minutes for initial response Resolution within 24 hours |
| Routine | Within 2 Hours for initial response Resolution within 36 hours |
| Low | Within 48 hours |

Resolution within 10 days

QUEST STONEHOUSE HOSPITAL SITE PLAN PART 3 CONTRACT REQUIREMENTS

3.6 Customer Complaints

FES FM will deal with complaints and have adopted the following procedure.

On receipt of a complaint about our service from The Trust or their agent(s), as a result of the works arising from FES FM, its people or sub-contractors activities on site, the following local work instruction/ actions shall arise:

1. Area Manager will be advised of complaint and advise on action to be taken.
2. Managing Director will be informed of complaint and the action to be taken.
3. Complaint will be reviewed and remedial actions ascertained.
4. Receipt of complaint will be acknowledged to Client and complainant.
5. Remedial action will be instigated.
6. Remedial action will be monitored until satisfactory solution is achieved.
7. Client and complainant will be advised of remedial action taken and outcome.

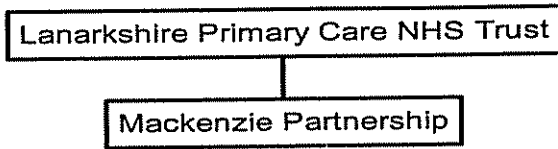
The customer complaints process and procedures will be agreed with the Trust during the mobilisation period of the agreement, and will be registered within FES FM' QMS (QUEST).

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QUEST STONEHOUSE HOSPITAL SITE PLAN
PART 4 CLIENT ORGANISATION

4. CLIENT ORGANISATION

4.1 CLIENT STRUCTURE



4.2 RESPONSIBILITIES

4.2.1

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QUEST STONEHOUSE HOSPITAL SITE PLAN
PART 4 CLIENT ORGANISATION

4.3 DELEGATED AUTHORITY (CLIENT ORGANISATION)

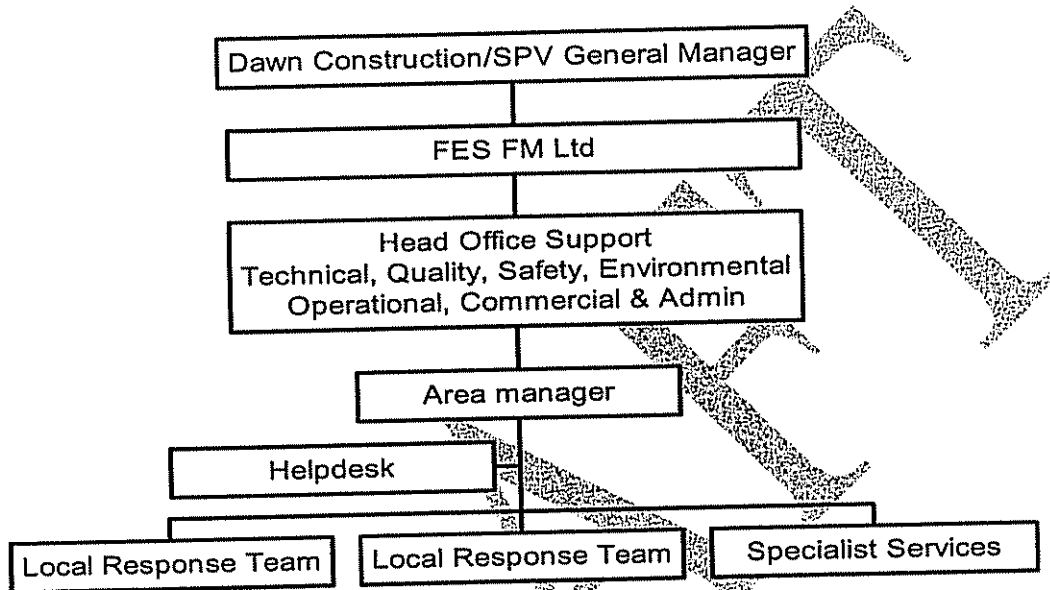
| ROLE | MAXIMUM VALUE OF CLIENT'S ORDER | MAXIMUM VALUE OF PURCHASE ORDER |
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QUEST STONEHOUSE HOSPITAL SITE PLAN
PART 5 FES FM Ltd STRUCTURE

5 FES FM Ltd STRUCTURE

5.1 ORGANAGRAM. As required for the delivery of contractual, quality, environmental and Health & Safety compliance



QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 5 FES FM Ltd STRUCTURE

5.2 INDIVIDUAL'S RESPONSIBILITIES/ JOB DESCRIPTIONS

Area Manager:

Role: Strategic Management role in delivery of contract to the Client.

Overall management responsibility for organisation operations including environmental, quality, Health & Safety, technical and administrative functions.

Actively pursue interaction between strategic and operational requirements to synergise the balance of the current operations with future needs.

The Area Manager shall be responsible for the management, control and co-ordination of all works carried out, and shall police the works for compliance to all statutes, quality, service levels and good practice. Strategic, operational, environmental, quality, safety, technical and administrative functions supporting The Trust's agreement. He shall be based at the FES FM head office, but shall continually visit locations, attending all review and performance meetings. He shall manage, control and co-ordinate all of the service requirements and report directly to the Managing Director.

RESPONSIBILITIES

- Responsible for all day to day management, control, co-ordination, execution of all operations and reporting directly to FES FM senior management team.
- Identifying and implementing innovations to improve service delivery
- Attain strategic goals.
- Monitor/review strategic and corporate aspirations to support core business.
- Provide overall management responsibility for contract deliverables.
- Ensure continuity of systems in a manner, which fully complies with all legal, qualitative, health, safety and environmental standards and other relevant guidance.
- Overall responsibility for Quality assurance on site.
- Ensure, demonstrate, review and monitor compliance, to meet the expectation and needs of the Client, the quality and organisational goals of the company.
- Production of reports at regular intervals determined by contract detailing physical and financial progress, including monitoring of Output specification by Key performance indicators. Actively demonstrate performance utilising internal /external benchmarking processes to develop areas for continuous improvement.
- Provision of technical advice and problem solving function.
- Monitoring and professional oversight of all works to ensure satisfactory quality levels.

HEALTH & SAFETY RESPONSIBILITIES

- Accountable to the Managing Director for the implementation of the Health & Safety policy.
- To ensure that safety procedures are developed and adhered to and to ensure that all persons working under their remit are suitably trained and experienced in safe working practices and to support their efforts on Health & Safety.
- Responsible for the Health & Safety for all employees for whom they have operational responsibility.
- Implementation and managing the local QUEST Plan.
- Safe methods of work are employed at all times and documentation kept up to date.
- Staff induction training is carried out and documented.
- Welfare facilities are suitable and sufficient.
- First Aid facilities are suitable and sufficient.
- Fire precautions are addressed and actions in emergencies communicated to employees and documented.
- Hazards and risks to health and safety of employees are assessed and lowered as far as possible.
- Workplace inspections are carried out and remedial actions taken to ensure continuing safety.
- Investigate and document all accidents and recommend means of preventing recurrence.
- Advise and assist in the training of personnel.
- The Health & Safety policy is reviewed specifically for the sites under their remit and a site specific QUEST plan is implemented.
- They know their own and other person's responsibilities for implementation of the safety policy.
- All documentation is complete and up to date.
- They are fully aware of all safe working practices and procedures.
- Ensure that work activities carried out by employees do not create a risk or hazard to clients property and employees.
- Ensure that work activities carried out by employees do not create a risk or hazard to members of the public or visitors.

- All contractors employed are managed in compliance with the policy and procedures at all times.

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QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 5 FES FM Ltd STRUCTURE

FES Local Response Technicians

Role: To assist and support the Area Manager to deliver the contract to the client. The multi-disciplined technicians are qualified and experienced in performing maintenance and maintenance support activities to systems in similar complexes.

The team shall be locally based and shall provide local contact and first line decision making where appropriate for efficiency and effectiveness. They shall have similar responsibilities as the Area Manager for the day to day running of the agreement, but shall report directly to the Area Manager as part of the business management process.

The local response teams shall be based in strategic locations from where they can integrate into The Trust's operation to attend the business needs of the agreement. They shall be made up of skilled, semi-skilled and assistants to perform the duties required sustaining business continuity. These teams shall be mobile to afford a quick response to attend across the portfolio.

RESPONSIBILITIES

- Performance of planned and reactive maintenance activities.
- Full participation in Health & Safety arrangements
- Performance and support to minor works activities
- Performance of condition survey and safety inspections.
- Supervision of and liaison with specialist sub contractors.
- Input to asset management system administration process, including planned maintenance management system.
- Compliance with prescribed maintenance standards and good industry practice.
- Execution of Authorised person duties in accordance with company Safe system of work.
- Attainment of customer satisfaction and adherence to Service level agreements and KPI's at all times.

HEALTH & SAFETY RESPONSIBILITIES

Employees will ensure that

- They are fully conversant with the safety policy.
- They will co-operate with the company in meeting its statutory duties.
- They will take reasonable care of themselves and others who may be affected by their acts or omissions.
- No one intentionally or recklessly interferes with or misuses anything provided in the interests of Health & Safety.
- All accidents, dangerous occurrences and near misses are reported immediately to their line manager.
- They are fully conversant with the fire instructions for the area in which they are working.
- All equipment provided for safety is used and maintained in a condition fit for its use and any defects are reported immediately to management.
- When local management cannot resolve a Health & Safety issue they must contact their local Health & Safety Representative.
- All tools and equipment used by themselves are free from defects and used only in the manner and environment intended by the manufacturer of the equipment.

QUEST STONEHOUSE HOSPITAL SITE PLAN
PART 5 FES FM Ltd STRUCTURE

5.3 DELEGATED AUTHORITIES (FES FM EMPLOYEES)

| ROLE | MAXIMUM VALUE OF CLIENT'S ORDER | MAXIMUM VALUE OF PURCHASE ORDER |
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QUEST STONEHOUSE HOSPITAL SITE PLAN
PART 6 CONTRACT SUBMISSIONS

6 CONTRACT SUBMISSIONS

6.1 LISTING OF SUBCONTRACTORS FOR USE ON MAINTENANCE CONTRACTS.

| DISCIPLINE | CONTRACTOR |
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QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

SECTION 1 SUPPLIER EVALUATION:

Supplier Evaluation Questionnaire P 1.1

Any member of the management team may submit a Supplier Evaluation Questionnaire P 1.1 to a supplier. The completed document must be passed to the Contract Manager or Director for evaluation and Approval status.

Initial Approval status will be noted on the questionnaire and in the database in the following format:
A1 – Past track record fully satisfactory and supplier will undertake works up to and exceeding £100K.
B3 - Past track record mostly satisfactory and supplier will undertake works up to £50K.

Once approval has been granted, the questionnaire is to be passed to the Contract Administrator so that the Approved Supplier's database may be updated.

The original questionnaire is to be filed in the evaluation register for the duration of the supplier's listing. The Administrator will then issue the updated list to all members of the management team and proforma letter P 1.3 to the supplier advising of their inclusion on the list.

The Data Protection act 1998 will be complied with fully at all times in that:

- All technical and organisational measures suitable to safe guard the data contained within this document will be in place.
- Only such operatives that are necessary to assist in the management of suppliers will have access to the data.
- Data shall not be disclosed to any third parties under any circumstances unless required by law to do so without the written and specific request of the supplier.
- On termination of approved supplier status, all information gathered on this document will be returned to the supplier.

The Approved Supplier's database will have the following information:

- Name of FES manager who initiated evaluation.
- Supplier code.
- Full name and address of supplier.
- Contact name.
- Approval status code.
- Services offered.
- CIS tax certificate number.
- CIS tax certificate expiry date.
- Expiry date and value of insurances.
- Financial limits.
- Date of last status update.

The administrator shall ensure that the database information is checked monthly for any out of date information i.e. insurance details or CIS certificates.

If the details require to be updated, the administrator shall ensure that proforma letter P 1.4 is to be sent to supplier to request updated information. Once the information is received, the database is to be updated and the information filed within the P 1 file.

Supplier evaluation review P 1.2.

Should a supplier be found to be under performing, the Divisional Director must be informed so that a decision on the approval status can be taken.

Information for the review should be taken from the following procedures:

- Contract Progress Meeting. P 5.5.
- Contractor Monitoring. P 5.6.
- Control of Non-Conformances P 5.7.

The Approval status of the suppliers should be updated annually or in the event of significant change to any aspect affecting future performance.

If a supplier is removed from the database the completed questionnaire will be returned to them.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

SECTION 2 TENDER ACTION:

Delegated Authority.

Management team members are authorised to issue and accept orders within the limits of their Delegated Authority. The delegated Authority is set out by the Director and noted within the site QUEST plan at part 5.3.

Value of the work.

Any member of the management team may submit tender documentation to a supplier.

If the likely contract value is < £5K then procedure P 2.1 Request for Quotation will apply.

If the likely contract value is > £5K then procedure P 2.2 Tender Action will apply.

The number of tenders to invite will depend on client's requirements and will be noted within the site QUEST plan.

Suppliers.

Only Approved Suppliers may be used P 1.0 applies.

In the case where there is a lack of suitable Approved Suppliers on the database, a supplier evaluation questionnaire is to be sent with the tender documentation for completion as per procedure P 1.0.

The tender package is sent to the supplier for pricing.

Maintenance contracts.

If the tender action relates to the letting of a maintenance contract, a "Schedule A" P 2.6 must be issued along with the applicable "Instruction set hard copies" P 2.7.

Remedial works.

If the work to be undertaken relates to defects discovered during maintenance activities, please refer to procedure P3 remedial works. This is allowable because best "value for money" has been demonstrated at the tender stage.

A copy of the call log or defect report relating to the works is to be included within the job file for charging purposes.

Value less than £5K

Request for Quotation P 2.1.

The originator of the works is to produce a full specification including hazard evaluation P 2.4 and prepare tender documentation.

The tender documentation must be Validated and Verified by another member of the management team.

On return from pricing, the completed documents must be passed to the originator for evaluation.

The objective of the evaluation is to achieve best compliance with QUEST objectives.

Tender summary sheet P 2.3 is to be completed by the originator.

Once the evaluation is complete and client approval to proceed is obtained, the originator can fax an official order number to the supplier.

Works on site to be managed as per Procedure P 5.0 Management of works on site.

On satisfactory completion of the works, the management team member managing the works will sign a Completion Certificate P 2.5.

No invoice will be paid until this signed document is on file.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

Value greater than £5K

Tender Action P 2.2

The originator of the works is to produce a full specification including hazard evaluation P 2.4 and prepare tender documentation.

The tender documentation must be Validated and Verified by another member of the management team and checked for completeness.

Tender summary sheet P 2.3 is to be completed and signed by every member of the tender evaluation team.

Once the evaluation is complete and client approval to proceed is obtained, the documentation is to be passed to the QS so that an official order can be raised.

The QS will then issue the order to the supplier.

Works on site to be managed as per Procedure P 5.0 Management of works on site.

On satisfactory completion of the works, the management team member managing the works will sign a Completion Certificate P 2.5. and ensure that the maintenance contract Schedule A is updated if applicable.

No invoice will be paid until this signed document is on file.

Tender Summary P 2.3.

On return from pricing, the completed documents must be passed to the Contract Manager or Director and QS for evaluation (tender team).

The objective of the tender team is to achieve best compliance with QUEST objectives.

Tender summary sheet P 2.3 is to be completed and signed by every member of the tender evaluation team.

Once the evaluation is complete and client approval to proceed is obtained, the documentation is to be passed to the QS so that an official order can be raised.

Hazard Evaluation P 2.4.

A hazard evaluation P 2.4 detailing reasonably foreseeable hazards will be completed by the originator of the tender documentation and submitted to the supplier with the package.

Completion Certificate P 2.5.

On satisfactory completion of the works, the management team member managing the works will sign a Completion Certificate P 2.5 and ensure that the maintenance contract Schedule A is updated if applicable.

No invoice will be paid until this signed document is on file.

Schedule A P 2.6.

For any maintenance contract or for any programmed works managed via the asset management system, the originator of the work will prepare a Schedule A and file within the relevant Job file section.

It must be ensured that a sufficient level of detail is included within the Schedule as this document will then form the site asset register.

The schedules will then be incorporated within P 5.11 Asset Management System

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Instruction Set P 2.7.

Where works are described as above within a Schedule "A" and it is not possible to enter the specification within the schedule as text, an instruction set will be prepared.

The instruction set will detail the steps to be taken in order to complete the task in hand.

Instruction sets can be generic provided they fit the technical aspects of the plant in question.

Instruction sets should be numbered where possible using the FES FM version of the HVCA Specification Volume 0 – 5.

Where the Instruction set is unavailable within HVCA Volumes 0 – 5 the originator must first seek advice from either industry standards i.e. BS, CE EN or manufacturer's guidance or specialist sub contractor's method Statements.

The information obtained should be formed into a Volume 0 specification and communicated to the QUEST Manager for the site so that others may benefit in the future.

Generic Instruction sets and HVCA Volumes 0 – 5 are contained within QUEST Appendix P 2.7 Instruction Sets.

See P 5.11 Asset management System for further details.

Development of Specification P 2.8.

The originator will develop the specification for the works. Full cognisance will be taken of client's brief. Applicable standards, Health & Safety and Environmental considerations.

In the case of maintenance contracts see P 2.7 Instruction Sets (Above).

Specifications must be verified and validated before issue by members of the management team.

Potential Health & Safety and Environmental hazards must be avoided where possible or steps taken to reduce risks associated.

Specifications must include sufficient detail to enable the contractor to undertake works without further reference. Where standards are to be met, they should be clearly identified and acceptance criteria quoted.

Where required, the client should approve any specification before issue.

See P 5.11 Asset management System for further details.

SECTION 3 REMEDIAL WORKS:

Remedial Works P 3.

Management team members are authorised to issue and accept orders within the limits of their delegated Authority. The delegated Authority is set out by the Director and noted within the site QUEST plan.

Notification.

Remedial works may be notified in two ways either through the helpdesk or via the asset management system.

In either case a help desk call log is required before any financial commitment is made and an asset management system defect call log is required so that the plant history can be updated.

The maintenance manager will ensure that the supplier provides an itemised quotation in respect of the remedial works.

On arrival of the Supplier's quotation the originator will ascertain if the work is justified.

If the work is to proceed the originator may authorise completion providing the cost of the work falls within their delegation.

The originator is to check the labour rates and the materials mark up to ensure that they align with the contract rates.

If the originator's delegation is insufficient authorisation to proceed must be escalated to a member of the management team with sufficient delegation.

The originator must mark the quotation as approved and note their signature and the date of the approval on the quotation and complete and attach a Hazard Evaluation P 2.4.

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The endorsed quotation is then passed to the QS so that an order number and Hazard Evaluation P 2.4 may be faxed to the supplier.

In the absence of the QS, the originator may fax an order number and P 2.4 to the supplier.

Works on site to be managed as per Procedure P 5.0 Management of works on site.

On satisfactory completion of the works, the management team member managing the works will sign a Completion Certificate P 2.5.

No invoice will be paid until this signed document is on file.

The original helpdesk call log and asset management call log are signed off by the supplier and the systems updated.

On invoice acceptance the QS will copy the invoice and submit to the asset management system administrator so that the value of the remedial work may be set against the asset.

SECTION 4 PROCUREMENT OF MATERIALS:

Procurement of Materials P 4.

Any member of the facilities team can request the ordering of materials.

In the case that an operative requires materials, they must approach their line manager so that an internal order may be raised.

Management team members are authorised to issue and accept orders within the limits of their delegated Authority. The delegated Authority is set out by the Director and noted within the site QUEST plan.

Notification.

The ordering of materials may initiated in various ways

- Through the helpdesk or via the asset management system call log.
- Against a client's order.
- Against a project.

In the case of an asset management system call log, a help desk call log is required before any financial commitment is made.

The manager will ascertain if the materials are justified.

If the work is to proceed, the originator may authorise procurement providing the cost of the materials fall within their delegation

If the originator's delegation is insufficient authorisation to proceed must be escalated to a member of the management team with sufficient delegation.

The originator must consider the environmental and Health & Safety connotations of the through life impact of the materials.

This procedure may be used for works where the major costs involved are directly related to the purchase of materials with only a very minor sum set aside for labour i.e. the supply and fitting of window blinds.

All information in compliance with environmental and Health & Safety must be dispatched with the materials as required.

The manager must complete an internal order and pass to the QS for action.

The internal order must be marked with the help desk call log number is applicable.

In the absence of the QS, the originator may fax an official order number to the supplier.

On delivery of the materials, the QS will check the consignment to ensure that it is as stated on the delivery note.

The delivery note is then attached to the original order.

No invoice will be paid until this signed document is on file.

The original helpdesk call log is signed off by the QS and the system updated.

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On invoice acceptance the QS copy the original invoice and affix to the original order.
The carbon copy in the official order book is marked with the invoice date and number.

The order file is archived within the monthly order file or in the case of a project, in the project materials ordered file.

SECTION 5 MANAGEMENT OF WORKS ON SITE:

Contractor's Code of Practice P 5.1.

All works on site must comply fully with the FES FM Code of Practice for Contractors (CoP) P 5.1.
A copy of this document will be issued to the supplier at the contract initial site meeting P 5.4.
Compliance with the CoP P 5.1 is mandatory at all times and is a contractual obligation on the supplier.
Audit of compliance will be undertaken using Contractor Monitoring procedure P 5.6.

Works Authorisation P 5.2.

The contractor must inform the management team of their intentions for site access.
The manager of the work must ensure that a Works Authorisation P 5.2 has been submitted for the works and that a copy is registered within the Works Authorisation file. If considered necessary by the originator a Hazard Evaluation P 2.4 is to be completed and sent with the Works Authorisation.
Where it is necessary, a full set of applicable safety documentation (i.e. Risk, COSHH assessments, method statements etc) must be provided by the supplier and reviewed by a member of the management team to ensure that it is suitable and sufficient. This information must be checked and adequately address the hazards identified on the submitted P 2.4 before commencement of works.
Where the work on site is related to routine works under a contract, the information described above should have been submitted as a result of the Contract Initial Site Meeting P 5.4. If it is not, supplementary information must be submitted by the supplier and reviewed by the instructing manager.

On arrival at site, the supplier must check in at the Security post and receive a Contractor's pass. This pass must be worn at all times for the duration of the time on site and returned at the issuing office before departure.
The suppliers representative must report to FES FM Office for further work instructions on arrival and departure.

Site Induction P 5.3.

All personnel working on site must be inducted as per procedure P 5.3.
The objective of the procedure is to advise the individual on site hazards, Health & Safety requirements, actions to be taken in an emergency and site specific information including welfare facilities.
The induction must be retained and registered within the site induction register and a copy held in the relevant job file under Section 9 - Competency.

Contract Initial Site Meeting P 5.4.

Before the start of a contract, If the value or complexity of the contract warrants it, an Initial Contract Meeting P 5.4 is to be convened.
The objective of this meeting is to allow compliance with Health & Safety requirements and to set out site specific and contractual obligations required of the supplier.
Attendees should include FES manager in control of the contract, FES FM supervisor, Supplier's contract manager and lead site operative.
Minutes are to be taken by FES FM and a copy sent to the supplier for his records.
A copy of these minutes are to be filed within the job file at Section 6 - Minutes of Meetings.
During the meeting it should be agreed at which frequency the Contract Progress meetings P 5.5 will take place and what milestones are to be considered.

Contract Progress Meeting. P 5.5.

The Contract Progress Meeting will be convened when agreed at the Contract Initial Site Meeting P 5.4 or if required due to circumstance.
The objective of the meeting is to allow reporting on contract progress and to allow discussion on supplier performance milestones, Health & Safety and the outcome of Contractor Monitoring P 5.6.
Attendees should include FES manager in control of the contract, FES FM supervisor, Supplier's contract manager and lead site operative.
Minutes are to be taken by FES FM and a copy sent to the supplier for his records
Any Control of Non-Conformances P 5.7. issued during the contract are also to be discussed.

A copy of these minutes are to be filed within the job file at Section 6 – Minutes of Meetings.
The records obtained during these meetings may be used at Supplier Evaluation P 1.0.

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Contractor Monitoring P 5.6.

Contractors will be monitored throughout their works on site to ensure compliance with the FES CoP, their safety documentation, adherence to specification and contractual aspects of the works as per P 5.6 Contractor Monitoring. If during this procedure, non-conformances are found, remedial actions must be taken immediately. If no resolution can be made or there are serious shortcomings highlighted, work is to be stopped. The contractor's contract manager must be contacted immediately and resolution sought as per P5.7 Control of Non-Conformances.

A minimum 15% of all works undertaken are to be subject to Contractor Monitoring P 5.6. This figure is represented by the ratio of Works Authorisations P 5.2 and Contractor Monitoring P 5.6. in any given calendar month. A copy of Contractor Monitoring P 5.6. is to be filed within the job file at Section 4 - Contractor Monitoring and within the site Contractor Monitoring P 5.6. register.. The records obtained during these meetings may be used at Supplier Evaluation P 1.0.

Control of Non-Conformances P 5.7.

Where there the FES FM manager decides that there has been a serious incident or shortcoming in the performance of a supplier, the manager is to issue a Control of Non-Conformances P 5.7. This document will contain details of the problem, requested remedial actions for rectification and the timescale for addressing the issue.

Control of Non-Conformances P 5.7. is then sent to the supplier for action.

The supplier is to complete section 2 and return to the originating Manager.

Copies of Control of Non-Conformances P 5.7. are to be filed within Section 1 - Correspondence of the job file and within the Control of Non-Conformances P 5.7. site register.

The records obtained during these meetings may be used at Supplier Evaluation P 1.0.

Concession Request P 5.8.

Where a potential or actual fact exists that would detrimentally affect the service to the client that cannot be addressed in the available timescale or financial commitment Concession Request P 5.8. is to be followed. The FES FM Manager is to detail the nature of the concession required and the implications on time, cost, environmental impact or quality of the services being provided.

The Concession Request P 5.8. is to be completed by the client once the concession is accepted.

Copies of Concession Requests P 5.8. are to be filed within Section 1 - Correspondence of the job file and within the Concession Requests P 5.8. site register.

Job Files P 5.9.

If the FES FM Manager in control of the works considers that the contract is of significant duration or complexity, a Job File P 5.9. is to be managed for the duration of the contract.

The job file will consist of a single (or multiple) A4 size binder holding the following sections:

- Spine Label.
- Record of Audit.
- Job File Index.
- 10 Section Dividers (Numbered 1 - 10)

- Section 1 Correspondence.
- Section 2 Finance.
- Section 3 Health & Safety.
- Section 4 Contractor Monitoring.
- Section 5 Engineer's reports.
- Section 6 Minutes of Meeting.
- Section 7 Specification.
- Section 8 Schedule "A".
- Section 9 Competence.
- Section 10 Calibration.

All entries to the job file will be numbered using pencil in the top right hand corner, registered within the file index and filed within the correct section of the Job File.

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Business Risk Assessment P 5.10.

If the FES FM Manager in control of the works considers that there is a significant risk to the continuing operation of the Client's core business, a Business Risk Assessment P 5.10 must be produced and signed off by the client's authorised person. The P 5.10 is to be filed within the Job File P 5.9.
Documentation to ensure that the client's representative has accepted the risk must be available before work starts.

Asset Management System P 5.11.

The asset management system is a tool that enables the maintenance, inspection, repair and costs associated with these activities to be tracked throughout the life cycle of the asset.
The definition of what an asset is will normally be agreed with the client but will generally be defined as a system or part thereof that may be considered as an entity for the purpose of tracking tasks performed on it.

It is good practice to keep a plant history for all assets, this history is useful for building up the costs associated with running the equipment and as a method of measuring the efficiency of the maintenance regime. The maintenance tasks should evolve as the plant history dictates.

In other cases such as pressure systems, lifting equipment, safety equipment, life safety equipment (Fire Alarms, Emergency Lighting, Portable Fire extinguishers etc) It is a legal requirement to record maintenance and inspection activities. These systems are dealt with separately within section 8 of QUEST.

The assets shall be scheduled on the proforma P 2.6 Schedule "A" each asset shall be fixed with an asset number to allow ease of tracking an instruction set or sets shall be used to adequately describe the specification of the maintenance task and a frequency for the activity shall be defined within the Schedule.

A programme of work will be formulated noting the date that the task is to be completed by.

The programme will be communicated to the operative or contractor carrying out the works.

Any defects reported and then subsequently repaired shall be tracked within the Asset management system and a full plant history obtained.

The cost of repairs shall be tracked through the asset management system.

SECTION 6 CONTINUING PROFESSIONAL DEVELOPMENT:

Training Record P 6.1

There will be a training record P 6.1 for every individual member of the FES FM team. The record will hold documentary evidence of the individual's training to date in the form of copy certificates. In addition the individual's past record of employment will be documented so that competence may be demonstrated.
The individual's Training Matrix P 6.2, CPD Record P 6.3 will be filed within this document.

Training Matrix P 6.2.

The training matrix allows for the necessary training goals to be established.

The individual's competency level will be evaluated against pre agreed criteria. From this procedure the individual and their line manager can agree which CPD objectives are to be set P 6.3.

The individual may wish to incorporate subjects of personal interest into the training matrix. This is to be encouraged.

CPD Record P 6.3.

Each individual within the organisation will be responsible to ensure that their CPD record is updated regularly and that their training goals are met. The CPD record P 6.3 is to be audited by the individual's line manager at 3 monthly intervals and their Training Matrix P 6.2 updated. Cognisance is to be taken of the operational needs of the organisation, new developments in technical and statutory standards, the findings of risk assessments and the requests of the individual on specialist subjects.

A minimum of 40 hours CPD is required for each member of the team per annum therefore the minimum CPD target will be 10 hours per CPD period.

A definition of CPD includes:

- Attendance at training courses either internal or external.
- Preparation and delivery of training courses.
- Hazard Awareness.
- Practical experience of a new (to the individual) system or product.
- "On the job" learning.

- Attendance or chairing a meeting where skills are updated.
- Reading from industry related literature.

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- Familiarisation of plant and equipment.
- Increasing awareness on industry related subjects in any manner.
- Preparation or update of procedures and policies.
- Etc.

The CPD Record P 6.3 is to be audited by the individual's line manager and signed off as required.
During the audit, targets for the next CPD period is to be set.

The individual's training record P 6.1 and Training Matrix P 6.2 will be updated during the CPD audit.

Training Attendance P 6.4.

Attendance at structured CPD training events must be recorded on the P 6.4 Training Attendance Register and filed within the P6 Register.
Structured training includes: Defined presentation and the inclusion of text handouts for personal reference

Training Evaluation Questionnaire P 6.5.

Training feed back is to be recorded by each individual having attended a structured CPD event.
The comments are to be acted upon by the trainer or manager as appropriate and the content etc of the course altered if required.
The completed forms are to be filed within the P6 register and attached to the relevant P 6.4 document.

Certificate of CPD P 6.6.

On the completion of structured training, the trainer or manager must issue certificates of CPD to the attendees copies of which are to be retained in the individual's Training Record P 6.1

Objectives P 6.7.

Each individual member of the team shall be set a series of objectives.
The individual is to be consulted and given full guidance on the objective, the processes required to enable the objective to be met and how the performance will be measured.
Objectives will be based upon the contractual deliverables and the individual's CPD requirements.
A training programme will be arranged for the individual by the manager and an appropriate mentor appointed to assist in the performance of the objective.
Any objective set must be within the current competency limits or the expected level of competency once the proposed training/ mentoring is complete.
Once an individual has demonstrated an enhanced level of competency, the objectives may be reviewed and the individual re tasked with new objectives.
Objectives are to be documented and copied to the QUEST site plan section P 6.7

Objective Performance Meetings P 6.8.

To assist in the monitoring of individual's performance of objectives, the manager will convene regular meetings at a frequency to be determined by his discretion.
The purpose of the meeting is to ascertain performance levels, review statistical information and measure performance against KPIs, gain innovation through regular review of all operational procedures and discuss any Health, Safety and Environmental issues that may arise.
The minutes are to be documented on the proforma minutes and documented within the site QUEST Plan section P 6.8.
All actions are to be delegated and closed out within given timescales.

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SECTION 7 MANAGEMENT OF EMPLOYEES ON SITE:

The management of employees on site arrangements mirror the procedures detailed within Section P 5 management of works on site with the following differences:

Employee's Code of Practice P 8.1.

All works on site must comply fully with the FES FM Code of Practice for Employees (CoP) P 8.1.
A copy of this document will be issued to the employee at induction.
Compliance with the CoP P 8.1 is mandatory at all times.
Audit of compliance will be undertaken using Contractor Monitoring procedure P 5.6.

Works Authorisation P 5.2.

The employee must inform the management team of their intentions for site access outwith normal working hours.
The manager of the work must ensure that a Works Authorisation P 5.2 has been submitted for the works and that a copy is registered within the Works Authorisation file.
Where it is necessary, a full set of applicable safety documentation (i.e. Risk, CQSHH assessments, method statements etc) must be provided by the manager and reviewed by an other member of the management team to ensure that it is suitable and sufficient. This information must be checked before commencement of works.

On arrival at site, the employee must check in at the Security post and complete the FES FM logbook. On departure the operative must sign out at the security post.

Site Induction P 5.3.

All personnel working on site must be inducted as per procedure P 5.3.
The objective of the procedure is to advise the individual on site hazards, Health & Safety requirements, actions to be taken in an emergency and site specific information including welfare facilities.
The induction must be retained and registered within the site induction register and a copy held in the individual's Training Record P 6.1.

Contractor Monitoring P 5.6.

Employees will be monitored throughout their works on site to ensure compliance with the FES CoP, their safety documentation, adherence to specification and contractual aspects of the works as per P 5.6 Contractor Monitoring.
If during this procedure non-conformances are found, remedial actions must be taken immediately.
If no resolution can be made or there are serious shortcomings highlighted, work is to be stopped.
A minimum of 15% of all works undertaken are to be subject to Contractor Monitoring P 5.6. This figure is represented by the ratio of Works Authorisations P 5.2 and Contractor Monitoring P 5.6 in any given calendar month.
A copy of Contractor Monitoring P 5.6 is to be filed within the site Contractor Monitoring P 5.6 register.

Concession Request P 5.8.

Where a potential or actual fact exists that would detrimentally affect the service to the client that cannot be addressed in the available timescale on financial commitment Concession Request P 5.8 is to be followed.
The FES FM Manager is to detail the nature of the concession required and the implications on time, cost, environmental impact or quality of the services being provided.
The Concession Request P 5.8 is to be completed by the client once the concession is accepted.
Copies of Concession Requests P 5.8 are to be filed within Section 1 – Correspondence of the job file and within the Concession Requests P 5.8 site register.

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Job Files P 5.9.

If the FES FM Manager in control of the works considers that the contract is of significant duration or complexity, a Job File P 5.9. is to be managed for the duration of the contract.
The job file will consist of a single (or multiple) A4 size binder holding the following sections:

- Spine Label.
- Record of Audit.
- Job File Index.
- 10 Section Dividers (Numbered 1 – 10)
- Section 1 Correspondence.
- Section 2 Finance.
- Section 3 Health & Safety.
- Section 4 Contractor Monitoring.
- Section 5 Engineer's reports.
- Section 6 Minutes of Meeting.
- Section 7 Specification.
- Section 8 Schedule "A".
- Section 9 Competence.
- Section 10 Calibration.

All entries to the job file will be numbered using pencil in the top right hand corner, registered within the file index and filed within the correct section of the Job File.

Control of Test Instruments P 7.1.

All test equipment for use on the contract shall be scheduled using proforma P 7.6, the details of the equipment and the manufacturer's frequency of calibration shall be entered into the asset management system P 5.11 where applicable.
Test equipment not requiring calibration (this will be decided by the contract manager) is to be marked "For indication only"

Any calibration, repair or defect with regards to the respective test instrument will be recorded within the plant history.
The calibration certificated will be filed within section P 7.1 of the site QUEST Plan.
The instrument will be affixed with a label describing the due date of the next calibration.

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SECTION 8 HEALTH, SAFETY & ENVIRONMENTAL:

Employee's Code of Practice P 8.1.

All works on site must comply fully with the FES FM Code of Practice for Employees (CoP) P 8.1.
A copy of this document will be issued to the employee at induction and documented within the QUEST site plan.
Compliance with the CoP P 8.1 is mandatory at all times.
Audit of compliance will be undertaken using Contractor Monitoring procedure P 5.6.

Health, Safety and Environmental Audits P 8.2.

The QUEST manager will conduct the Health, Safety and Environmental Audit P 8.2 on a 6 monthly basis.
All aspects of the local QUEST site plan will be audited.
The audit will consider all QUEST documentation, office space utilised by FES FM and any plant rooms etc under the control of FES FM LTD.

The audit will be programmed via the asset management.

The audit report is to be filed within the site QUEST register section P 8.2.
Any hazards new identified will be incorporated within the local site QUEST plan.

Following the audit, a QUEST Audit meeting will be convened to discuss actions arising from the audit, persons responsible for ensuring actions are completed and complete by dates.
The meeting is to be formally minuted on the approved proforma minutes and filed within the site QUEST Plan in section P 8.2.

Copies of the QUEST Audit proforma and the minutes of the QUEST meeting is to be sent to the Managing Director for his attention.

The minutes are to be reviewed at the next QUEST audit to ensure compliance has been addressed.

Safety Wardens P 8.3.

Where FES FM have been given permanent on site accommodation we will appoint a suitably trained safety warden to ensure that obligations with regard to fire safety and risks connected with bad house keeping are managed. Training records will be held within section P 6 of the site QUEST plan

Absences of the Safety Warden will be covered by a nominated Deputy.
The fire actions will be aligned with the client's policy and procedures and will be adopted.

The Safety Warden will carry out a daily check at the open of business of all office areas to ensure that no fire or other hazards exist and that all access/egress routes are clear.
Any infringement is to be addressed immediately. If resistance is encountered, the matter is to be reported to the Contract Manager.

In the event of fire or any other event where there is a risk of serious and immanent danger, the Safety Warden is to ensure that complete evacuation is achieved.

QUEST Manager P 8.4.

FES FM will appoint a QUEST Manager for each site.

The duties of the QUEST Manager is to ensure that competent advice can be given on the application of QUEST and to carry out audit and review to ensure compliance and update of the system.

The QUEST Manager will produce and amend the local site QUEST Plan as and when required.
Audit will be carried out to a predetermined checklist P 8.2 to cover all areas of QUEST by the QUEST Manager.

Accident or Incident Reporting P 8.5.

All Accidents or Incidents arising from the activities of FES FM or their Sub-contractors will be recorded or reported in compliance with RIDDOR.
Any "Minor" accident no matter how trivial is to be recorded in the site accident book and reported to the client's representative.

Any "Reportable" accident or incident is to be reported to the relevant enforcing authority by the quickest possible means and backed up by the submission of form 2508 or 2508A within 10 days.
Details of the relevant enforcing authority will form part of the local site QUEST plan.
Details of Reportable accidents or incidents are to be sent to the company safety manager at head office.
RIDDOR requirements are documented within procedure P 8.5.

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Accident or Incident Investigation P 8.6.

Where any accident or incident occurs, whether reportable or not, an investigation will be carried out by the company safety manager in conjunction with the QUEST Manager. Additional members of staff may be involved if it is considered necessary.

A confidential written report will be produced which will contain concise and factual information of the incident and corrective actions required to prevent future occurrences.

Following the investigation, the costs of the accident or incident will be evaluated.

First Aid P 8.7.

FES FM will ensure that adequate provision of first aiders and first aid equipment are available for the needs of team members.

This will be achieved at STONEHOUSE HOSPITAL by:

1. Local agreements with the client's organisation enabling FES FM to utilise their provisions. This arrangement is to be fully documented within the local QUEST site plan.

2. Provision of first-aid kits and suitably trained personnel by FES FM LTD

All first aiders will be suitably trained and will be in possession of current qualifications approved by the HSE.

The number of first aiders required will be determined by risk assessment. This risk assessment is to be documented, filed within the local QUEST site plan along with the names of the first aiders, location and contents of first aid kits under the control of FES FM LTD. This information will also be displayed on the QUEST notice board for the information of all staff. Lone working and peripatetic workers will be included within the risk assessment.

The risk assessment will be reviewed annually by the Appointed Person.

Each first aider will receive documented hazard awareness training where applicable.

On every site there will be an "Appointed Person", where a member of FES FM staff is a trained first aider, they will assume this role. The details of the "Appointed person" will be documented and filed within the local QUEST site plan.

Again this information will be displayed on the site QUEST notice board.

The Appointed Person will take charge when someone is injured and call an ambulance if required.

Audit and restock the first aid boxes on site. The details of which will be scheduled and filed within section P 8.7 of the site QUEST Plan and will be managed via the asset management system.

Any cases treated will be managed as per P 8.5/P 8.6 depending on the severity of the injury.

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First aid should be obtained by contacting security on (01786 404451) or Audrey Gray on (01786) 403495.

LOCATION OF FIRST AID BOXES

| Box No | Asset Number | Location of Box |
|--------|--------------|-----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

PROFESSIONAL ASSISTANCE

| | DETAILS | TELEPHONE No |
|------------------------|---------|--------------|
| NEAREST MEDICAL CENTRE | | |
| HOSPITAL | | |
| AMBULANCE/POLICE/FIRE | | |

- IN THE EVENT OF AN ACCIDENT THE APPOINTED PERSON SHALL:**
1. BE RESPONSIBLE FOR CALLING FOR PROFESSIONAL ASSISTANCE.
 2. TAKE CONTROL OF THE SITUATION.
 3. RENDER ONLY FIRST AID WHERE THEY ARE COMPETENT TO DO SO.
 4. REPORT THE REQUIREMENT FOR THE RENDERING OF FIRST AID TREATMENT TO THE RESPONSIBLE PERSONS DETAILED WITHIN QUEST PROCEDURE P 8.5 AS SOON AS POSSIBLE

Display Screens Equipment P 8.8.

There is an obligation to ensure that the requirements of the Display Screens Regulations are addressed. Display screen operators must be identified and registered and allowed input into task analysis and the lay out of workstations.

To ensure compliance with the DSE Regulations, the display screen operator is to be trained in ergonomics, the regulations and have completed the DSE self-assessment. Users are defined within the procedure.

It is the responsibility of the contract manager to ensure that any corrective actions highlighted are addressed. The actions taken and the date of the remedial action is to be noted within the correct section of the individual's DSE self-assessment. A copy of the DSE assessment is to be held within the local site QUEST file.

The assessment is to be repeated where there have been significant changes to the workstation layout or equipment used. Should a problem become evident to the user at any time, they should complete a self-assessment and submit to the contract manager for their action.

DSE users have the right to eye tests free of charge.

They should make arrangements to visit the practitioner of their choice and pay for the test in the first instance. The receipt should then be passed to the contract manager who will then authorise reimbursement via the company Health & Safety Manager.

Should the user require corrective lenses, the company will reimburse the basic cost of the glasses in the same manner described above.

Personal Protective Equipment P 8.9.

In accordance with the PPE regulations FES FM will ensure that suitable PPE is issued to staff where it is required. A risk assessment is to be documented where a requirement exists. Training in the use of PPE will be provided and documented.

The user must ensure that PPE is thoroughly checked before and after use.

Any faults with PPE must be reported by the User to the contract manager as soon as it is evident.

PPE is to be viewed as a last of defence and is no substitute for a safe system of work.

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Risk Assessment and Method Statement P 8.10.

The Management of Health and Safety at Work Regulations 1999 (MHSWR) further impose a specific duty upon employers to carry out a suitable and sufficient assessment of all risks to the health and safety of employees and others, arising at or from a work activity.

All staff will have received suitable training to allow them to perform simple risk assessments relating to their work activities.

Once prepared by the operative, a member of the management team must verify the document.

Due to the fact that the vast majority of work performed by the division is repetitive, generic risk assessments will be made available to operatives for their compliance.

Once prepared, a copy of the risk assessment must be filed in the site risk assessment file along with its review record.

Risk assessments require to be reviewed 6 monthly by the QUEST Manager or if significant changes are made to the work process or materials used.

Manual handling assessments must also be prepared and documented in the above manner.

Risk assessments and method statements will be documented and fully discussed prior to undertaking hazardous works.

Risk assessments will be used in the development of the site QUEST plan.

Waste P 8.11.

All waste, arising from works on site will be removed by the Employee as soon as possible. Waste classified as "Special Waste" shall be handled, transported and disposed of in accordance with the Special Waste Regulations (1996). A copy of all Waste Transfer or Consignment Notes and the carrier's Waste carriers license will be held within the site QUEST register for a period of at least 3 years.

Work Equipment P 8.12.

All Work equipment will be registered within the local QUEST site plan.

The equipment record of inspection and test will also be filed in this plan. The requirement for testing will be incorporated within the Asset Management System P 5.11 and a history documented.

The use of all work equipment including hand tools will be fully risk assessed and documented. The environment and any conditions that exist that may increase the risk of using the equipment will be considered within the risk assessment for the task, this includes lighting levels and other influences such as weather related, or the presence of chemicals and the substances being worked etc.

Where risk assessment identifies that maintenance and operation of work equipment carries a significant hazard, the operation and maintenance will be restricted to Designated persons.

Designated persons register is to be filed within section P 8.12 of the site QUEST Plan.

240V equipment will not be used on works as far as possible and will be protected by a suitably rated residual current device to suit the conditions at the point of use.

Any equipment requiring combined inspection and test will be inspected and tested in accordance with the current HSE guidance and QUEST procedure P 9.7 PAT Testing.

All plant for use on site shall be fully safeguarded, tested and operated, at the correct voltage, as per the Provision & Use of Work Equipment Regulations (1992) (Updated 1998). Employees will not use specialist items of work equipment unless they are competent to do so by virtue of training and experience.

Work Equipment including hand tools will be visually inspected before and after use by the operative.

Written instructions on the use of the work equipment will be made available to employees.

Work equipment will carry markings appropriate for reasons of Health & Safety.

Lifting Equipment & Hoists P 8.13

All lifting equipment or hoists will only be operated by persons certified as competent in the use of such equipment by virtue of training and experience.

Any such equipment supplied by the Company will be of good construction, sound material, of adequate strength and maintained as per the Lifting Operations and Lifting Equipment Regulations (1998). Where necessary a written plan relating to the lift will be prepared and documented.

Records of the periodic tests and inspections shall be made available on delivery of the equipment.

Risk Assessment will be applied to the use of any lifting equipment.

The equipment will be included within the competent person's written scheme of examination and be thoroughly examined before use where the installation is new or the equipment has been repositioned. This requirement and that of maintenance will be managed through the asset management system and history tracked.

The equipment will be indelibly marked with the Safe Working Load.

Where lifting equipment is used, there must be protection from slips, trips and falls and safe access and egress routes around the equipment.

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Lifting equipment must be stored correctly at all times.

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Working At Heights P 8.14.

The employee must ensure that any access equipment utilised is of sound construction, adequate strength, suitable for the use intended and is correctly footed.

In the case of roofwork, no employee shall work or pass within 2 Metres of an unprotected roof edge without the use of an approved fall arrest system and suitably rigged accompanying safety person in attendance.

All stepladders, fixed ladders and access platforms will be scheduled and inspected by a competent person at a predetermined frequency. The records of this examination will be held within the asset management system and be included within the site QUEST plan.

All step ladders will be checked for suitability and condition by the user before and after use.

Scaffolding (including tower scaffolding) will be constructed and inspected only by competent persons in possession of a valid training certificate.

Employee Consultation P 8.15.

There is a requirement for employee consultation on the following matters relating to Health & Safety:

- The introduction of any measure that will affect the health and safety of the employees represented by the safety representative
- The persons nominated to provide health and safety assistance, and assist in emergency procedures (as required by regulations 6 and 7 of the 1992 Management Regulations)
- Any health and safety training or information the employer is required to provide to the employees the safety representatives
- The health and safety consequences of the planning and introduction of new technologies into the workplace.

To this end FES FM will establish QUEST circles where items related to health, Safety, Environmental or training issues may be discussed.

FES FM will provide all relevant information and training as the employees will require in order for them to participate fully in the consultations. The same applies to employee representatives who must be given all necessary information to enable them to perform their functions and participate in consultations. In addition these employee representatives must also be provided with information associated with the records to be kept where the information relates to the workplace of the employees they represent.

Safety Inspections P 8.16.

Inspections will be carried out to a predetermined checklist to cover all plant areas on site.

The inspection will be programmed via the asset management system and remedial actions monitored through plant history and outstanding job reports.

Any hazards identified will be incorporated within the local site QUEST plan.

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Pressure Systems P 8.17.

The written scheme of examination and competent person's reports will be held on site. Details of the above and maintenance activities will be scheduled and managed via the asset management system. Reports and remedial works will be apparent within the plant history. The use of pressure systems and transportable gas containers will be fully risk assessed and documented within the site QUEST plan. FES FM staff will be trained in the use and hazards associated with the use, storage and operation of such systems.

COSHH Assessment P 8.18.

The COSHH regulations further impose a specific duty upon employers to carry out a suitable and sufficient assessment of all risks to the health and safety of employees and others, arising at or from a work activity using chemical agents. All staff will have received suitable training to allow them to perform simple COSHH assessments relating to their work activities.

Once prepared by the operative, a member of the management team must verify the document. Due to the fact that the vast majority of work performed by the division is repetitive, generic COSHH assessments will be made available to operatives for their compliance. Once prepared, a copy of the COSHH assessment must be filed in the site risk assessment file along with its review record. COSHH assessments require to be reviewed 6 monthly by the QUEST Manager or if significant changes are made to the work process or materials used. COSHH assessments will be documented and fully discussed prior to undertaking hazardous works. COSHH assessments will be used in the development of the site QUEST plan. COSHH details will be posted within plant rooms etc. where COSHH risks exist.

Non-Ionising Radiation P 8.19.

Where it is identified, hazards of this nature will be documented within the site QUEST plan. A full risk assessment will be prepared and documented within section P 8.19 of the site QUEST Plan. Areas adjacent to the device will be controlled where necessary. FES FM staff and contractors who have cause to enter the area will be furnished with the risk assessment and made fully aware of the existing hazards.

Manual Handling Assessment P 8.20.

Where it is possible manual handling operations should be eliminated or automated. In addition, the manual handling regulations further impose a specific duty upon employers to carry out a suitable and sufficient assessment of all risks to the health and safety of employees and others, arising at or from a work activity requiring manual handling. All staff will have received suitable training to allow them to perform simple manual handling assessments and operations relating to their work activities. This will include lifting techniques. Once prepared by the operative, a member of the management team must verify the document, a copy of the manual handling assessment must be filed in the site risk assessment file along with its review record. Manual handling assessments require to be reviewed 6 monthly by the QUEST Manager or if significant changes are made to the work process. Manual handling assessments will be documented and fully discussed prior to undertaking hazardous works.

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Asbestos P 8.21.

The client will be required to communicate the existence of asbestos and a copy of the risk assessment relating to the application to FES FM before works are commenced on site.

The information given must contain:

The location of the asbestos.

The form of the asbestos (i.e. Lagging, Ceiling tiles, Partition board etc).

The condition and type of the asbestos.

Provided the asbestos is in good condition, it may be left in place but must be managed in accordance with P 8.21.

The inspections of the materials will be managed via the asset management system.

The presence of asbestos will be registered in Schedule "A" format and on the P 8.21 Proforma.

All reports relating to the asbestos will be held within section P 8.21 of the QUEST plan and communicated to the client.

If an employee or contractor discovers a suspect material during the course of their work activities, all work which might disturb or damage the material MUST stop and the Company informed. Work will not recommence until permission is given by FES FM.

All operational staff who may have occasion to come in contact with asbestos must be made aware of the hazard by reading the relevant report or assessment. A record of this exchange of information must be documented on the P 8.21 Employees Information register and filed within section P 8.21 of the QUEST Plan.

Local Exhaust Ventilation (LEV) P 8.22.

Local exhaust ventilation controls have to be thoroughly examined and tested at least once in every 14 months (in certain specified cases the interval between consecutive examinations as a shorter period: Schedule 4 of the COSHH Regulations sets out what these shorter intervals are). Other engineering controls must be thoroughly examined and tested at suitable intervals.

Where respiratory protective equipment is provided, employers must ensure it is examined at suitable intervals and, where appropriate, tested.

Suitable records of examinations and tests, and of the repairs found to be necessary, and thereafter carried out, must be kept available for inspection for at least five years.

LEV will be scheduled within section P 8.22 of the site QUEST Plan and managed as per the asset management system

Health Surveillance P 8.23.

If, in the opinion of an Employment Medical Advisor (EMA), an employee's health has been, is being, or will be injured, because of the nature of the work, a written notice may be served on the company requiring them to permit a medical examination of that employee. The written notice will specify the time, date and place for the examination and, if the examination is to take place within the workplace, the company must make suitable accommodation available for the conduct of the examination. The examination must begin within seven days of the serving of the written notice.

If there is a requirement for medical or health surveillance identified within either a safety risk assessment P 8.10 or COSHH assessment P 8.20, then medical examinations will be carried out by the Employment Medical Advisor Service (EMAS).

The findings of these examinations will be confidential, however, if the EMAS is of the opinion that the employee's Health has been affected by the work then they may need to inform the Enforcing Authority and FES FM regarding the risks and explain the position to the employee.

The outcome of these medical examinations must be recorded in a Health Register in the form prescribed by the Regulations (where applicable). Should an Employment Medical Advisor certify that an employee is not fit to continue to be employed in a particular industry, activity or process, that employee must be removed from that employment (for whatever period is prescribed) and transferred to more amenable work, if such is available.

If further information is required, refer to P 8.23 Health Surveillance Guidance.

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Noise P 8.24:

Noise is to be treated as a Health & Safety Hazard and must be risk assessed using P 8.10. The risk assessment must be reviewed either 6 monthly or in light of changes to the work or environment.
PPE to defend against noise must be detailed within the risk assessment and issued as per P 8.9.
Guidance P 8.24 should be consulted for further details.

Fire P 8.25:

Fire instructions are posted within all areas of the premises. The Contractor must ensure that they are familiar with these instructions before commencing works.

On discovering a fire: Immediately operate the fire alarm call point.

On hearing the fire alarm: Leave the building via the prescribed route and go to the assembly point. Do not enter the building until told to do so by the fire service personnel.

These instructions will be reinforced during site induction.

**DO NOT USE THE LIFTS,
DO NOT STOP TO COLLECT BELONGINGS,
DO NOT USE THE TOILETS,
DO NOT RE-ENTER THE BUILDING.**

All means of fire escape **MUST** be kept free from obstruction.

Fire fighting equipment **MUST NOT** be used to obtain water for contract work.

Operatives **MUST** comply with Fire drills whilst on site.

Hot work permits **MUST** be used and complied with.

Contractors are responsible to ensure that they do not create a fire hazard during the course of their works.

Contractors **MUST** comply with the Fire Precautions act (1971) and Fire Precautions (Workplace) Regulations (1997).

For further guidance consult QUEST guidance P 8.25 Fire.

Young Persons P 8.26:

FES FM shall ensure that hazards and risks affecting young persons are fully addressed and risk assessed.

A copy of the risk assessment will be kept on file at the place of work and copied to; the young person, their supervisor and line manager.

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Low Voltage Permit Systems P 9.1.

The "Electricity at Work" Regulations (1989) are statutory requirements. These regulations place duties on employers to ensure that a safe system of work is employed with respect to working on electrical equipment. These Regulations are enabled by the Health & Safety at Work etc Act 1974.

All electrical works performed must comply fully with the current edition of the IEE Regulations.

General Health & Safety requirements:

All works must comply with all relevant Health & Safety Requirements and the requirements of local site rules as documented within the FES Code of Practice for Employees.

Roles and Responsibilities:

Co-ordinating Authorised Persons (CAP):

- a. Co-ordinating the actions of Authorised persons (LV).
- b. Focal point for AP's (LV) on Health & Safety matters.
- c. Informing client of any dangerous conditions with regards to the LV system.
- d. Examination of maintenance records to ensure compliance with maintenance specification.
- e. Audit Safe system of work to ensure compliance with safety rules (LV).

Authorised Person (AP).

- a. Responsible for Practical implementation of safety rules on the site for which appointed.
- b. On matters related to the safety rules, the AP's instructions are mandatory.
- c. More than one AP may be appointed on a system, but at any time only one AP may be on duty.
- d. Ensure compliance with Safety rules.
- e. Issue and cancel all permits as required.
- f. Withdraw permits if the Person in Charge fails to follow the safety rules.
- g. Liaise with client's representative with respect to arranging electrical isolation.
- h. Inform Co-ordinating AP of any dangerous conditions with regards to the LV system.
- i. Appoint Skilled persons.
- j. Provide adequate supervision of skilled persons engaged on electrical works.

Skilled Persons (SP):

- a. Skilled persons must work in accordance with the safety rules.
- b. Take all safety measures to prevent danger, damage or injury.
- c. Must be aware of limits of the work to be undertaken and any restraints on the sequence or method of working.
- d. Only to undertake work or testing on equipment which is within the scope of their certificate of appointment.

Person In Charge (P in C):

- a. A Person in Charge is a skilled person who has accepted a permit or other paperwork from an Authorised Person.
- b. A Pin C must follow the instructions of the Authorised Person and work in accordance with the Safety Rules.
- c. Unless unavoidable, the Person in Charge is not to leave the place of work until the work or test is completed. If the Person in Charge has to temporarily leave the place of work, the work or test is to be suspended and adequate safety precautions taken to prevent danger. The work or test can only be resumed once the Person in Charge has returned to the place of work.
- d. The Person in Charge is to undertake or supervise only the specified work or test.
- e. The Person in Charge is responsible for the safety of other skilled persons for the duration of the works.

Accompanying Safety Person (ASP):

- a. Accompanying Safety Person is a person not directly involved in the work or test but has the required knowledge, experience and ability to disconnect the equipment being worked on and with, recognise danger and summon help.
- b. An accompanying Safety Person is to be in attendance where an Authorised Person considers it is necessary.

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Hot Work Permit Systems P 9.2.

The Hot Work permit shall be issued where there is a significant risk of causing fire through the work activity or where a naked flame, heat or spark is produced i.e.

- Welding, Brazing or Soldering.
- Cutting or Burning.
- Grinding.
- Bitumen boilers.

The work itself will be fully risk assessed and a method statement prepared by the company carrying out the works. Where the documentation is prepared by a contractor FES FM shall ensure that it is suitable and sufficient before a permit is raised.

A permit may be raised only by persons competent to do so and have attended a fire awareness training course within the past 3 years.

A list of "Competent" persons shall be filed within section P 9.2 of the site QUEST Plan and posted on the QUEST Notice board.

The Competent person shall inspect the work area before issuing the permit and ensure that.

- There are no combustible or oxidising liquids, vapours or gases within 15 Meters of the point of work.
- All combustible or oxidising solid material within 6 Meters has been removed or suitably protected from heat or sparks.
- A fire extinguisher suitable for the application and in date for inspection will be available at the point of work.
- A person trained in the use of fire extinguishers shall stand by whilst the operation is in progress.
- The persons carrying out the work are aware of the fire procedures and are inducted in such.
- The persons carrying out the work are aware of the location of the nearest telephone and the emergency number to call.

The competent person shall arrange for the fire alarms to be isolated within the work area before works commence and will ensure that the fire alarm system is restored following completion of works.
The competent person shall ensure that a thorough check is made for smouldering fires 2 HOURS after the permit is signed off.

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Permit to Excavate P 9.3.

There is a significant danger when excavating from buried underground services.

Where there is to be any excavations on site or any ground penetrations of whatever type i.e. road pins, signage poles, a permit to excavate is required to be raised.

The permit can be prepared by any member of the management team provided they are in possession of all underground services drawings. All drawings are to be made available to the person in charge of the excavation. Where the drawings are unavailable, the client should be requested to provide the required information. If the client is unable to provide the drawings, contact Moleseye on:

Telephone 0131 539 7300.
Fax 0131 539 7310.
www www.moleseye.net
Address Washington Court
Washington Lane
Edinburgh
EH11 2HA

The permit will only identify the **KNOWN** services in the area. It is **IMPERATIVE** therefore that the company carrying out the excavation carry out a services avoidance procedure utilising calibrated cable and services detection equipment and trained competent operators.

The calibration certificate for the detection equipment must be obtained and attached to the permit.

The avoidance procedure must be fully risk assessed and the risk assessment checked by the originator of the permit to ensure that it is suitable and sufficient.

The risk assessment must be filed within section P 9.3 of the QUEST Plan adjacent to the permit to excavate.

Where the point of isolation for services are known they must be detailed on the permit so that, in an emergency, actions can be taken quickly.

Excavations as a confined space.

Where soil conditions are susceptible, i.e. high lime content, carbon dioxide gas can be given off on contact with water. In such areas, if the excavation is deep enough, oxygen concentrations may be depleted to a level where respiration is not possible.

Where excavations are in the vicinity of pipelines or sewers or in industrial or former industrial areas, toxic or explosive gases may seep into the excavation.

Excavations over 1.5M deep (including the height of the spoil heap) must be treated as confined spaces and a Confined Spaces Permit to work implemented for works within the excavation.

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Confined Spaces Permit System P 9.4.

Working in confined spaces can greatly increase the risks involved in carrying out the activity.

Generally, a confined space is defined as:

"Any space of an enclosed nature where there is a risk of death or serious injury from hazardous substances or dangerous conditions (e.g. lack of oxygen)".

Confined Spaces Register:

An up to date register of all confined spaces on site is to be filed within section P 9.4 of the QUEST Site Plan.

Definition of Confined Spaces:

It is not possible to catalogue an exhaustive list of confined spaces however, the following are indicative of confined spaces:

- Chambers.
- Tanks.
- Vats.
- Silos.
- Pits.
- Trenches.
- Pipes.
- Sewers.
- Flues.
- Wells.
- Other similar spaces.

Risk Assessment:

Permits to work must be issued to control work activities in confined spaces.

It is imperative that all work in confined spaces are fully risk assessed and a method statement constructed to document the safe system of work.

The risk assessment must take into consideration:

- The task.
- The working environment.
- Working Materials and tools.
- Suitability and competence of those carrying out the task.
- Arrangements for emergency rescue.

Entry Into Confined Spaces:

Entry into a confined space will only be allowed where it is unavoidable i.e. as far as reasonably practicable the work cannot be done from outwith the space i.e. inspection by CCTV rather than physical.

If it is unavoidable, then entry into the confined space will only be permitted where a permit is issued.

Competent Persons for Permit Issue:

A permit may be raised only by persons competent to do so and have attended a confined spaces training course within the past 3 years.

A list of "Competent" persons shall be filed within section P 9.4 of the site QUEST Plan and posted on the QUEST Notice board.

Suitability of Persons to Enter Confined Spaces:

Persons must be competent by means of instruction, training, knowledge & experience to both safely enter the confined space and to carry out the required task.

They must also be of a suitable physical build to allow safe access, task completion and egress with no risk of being trapped under reasonably foreseeable circumstances.

They must also not suffer from claustrophobia and be fit to enter the space.

Under certain circumstances, where risks are high, medical certification may be required.

Isolation:

Mechanical and electrical isolation of equipment within the space is essential if it is possible for the equipment to operate. If gas, fumes or vapour could enter the space during works, physical isolation of pipework etc must be made and a check made to ensure that isolation is effective.

Isolation includes caution signs and steps to ensure that reinstatement cannot occur inadvertently (i.e. lock off).

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Cleaning Before Entry:

This may be necessary to ensure that fumes do not develop from residues.

Size of Access/Egress Routes:

All access/egress ways must be of a suitable size to allow workers and their equipment safe passage and allow emergency rescue if required.

Provision of Ventilation:

Ventilation is to be increased as far as possible, open all access hatches etc. Mechanical ventilation should be considered to improve air supply.

Mechanical ventilation is essential where portable gas cylinders and diesel fuelled equipment are to be used inside the space.

Due to the levels of carbon monoxide in petrol fumes, this type of equipment **MUST NEVER** be used in confined spaces.

The introduction of oxygen into the space **MUST NEVER** be used to "Sweeten" the air supply as this greatly increases the fire/explosion risk.

Testing the Air:

If there is a risk of toxic or flammable fumes or vapours being present in the space, the air must be tested by a competent person using a calibrated gas detector.

Calibration certificates and evidence of the person's training record will be required for the P 9.4 file. This documentation must be attached to the relevant permit to work and filed within the permit register.

If there is a risk that conditions may change or as a further precaution, continuous monitoring of the atmosphere during works must be implemented.

Special Tools & Lighting:

Non sparking or intrinsically safe tools and lighting must be used where there is a risk of flammable or potentially explosive atmospheres.

In certain confined spaces such as metal tanks, SELV electrical equipment must only be used (Less than 25V) to prevent the risk of electric shock. Where considered necessary by the competent person, RCDs must also be used.

Breathing Apparatus:

Is essential where the air in the space cannot be made fit to breathe.

Only competent persons with documented evidence of training and possession of the appropriate medical certification may use breathing apparatus.

This documentation is to be attached to the permit to work and filed within the P 9.4 register. No one may enter or remain in a confined space unless:

- He is wearing breathing apparatus if dangerous fumes are present or in an oxygen depleted atmosphere.
- He has been authorised to enter by a responsible person.
- Where practicable is wearing a belt or harness with a rope securely attached.
- There are people keeping watch outside who are capable of effecting a rescue from outside the space and applying resuscitation.

A person may enter or work in a confined space without breathing apparatus if:

- Effective steps have been taken to avoid ingress of dangerous fumes.
- Sludge or other deposits liable to give off dangerous fumes have been removed.
- The space contains no other materials liable to give off such fumes.
- The space has been adequately ventilated and tested for fumes.
- There is a supply of air adequate for respiration.
- The space has been certified by a responsible person as being safe for entry for a specified period without breathing apparatus.
- Rescue and resuscitation measures are in place.

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Emergency Arrangements:

Means of rescue and provision of safety harnesses and lines are to be considered before entry can be allowed. This arrangement is to be detailed within the method statement for the works and checked by the competent person to ensure that it is suitable & sufficient.

Adequate safe means of communication is to be documented to allow 2 way communication between persons internal to the space with external and so allow help to be summoned in an emergency.

The rescuers must be available in sufficient numbers, have access to safety equipment and be capable and competent to carry out the required task.

Rescuers must be protected against the cause of the emergency.

Emergency arrangements will be based upon the specific risk assessment for the works.

Trained first aiders and first aid equipment must be available if required.

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QUEST Site Plans P 9.5.

The site QUEST Plan will set out the QUEST procedures to be applied on a particular site and will contain all the relevant details with regards to:

- Contract Requirements.
- Client Organisation.
- FES FM Site Organisation.
- FES FM Delegated Authorities.
- Contract Submissions i.e. reporting, monthly meetings etc.
- QUEST Procedures to be applied on site.
- Client's procedures to be applied by FES FM.

A QUEST Plan will be produced by the QUEST Manager for each client.
This document will be approved by the client and controlled by FES FM.
A proforma QUEST Plan is reproduced within section P 9.5 of QUEST.

Before works commence on site, FES FM must gather the necessary information to allow safety to be fully considered.
The contract manager must convene a meeting with the client so that the required details can be obtained. Proforma minutes for this meeting are reproduced within QUEST Section P 9.5.
The minutes of the meeting can then be used in production of the QUEST site plan.

The information gathered through the application of QUEST Procedures will be filed within QUEST Plan files on site.

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Management of Water Systems P 9.6.

Water systems have the potential to cause risk to building occupants and users of equipment that utilises water in its operation.

The risk arises from the potential colonisation of water by micro organisms such as bacteria or viruses.

Persons may then come into contact with the organisms through using the contaminated water.

Contact may arise through breathing in aerosols (water droplets) containing bacterium or through cuts, abrasions or ingestion of contaminated water.

There is a duty of care under the HASAWA and regulations made thereunder such as Control of Substances hazardous to Health (COSHH) to control such risks.

The primary cause for concern in water systems arises from the Legionellosis pneumophila bacterium in its various forms. If it enters a person's lungs by breathing in aerosols, the bacteria can cause a number of diseases such as:

- Legionnaires disease,
- Pontiac fever,
- Lochgoilhead fever.

This source of infection is dealt with in detail within the HSC publication L8 "The control of legionella bacteria in water systems" Approved Code of practice.

Other causes for concern are bacteria such as e-coli which, if ingested can cause food poisoning.

At Risk Systems

A reasonably foreseeable risk exists in the following systems that will have to be included within the application of this procedure;

- Water systems incorporating a cooling tower.
- Water systems incorporating an evaporative condenser.
- Hot and cold water systems.
- Other plant and equipment containing water at a temperature which is likely to exceed 20°C and which may release a cloud of droplets or aerosol during normal operation or maintenance.

New or Altered Systems

Any system that is newly installed or has undergone "Significant" alteration or repair must be designed and be able to be maintained, cleaned and operated without risk to health & safety as far as reasonably practicable and in accordance with all relevant standards and regulations.

Only approved materials which are easily disinfected and that do not support microbiological growth may be used.

In addition the system must be disinfected by approved means i.e. chemically (chlorinated) or by use of temperature (Pasteurised)

A bacteriological test must be documented and levels for TVCs must be recorded at a level below that defined on the relevant flow chart within this procedure before the system is put into service.

A risk assessment must then be prepared for new systems or reviewed if the system was previously assessed.

The performance of new or significantly altered systems must be closely monitored to ensure that the correct temperatures are achieved at all times and in all parts of the system.

Risk Assessment

Before any control measures can be implemented a suitable and sufficient risk assessment is to be undertaken and documented to include all parts of the water systems on site and checks made to ensure that conditions that will encourage micro organism growth are avoided or managed correctly:

- Water temperatures between 20 - 45°C.
- Means of disseminating aerosols or droplets.
- People susceptible to contaminated aerosols such as young or old people, patients with suppressed immune systems.
- Presence of legionella bacteria.
- Sources of nutrients such as scale, sludge, rust, algae or other organic matter.
- Maintenance personnel who may encounter the water in the system under "abnormal" conditions.

The purpose of the risk assessment is to decide:

- The risks to health unless precautions are taken
- The measures necessary to prevent or adequately control the risk from exposure to micro-organisms such as legionellosis.

The risk assessment must show that all factors and control measures which may constitute or control a risk have been considered.

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QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

The risk assessment will include an up to date as fitted drawing of the water systems. This drawing is to be used to allow the scheduling of all plant such as:

- Tanks,
- Heaters or calorifiers,
- Pipework,
- Strainers,
- Pumps,
- Vessels,
- Other relevant items of equipment.

All plant is to be scheduled and included within the asset management system and records kept of all maintenance, breakdown and remedial works including sampling and disinfection & cleaning tasks. The asset management system is described within procedure P 5.11 and is to be followed fully.

Instruction sets are available within Section P 2.7 of the QUEST Plan in compliance with HVCA specification and L8.

The risk assessment is to be brought to the attention of employees and its location posted on the site QUEST notice board.

Who Carries Out The Risk Assessment?

In the case of simple hot and cold water systems a "Competent" member of FES FM (See definition of competence within this procedure) staff may risk assess the system using the proforma risk assessment.

If the system is complex or contains high risk water systems such as Spas or cooling towers or particularly susceptible populations within the building or immediate surrounding area or

The contract manager feels that it is inappropriate for a member of FES FM staff to carry out the risk assessment then a suitable third party may be appointed.

The third party supplier or sub-contractor must have their competence assessed by application of QUEST P1 supplier evaluation

The client may have carried out the risk assessment themselves, in which case a copy will be required for FES FM to implement the written scheme and allow safe systems of work to be employed by our operatives.

In the case where a third party of the client has carried out the risk assessment, the proforma risk assessment within this procedure should be used as a "Due diligence" test to ensure that all aspects of the system have been considered.

Hierarchy of Control

As with any risk assessment a hierarchy of control is to be applied in the following order:

1. Remove the potential source of infection.
2. Substitute the source with one less hazardous.
3. Control or manage the risk.
4. Maintain and examine the equipment and test control measures
5. Provision of information, instruction & training.

Risk Assessment Review

The risk assessment is to be reviewed regularly and the review scheduled as a control measure and managed & recorded via the asset management system either:

- 48 monthly
- If the water system or its use changes
- If the building changes
- New information on control measures become available
- If any results taken would indicate that the risk assessment or control measures are insufficient
- A case of legionnaires disease is associated with the system.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

Written Scheme

The written scheme must specify the control measures and must include:

1. Risk assessment for the system including up to date plan of the system or schematic drawing.
2. Description of correct and safe operation of the system, this information will normally be found in O&M Manuals. Including:
 - Temperature control
 - Commissioning & re-commissioning procedures
 - Shutdown procedures
 - Checks of warning devices such as alarms
3. The Schedule "A" for the system and components since this will detail:
 - Precautions to be taken in the form of specification relating to instruction sets.
 - Frequency of the precautions
 - Asset numbers for audit trail.
 - Asset Details for ease of identification.
 - Information to base maintenance contracts on and avoid dubiety on details.
4. Actions to be taken if control limits are exceeded or an outbreak of disease attributable to the water system (See process control flow chart within this procedure).

Record Keeping

Records are to be kept of all tasks related to the control of water systems within the plant history section of the Asset management system.

All efforts are to be exerted when first taking on the maintenance of a new site to ensure that all records are complete and available to FES FM Ltd.

If any doubts are in existence over the condition of the system or the adequacy of risk assessment, written scheme or control measures, the client must be informed so that remedial actions may be addressed as soon as possible.

Appointments and Competency

The following appointments are to be made in writing and documented within the QUEST Plan on the relevant proforma included within this procedure. All persons nominated must sign the proforma to indicate their acceptance of the role:

The Duty Holder.

This is the person who is:

- The employer where the risk is from their undertaking to their employees or others
- or
- In control of the premises or systems in connection with work where the risk is present from the systems in the building

Normally this will be the Clients Managing Director or someone with similar authority and with whom the "Duty of Care" under the Health & Safety at Work Act (1974) lies.

The Duty Holder should appoint a person for the day to day responsibility for controlling any risk from water systems this is the "Responsible Person"

The Responsible Person

This person must be:

- A manager, Director or similar status and have sufficient authority.
- Competent by means of Information, Instruction and Training.
- In possession of sufficient knowledge of the system
- Able to ensure that all control measures are carried out effectively.
- In possession of knowledge regarding the overall safety management, policy and structure of the organisation.

This will normally be the client's Facilities Manager

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

Persons that will Carry out the Control Measures

The risk assessment and setting out of control measures must be carried out by a "Competent person" i.e. one who has a clear understanding of:

- Their duties
- Information, instruction & training
- Experience of managing water systems
- Potential sources of risk
- Control measures
- Hierarchy of control
- Limits of their competence and the escalation procedure*.

FES FM Personnel

The competency of all persons who are involved in the management of water systems is critical and evidence of competency must be documented within Section P 6 Continuing professional Development within the QUEST Plan. Competency is based on information, instruction and training and includes familiarisation with the installed system and the ability to recognise the limits of ones own competency.

*Escalation Procedure

If any employee of FES FM is unsure of any aspect relating to competency to carry out their duty or any problem or issue encountered, they are to inform their line manager and discuss their concerns. If following this discussion, the issue is not resolved to the satisfaction of the individual, then the next in command within the site structure is to be approached and so on until the problem is resolved.

Sub-Contractors & Suppliers

All sub contractors or suppliers utilised on water management tasks are to be evaluated on their Environmental and Health & Safety performance by applying QUEST procedure P1 supplier evaluation. All competency information gathered from both the subcontractor and the individual members of their staff are to be filed within section 9 of the job file for the work. Although not statutory, sub-contractors should conform to the code of conduct developed between the Water Management Society and the British Association for Chemical Specialities (WMS/BACS).

Works On Site

Works associated with management of water Systems that are carried out on site tend to have chemicals involved and may involve entry into confined spaces. It is imperative therefore that the Management of Works and the relevant sections of the site QUEST Plan is followed fully at all times.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

P 9.7 Portable appliance testing.

There are many types of electrical equipment of various categories used within the business. Employers and employees have legal duties to ensure that the safety of such equipment is properly managed. This policy applies to the electrical testing of work equipment of the classes described below and should be read in conjunction with Procedure P 8.12 Work Equipment.

P 8.12 describes the safe system of work for the use of work equipment of all categories and includes the requirement for maintenance.

TYPES OF EQUIPMENT

Portable Appliances: An appliance that is intended to be moved while in operation or an appliance which can easily be moved from one place to another while connected to the supply e.g. toaster, fan, vacuum cleaner.

Moveable Equipment: Either 18 kg or less in mass and not fixed i.e. electric fire or equipment with wheels, castors or other means to facilitate movement by the operator to perform its intended use.

Hand Held Appliances: Portable equipment intended to be held in the hand during normal use e.g. hair dryer, drill.

Stationary Equipment or Appliances: Mass exceeding 18 kg and is not provided with a carrying handle e.g. refrigerator.

Fixed Equipment or Appliances: Equipment which is fastened to a support or otherwise secured in a specific location e.g. electric heater.

Appliances or equipment for building in: Equipment which is installed in a recess or similar where the surrounding structure adds to the protection against electric shocks. E.g. built in cookers.

Information Technology or Business Equipment: This includes computers, mains powered telecommunication equipment and other business equipment e.g. Printers, VDUs.

CATEGORIES OF EQUIPMENT:

Class 1: Equipment where protection against electric shock does not rely on insulation alone but includes means for the connection of a protective conductor or earth that connects the appliance to the fixed electrical wiring system.

Class 2: Equipment where protection against electric shock relies on basic and supplementary insulation. There is no earth connection and the safety of the equipment does not rely on the earthing of the fixed electrical wiring system. Class 2 equipment is fixed with the Symbol of identification.

Class 3: Equipment where protection against electrical shock relies on the supply from a separate extra low voltage source such as an isolating transformer.

CONSIDERATIONS

Environment: Equipment used in office accommodation and which is normally left undisturbed will suffer less damage than equipment exposed to more arduous environments such as a building site. Electrical equipment must be correctly selected for the environment in which it shall be used so as to prevent danger.

Users: If users of equipment report damage as soon as it is noticed, hazards will be avoided. If equipment damage is likely not to be reported then the frequency of testing is to be increased. If there are any specific hazards associated with the operation of electrical equipment, they must be subject to risk assessment and operators competent to safely use the equipment in question.

Construction: Class 1 equipment relies on earthing for electrical safety. Damaged cords/flexes or faults in the fixed wiring system can render the equipment hazardous. FES FM have a regime in place that ensures the integrity of fixed wiring systems so as to prevent danger.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

LEGAL DUTIES

Employers

Under section 2 of the Health & Safety at Work Act (1974) there is a duty placed on employers to "ensure as far as is reasonably practicable, the health, safety and welfare at work for all his employees".

There are also legal duties for employers to:

- Provide and maintain safe plant and equipment and a safe system of work.
- Provide adequate instruction, training, supervision and information.

Employees

Under section 7 of the Health & Safety at Work Act (1974) there are duties placed upon employees to:

- Take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work.
- To co-operate with the employer as far as necessary to enable that duty or requirement to be performed or complied with.

It is a criminal offence not to comply with the Health & Safety at Work Act (1974).

REGULATIONS

The Health & Safety at Work Act (1974) is an act of parliament and is concerned with setting out general duties. Specific duties are further imposed under various regulations made under the act of parliament.

The Electricity at Work Regulations (1989) contains specific guidance on the design, manufacture, installation, use and maintenance of electrical equipment which extends to electrical appliances and equipment abuse in the workplace. These regulations impose mandatory duties on the employer, employees and self-employed persons, who operate on or near electrical equipment to ensure that:

- All systems are constructed and maintained so as to prevent danger.

The Management of Health & Safety at Work Regulations (1999) require that employers make a suitable and sufficient assessment of:

- The risks to health and safety of his employees to which they are exposed whilst they are at work.
- The risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.

The Provision and Use of Work Equipment Regulations (1998) require that employers:

- Ensure work equipment is constructed or adapted as to be suitable for the purpose it is used or provided.
- Ensure that the work equipment is maintained in an efficient state, in efficient order and in good repair.
- Ensure that work equipment is inspected including:
 - Initial inspections to avoid incorrect installation giving rise to risk.
 - Routine inspections where deterioration or exceptional circumstances may give rise to risk.
 - Keeping inspection records.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

COMPETENCY

User Checks: All users of electrical equipment must be trained so as to allow them to recognise danger and what steps to take should such a situation occur.

The "user" carrying out the check must have the correct level of knowledge and training to be able to recognise and report faults and to prevent danger by removing the equipment from service and contacting the relevant department who can advise on further requirements.

In office environments, user checks are limited to Moveable, Portable and Hand Held equipment only, in this type of environment there is no need to perform user check on IT or stationary equipment.

User checks are to be carried out in compliance with the Checklist described within this policy.

User checks do not have to be recorded unless a fault is found.

Formal Visual Inspection: The inspector must be able to understand the operation of the equipment and the potential hazards associated with it.

They should also have a good understanding of electrical knowledge and be able to recognise the effects of electrical, mechanical and thermal damage of equipment.

Formal visual inspections must be recorded and the records kept within the asset management system.

Combined Inspection & Testing: The inspector must be able to understand the operation of the equipment and the potential hazards associated with it.

They should also have a good understanding of electrical knowledge and be able to recognise the effects of electrical, mechanical and thermal damage of equipment.

The correct use of test equipment and how to interpret results is an absolute requirement.

Combined inspection and tests must be recorded and the records kept within the asset management system.

TEST EQUIPMENT

The portable appliance test instrument shall be calibrated, checked and certified by the manufacturers or approved agent on an annual basis for operation and accuracy.

The test equipment must be suitable to carry out the full range of tests specified by a competent person within the relevant department safely.

Test instruments will be managed as per procedure P 7.1 Management of Test Instruments.

RECORDS

All work equipment will be scheduled on form Schedule A and records kept within section P 8.12 Work equipment of the site QUEST Plan.

Work will be programmed and recorded within the asset management system. All maintenance, repairs, remedial works, formal visual inspections and combined inspection and test will be recorded and an asset trail formed.

NOTIFICATION OF PROCUREMENT OR DISPOSAL

Holders of portable appliances that are marked with a PAT test label should inform the QUEST administrator on the procurement or disposal of such equipment. This information should be recorded to prevent further efforts to effect tests on the asset.

STAFF PERSONAL EQUIPMENT

All portable appliances which are owned by FES FM are subject to this policy. Personal appliances should not be permitted on-site unless authorised by Senior Management, in such instances written approval must be obtained and the item tested. It is the responsibility of the individual to notify FES FM as to the existence and location of any such appliances. Any appliances found not conforming to these procedures shall be removed for safety.

CONTRACTORS

External contractors are responsible for the testing of their own equipment.

Records must be kept for all tests undertaken and be made available to FES FM for audit and inclusion within the respective job file.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

NEW EQUIPMENT

New equipment which is subject to manufacturer documented testing and complies with British Standard/ Cenelec /CE standards and is equipped with moulded on type power leads/plugs need not have a combined inspection and test prior to use. The equipment must be subject to a visual inspection prior to first use as per this policy.

The requirement to identify, schedule, label and record the inspection is as for all equipment and the date of next test due must be clearly marked.

This process does not apply to:

- Equipment which is not new.
- Equipment where modifications have been made to power leads etc.
- Any equipment not fully complying with the CE marking system.
- Equipment being used for a purpose other than it was designed and certified.

The tests after the initial visual inspection will comply fully with the appropriate test regime for all equipment.

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QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

Initial frequency for inspection and testing of electrical equipment.

| Type of Premises And Environment | Type of Equipment Note 1 | User Checks Note 2 | Class 1 | | Class 2 | |
|--|--------------------------|--------------------|---------------------------------|--|---------------------------------|--|
| | | | Formal Visual Inspection Note 3 | Combined Inspection and Testing Note 5 | Formal Visual Inspection Note 3 | Combined Inspection and Testing Note 5 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Construction type equipment High risk environment | S | None | 1 Month | 3 Month | 1 Month | 3 Month |
| | IT | None | 1 Month | 3 Month | 1 Month | 3 Month |
| | M# | Weekly | 1 Month | 3 Month | 1 Month | 3 Month |
| | P# | Before use | 1 Month | 3 Month | 1 Month | 3 Month |
| Industrial equipment Medium risk environments including commercial kitchens and cleaning | H# | Before use | 1 Month | 3 Month | 1 Month | 3 Month |
| | S | Weekly | None | 12 Month | None | 12 Month |
| | IT | Weekly | None | 12 Month | None | 12 Month |
| | M | Before use | 1 Month | 6 Month | 3 Month | 6 Month |
| Office Low risk environments | P | Before use | 1 Month | 3 Month | 3 Month | 6 Month |
| | H | Before use | 1 Month | 3 Month | 3 Month | 6 Month |
| | S* | None | 48 Month | 48 Month | 24 Month | None |
| | IT* | None | 48 Month | 48 Month | 48 Month | None |
| | M* | Weekly | 24 Month | 24 Month | 24 Month | None |
| | P* | Weekly | 12 Month | 24 Month | 24 Month | None |
| | H* | Before use | 6 Month | 12 Month | 6 Month | None |

- 1.
- 2.
- 3.
- 4.
- 5.
- #
- *

S
IT
M
P
H

Stationary Equipment
Information Technology/Business Equipment
Moveable Equipment
Portable Equipment
Hand held Equipment

User checks are not recorded unless a fault is found.

Formal visual inspection may form part of the combined inspection and test where they coincide

If class of equipment is not known then test as per Class 1.

Record the results of combined inspection and test.

110V earthed centre tapped supply only for hand held equipment. 240V portable equipment must be supplied via a 30mA RCD and the intervals between tests reduced.

Extra low voltage (less than 50V) need not be tested or inspected at all.

QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 7 PROCEDURES

USER CHECKLIST

Is the equipment free from damage or faults as far as the operator is aware?
Does the equipment work properly?

Switch off the equipment and disconnect from the supply.

Is the flex:

In good condition?

Is the flex free from cuts fraying or abrasion apart from light scuffing?

Is the flex of the correct length?

Free from any unsatisfactory joints such as taped joints?

Outer sheath correctly gripped at the plug and the appliance ends?

Is the plug:

Free from any signs of discolouring or overheating?

Free from cracks or damage?

Pins straight and undamaged?

Is the equipment:

Suitable for the environment in which it is used?

Suitable for the purpose for which it is used?

Being used properly?

Cases and covers intact without signs of damage?

Free from signs of overheating or discoloration?

Test label within next test date.

If the answer to any of the above questions is **no** then remove the equipment from service and inform your manager.

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INSTRUCTION SET HARD COPY

NAME: PAT COMBINED INSPECTION & TEST

DISCIPLINE: LV ELECTRICAL

CATEGORY: PAT

EST TIME:

EST LABOUR (£):

EST STOCK:

It is a requirement of the Electricity at Work Act 1989 (Regulation 4(2)) that portable electrical equipment should be tested regularly (P.A.T. testing) and records kept and equipment identified and marked accordingly. See also ECA document, ref P119204.

5.047.1. Equipment

Examine for:

- a) cracks,
- b) loose terminals,
- c) reverse polarity,
- d) tightness of cord grip,
- e) correct fuse,
- f) earthing and bonding,
- g) loose tops,
- h) any other defect.

Note: Details should be entered on the portable appliance test register.
Where plug tops are accessible by children, the use of shrouds on the plug top pins is mandatory.
Note and report the use of any extension leads or multi-way adaptors. Client should be encouraged to make monthly checks.

5.047.2. Cables.

Examine flexible cables for wear, fraying braid and brittle insulation. Check colour coding.

5.047.3. Detachable mains lead.

Check electrical condition and security of attachment.

5.047.4. On-off switch

Inspect and check action.

5.047.5. Insulating case

Inspect and check for damage
If double insulated, makers mark should be visible
Is the equipment
Suitable for the environment in which it is used
Suitable for the purpose for which it is used
Being used properly
Cases and covers intact without signs of damage
Free from signs of overheating or discoloration
Test label within next test date.

5.047.6. Accessible fuse holders.

Inspect and check rating of fuse

5.047.7. Exposed output connections.

Check condition, for outputs greater than 50V test short circuit current. Short circuit currents should be less than 5mA, if greater than 5mA, equipment should be labelled 'Unsuitable for use by children' where GS23 of the Electricity at Work Regulations 1989 applies.

5.047.8. Combined inspection and test.

Carry out using PAT tester. Follow manufacturers guidance and perform only the tests applicable to the equipment in question.

Tester must be within calibration dates and the operator must be competent to undertake the test.

RECORD THE RESULTS OF THIS TEST IN THE ASSET MANAGEMENT SYSTEM

DRAFT

INSTRUCTION SET HARD COPY

NAME: PAT FORMAL VISUAL INSPECTION

DISCIPLINE: LV ELECTRICAL

CATEGORY: PAT

EST TIME:

EST LABOUR (£):

EST STOCK:

5.047.1. Plug tops.

Examine for:

- a) cracks,
- b) loose terminals,
- c) reverse polarity,
- d) tightness of cord grip,
- e) correct fuse,
- f) earthing and bonding,
- g) loose tops,
- h) any other defect.

Note: Details should be entered on the portable appliance test register.
Where plug tops are accessible by children, the use of shrouds on the plug top pins is mandatory.
Note and report the use of any extension leads or multi-way adaptors. Client should be encouraged to make monthly checks.

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Examine flexible cables for wear, fraying braid and brittle insulation. Check colour coding.

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Check electrical condition and security of attachment

5.047.4. On-off switch.

Inspect and check action.

5.047.5. Insulating case.

Inspect and check for damage

If double insulated, makers mark should be visible
Is the equipment:

Suitable for the environment in which it is used

Suitable for the purpose for which it is used

Being used properly

Cases and covers intact without signs of damage

Free from signs of overheating or discoloration

Test label within next test date.

5.047.6. Accessible fuse holders.

Inspect and check rating of fuse

Is the equipment free from damage or faults as far as the operator is aware?

Does the equipment work properly?

RECORD THE RESULTS OF THIS TEST IN THE ASSET MANAGEMENT SYSTEM

QUEST STONEHOUSE HOSPITAL SITE PLAN

ANNEXE 1 PROCESS CONTROL

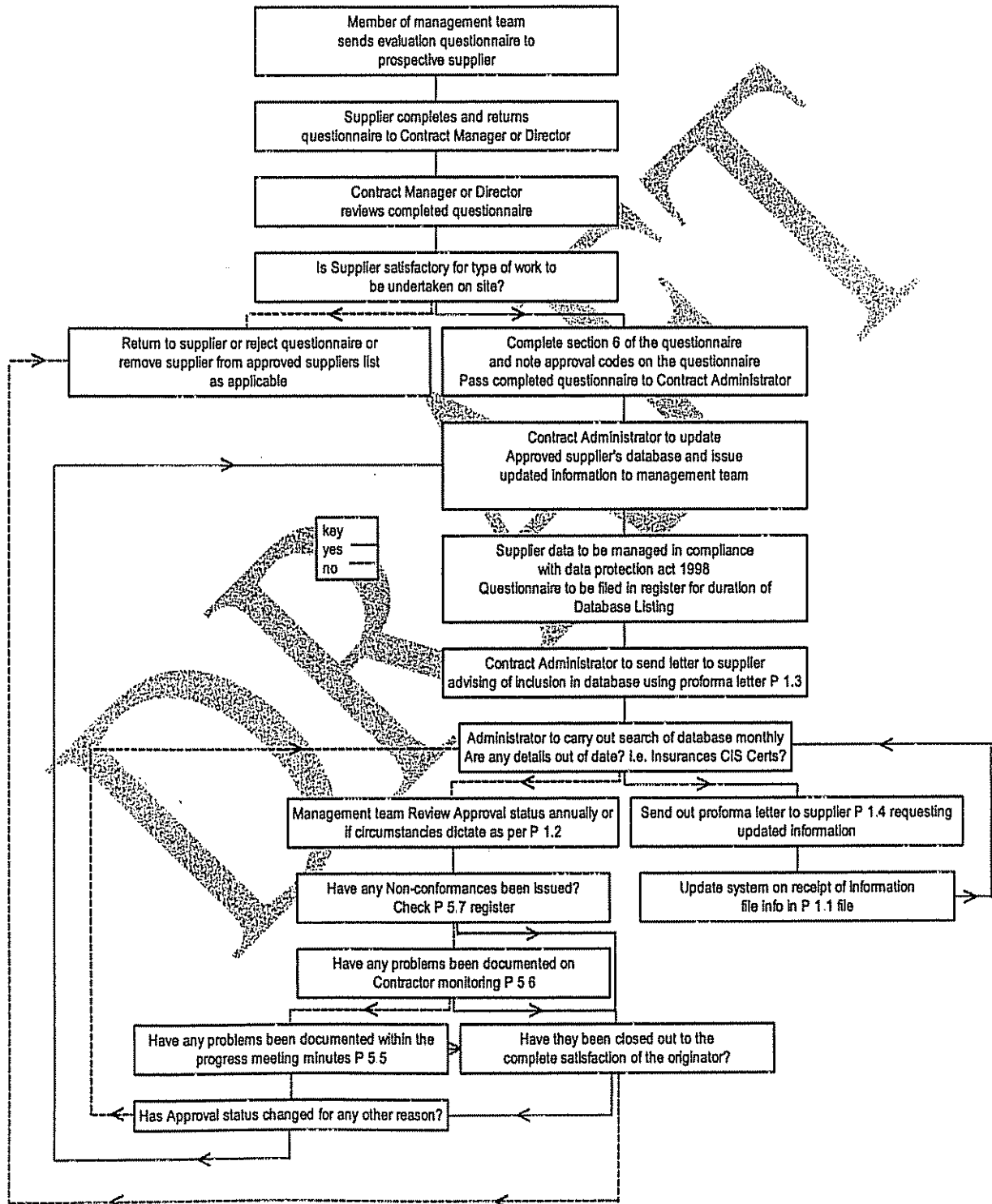
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QUEST SUPPLIER EVALUATION REPORT

P 1

6. PROCESS CONTROL.

The following flowchart describes the process control for supplier evaluation:

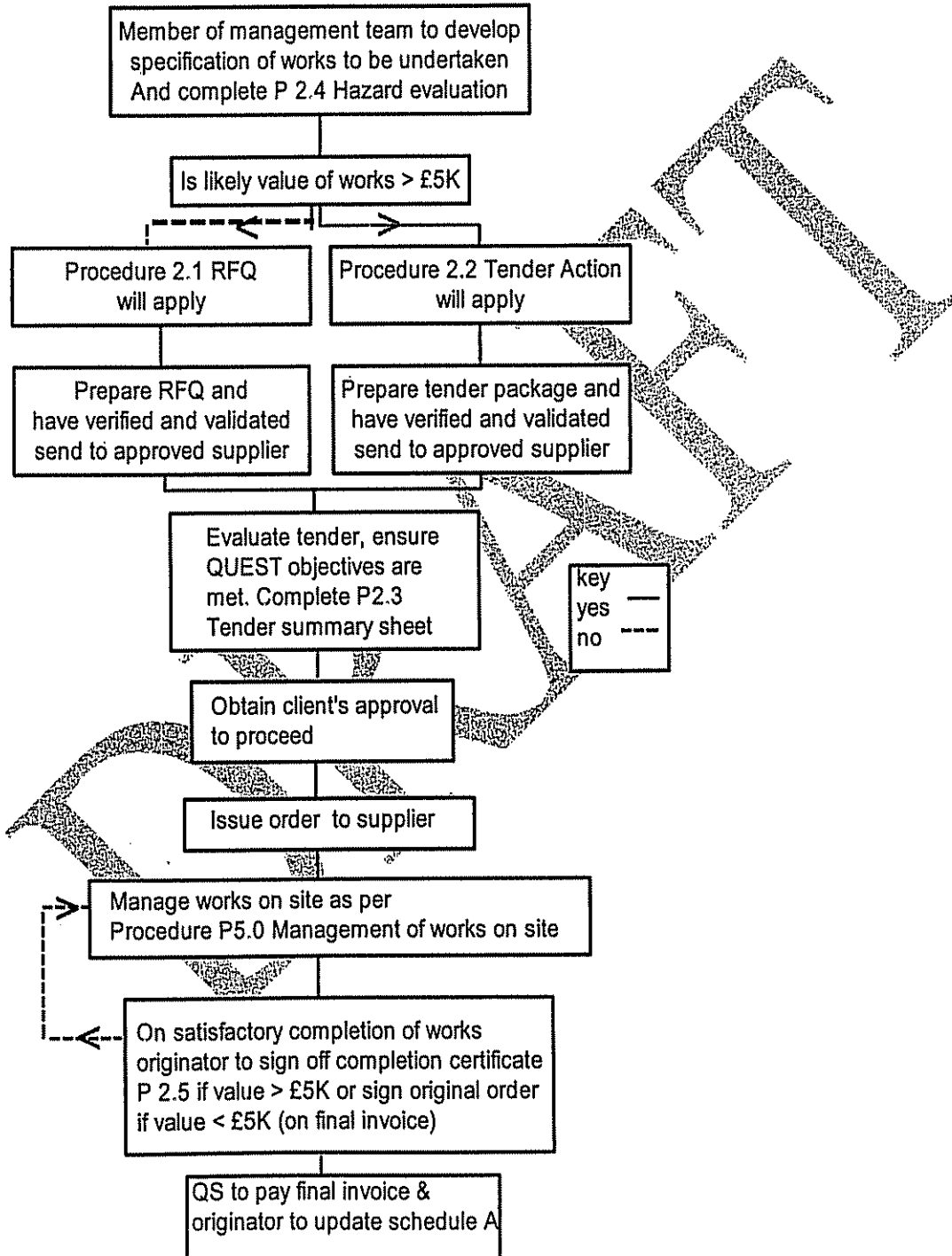


QUEST TENDER ACTION

P 2

6. PROCESS CONTROL.

The following flowchart describes the process control for tender action:

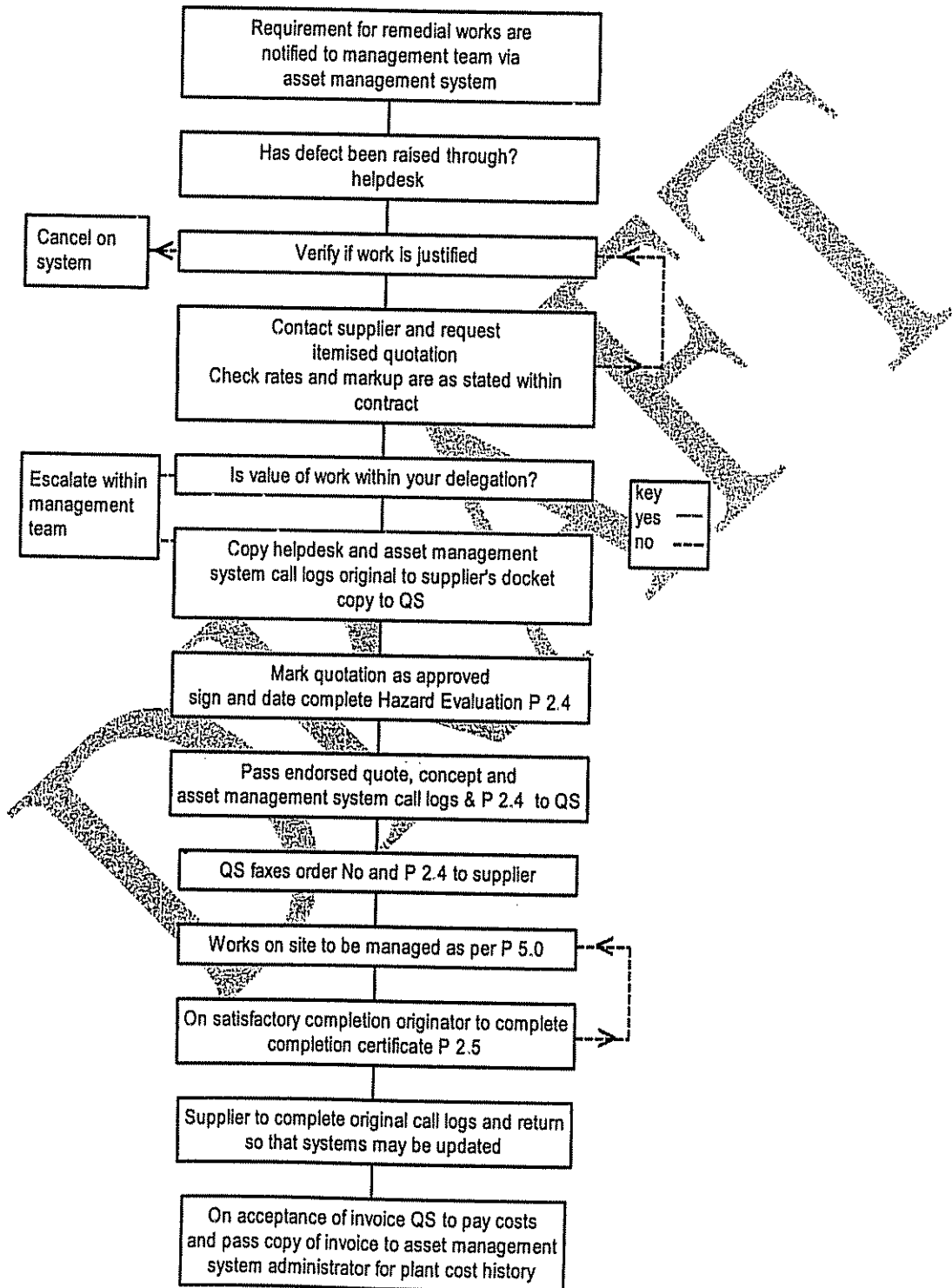


QUEST REMEDIAL WORKS

P 3

6. PROCESS CONTROL.

The following flowchart describes the process control for remedial works:



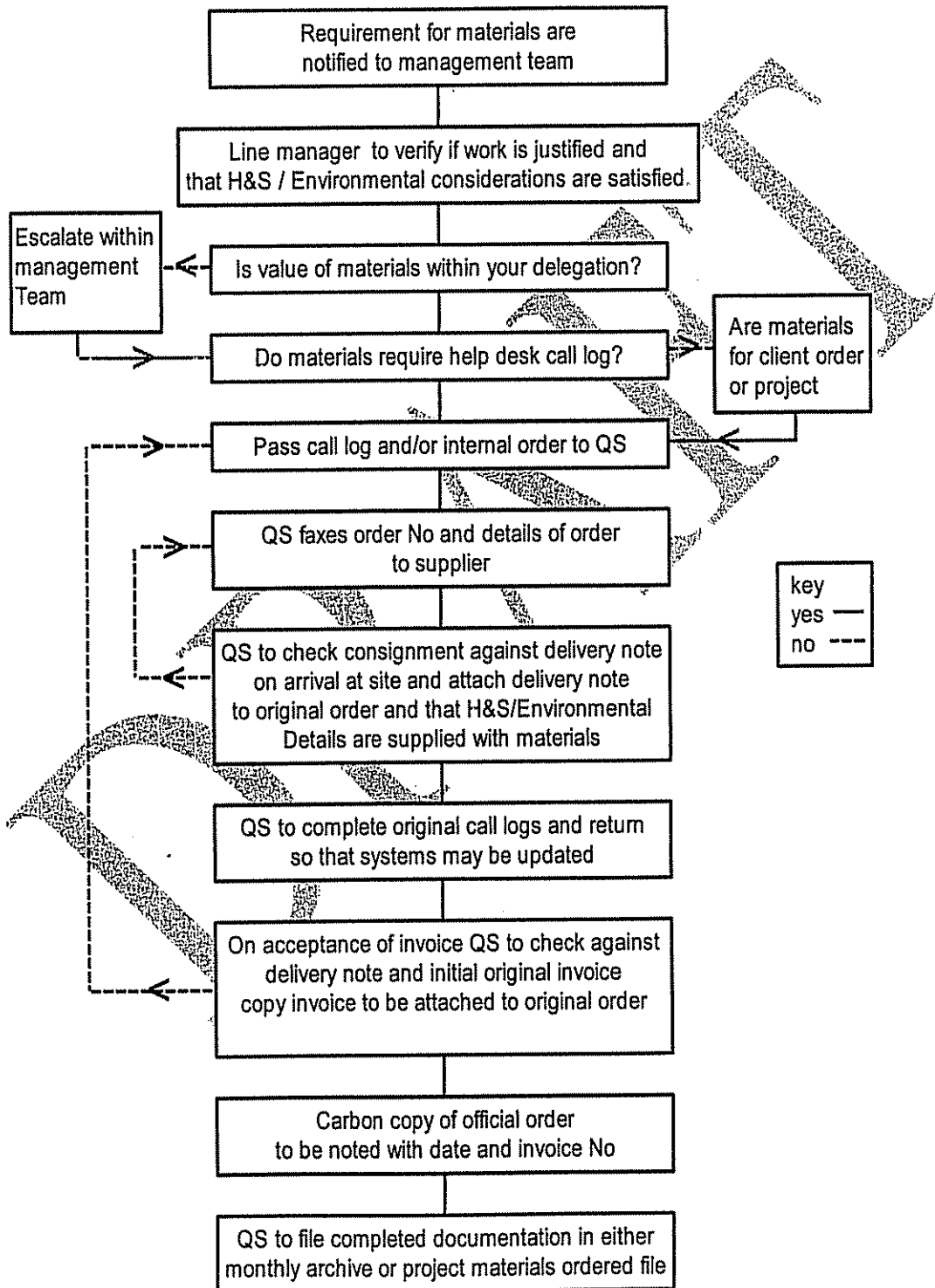
DRAFT

QUEST PROCUREMENT OF MATERIALS

P 4

6. PROCESS CONTROL.

The following flowchart describes the process control for procurement of materials:

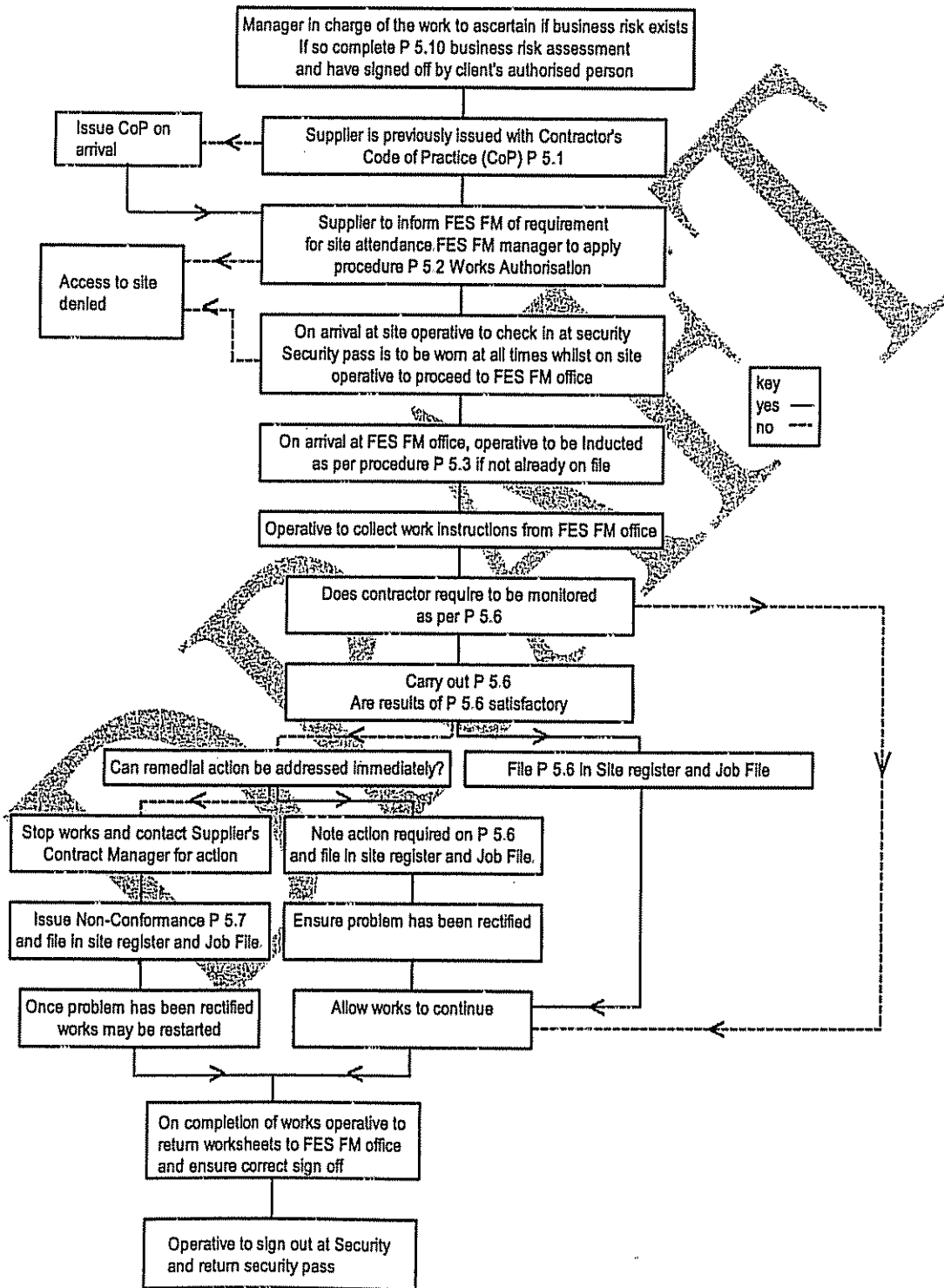


QUEST MANAGEMENT OF WORKS ON SITE

P 5

6. PROCESS CONTROL.

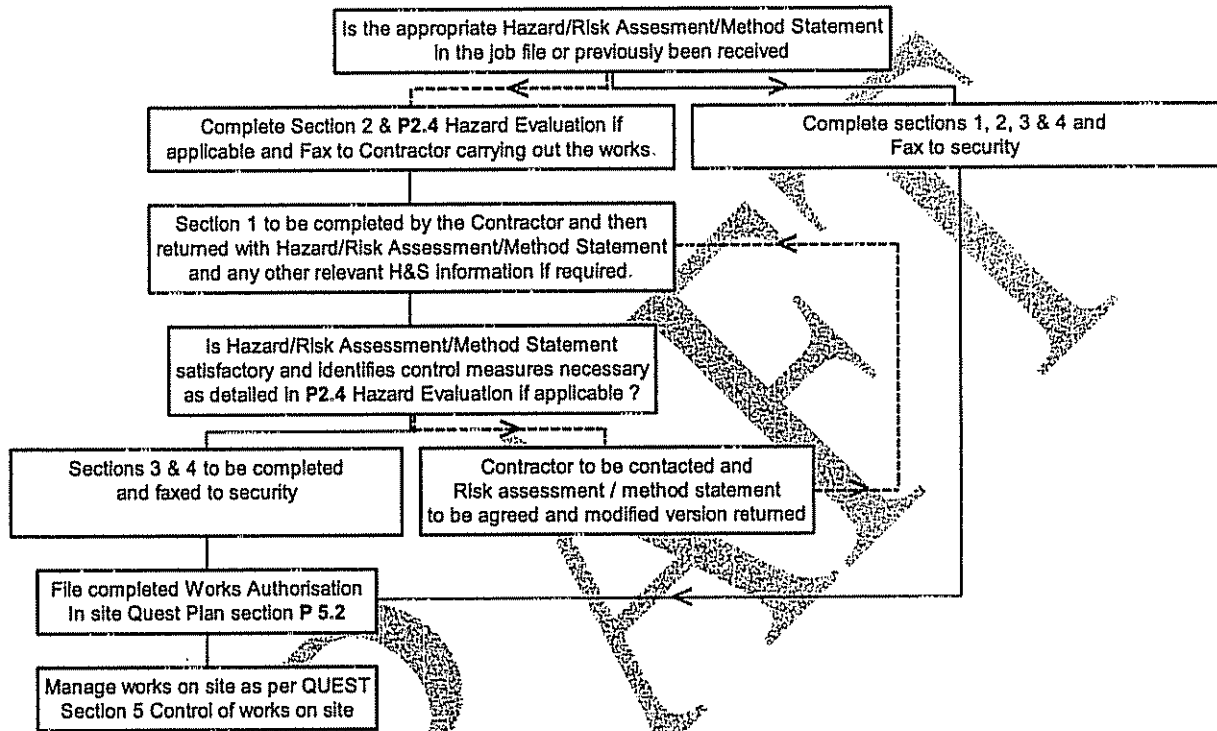
The following flowchart describes the process control for management of works on site:



QUEST MANAGEMENT OF WORKS ON SITE
WORKS AUTHORISATION P 5.2

6. PROCESS CONTROL.

The following flowchart describes the process control for P 5.2 Works Authorisations:

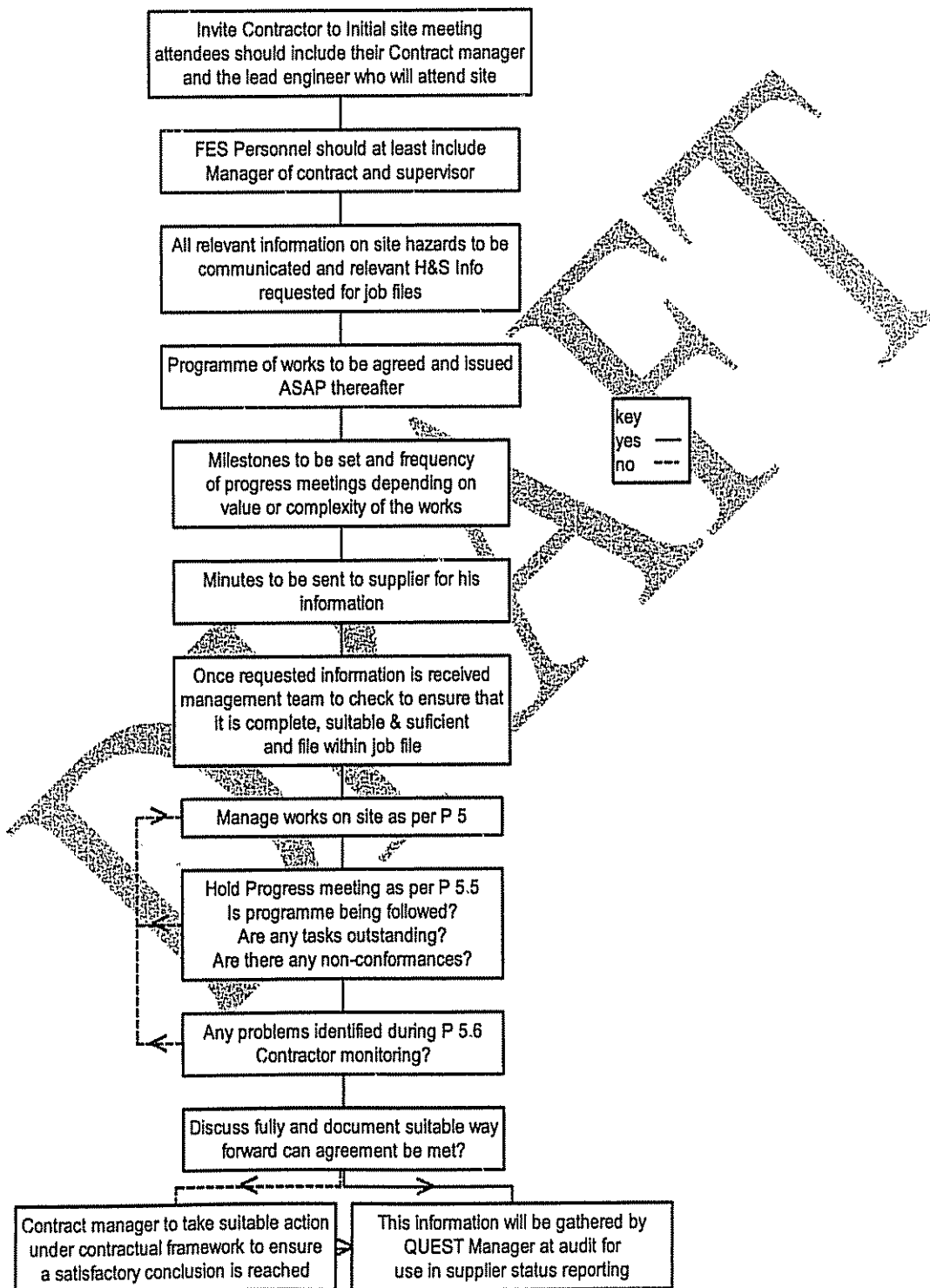


QUEST MANAGEMENT OF WORKS ON SITE

Initial and Progress Meetings P 5.4 -- P 5.5

6. PROCESS CONTROL.

The following flowchart describes the process control for initial and progress meetings:

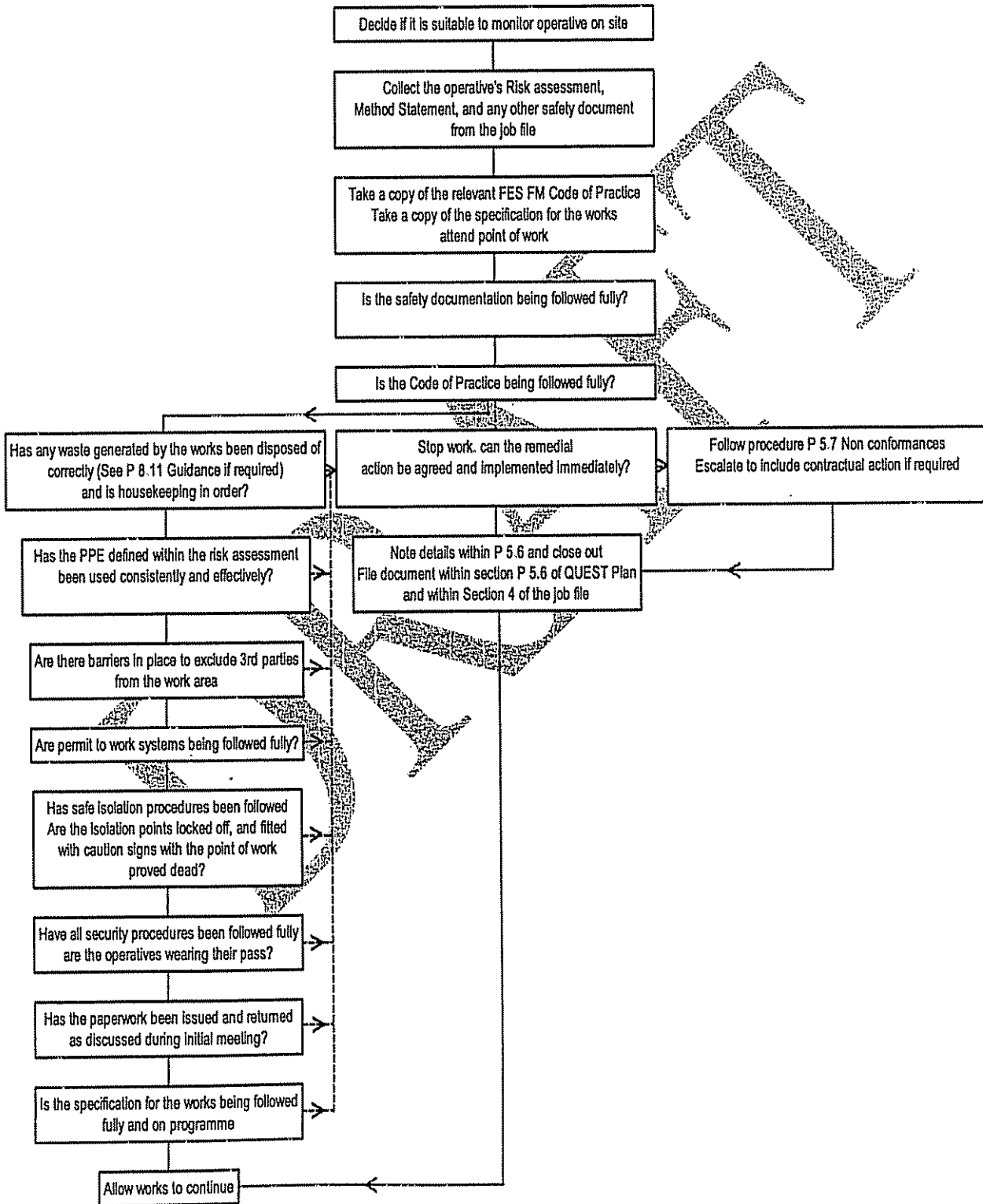


QUEST MANAGEMENT OF WORKS ON SITE

Contractor Monitoring P 5.6

6. PROCESS CONTROL.

The following flowchart describes the process control for Contractor Monitoring:

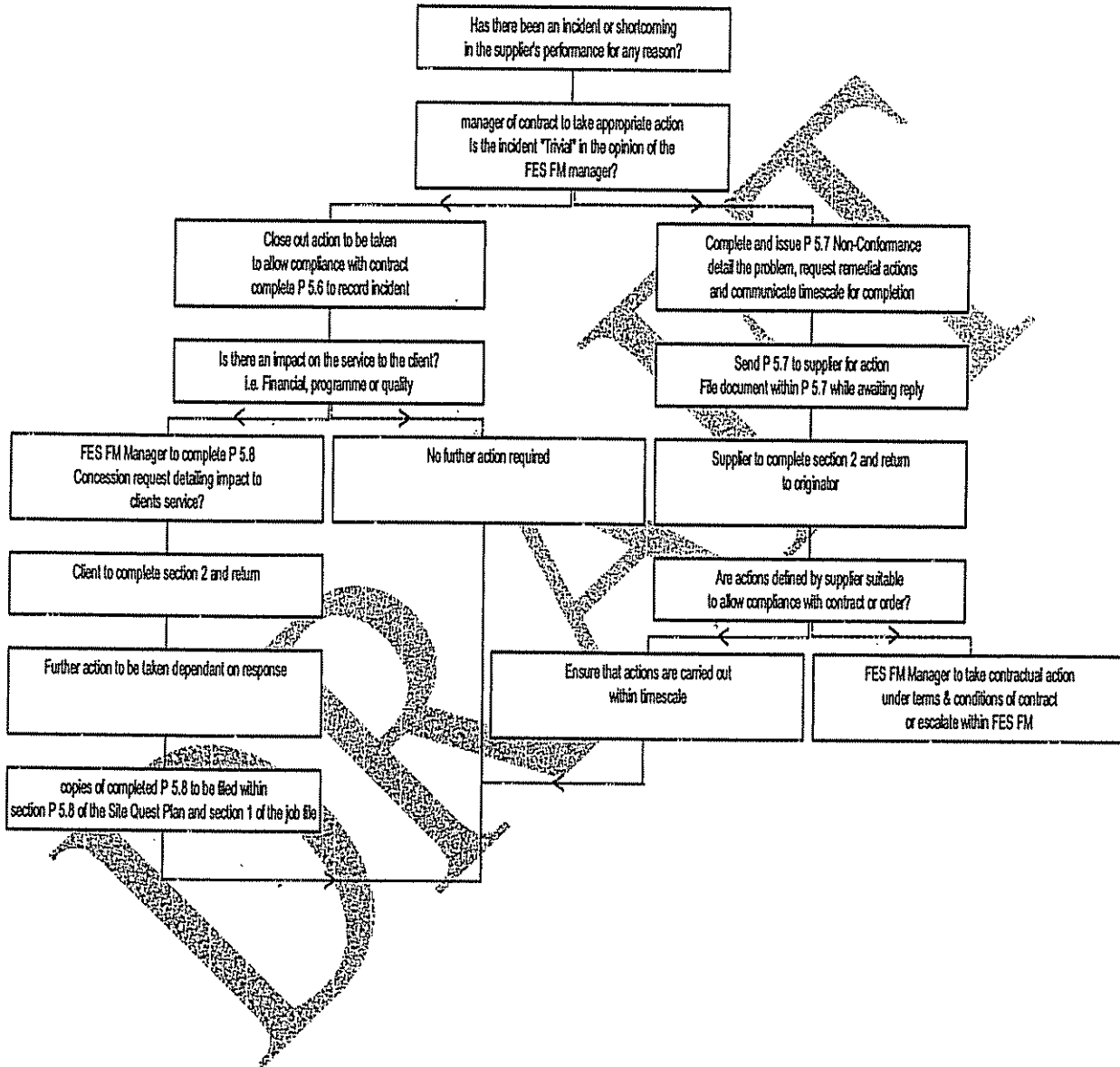


QUEST MANAGEMENT OF WORKS ON SITE

Control of Non-Conformances & Concession requests P 5.7 – P 5.8

6. PROCESS CONTROL.

The following flowchart describes the process control for Non-Conformances:

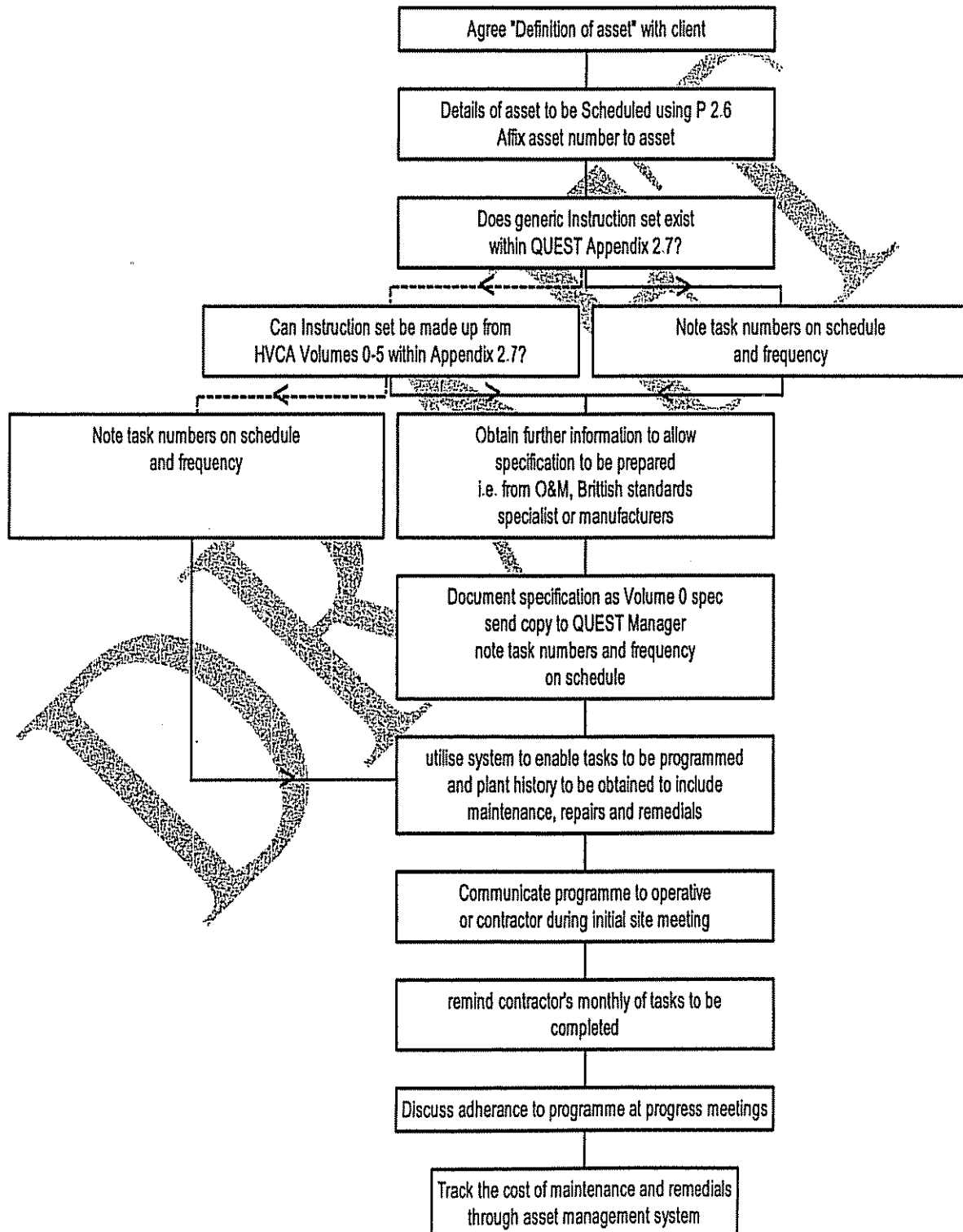


QUEST MANAGEMENT OF WORKS ON SITE

Asset Management System P 5.11

P 5.11. PROCESS CONTROL.

The following flowchart describes the process control for Asset Management System:



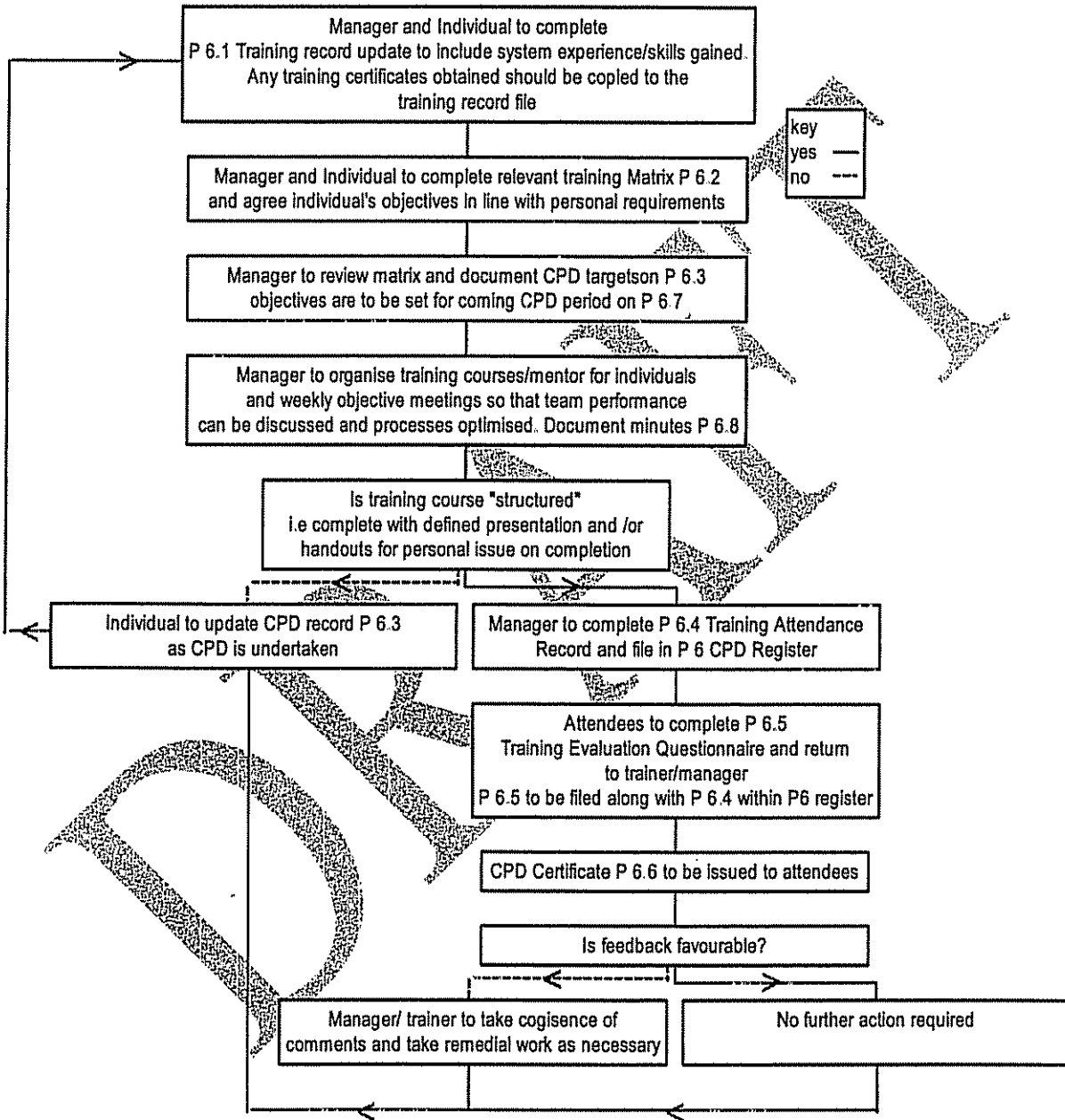
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QUEST CONTINUING PROFESSIONAL DEVELOPMENT

P 6

6. PROCESS CONTROL.

The following flowchart describes the process control for Continuing Professional Development:

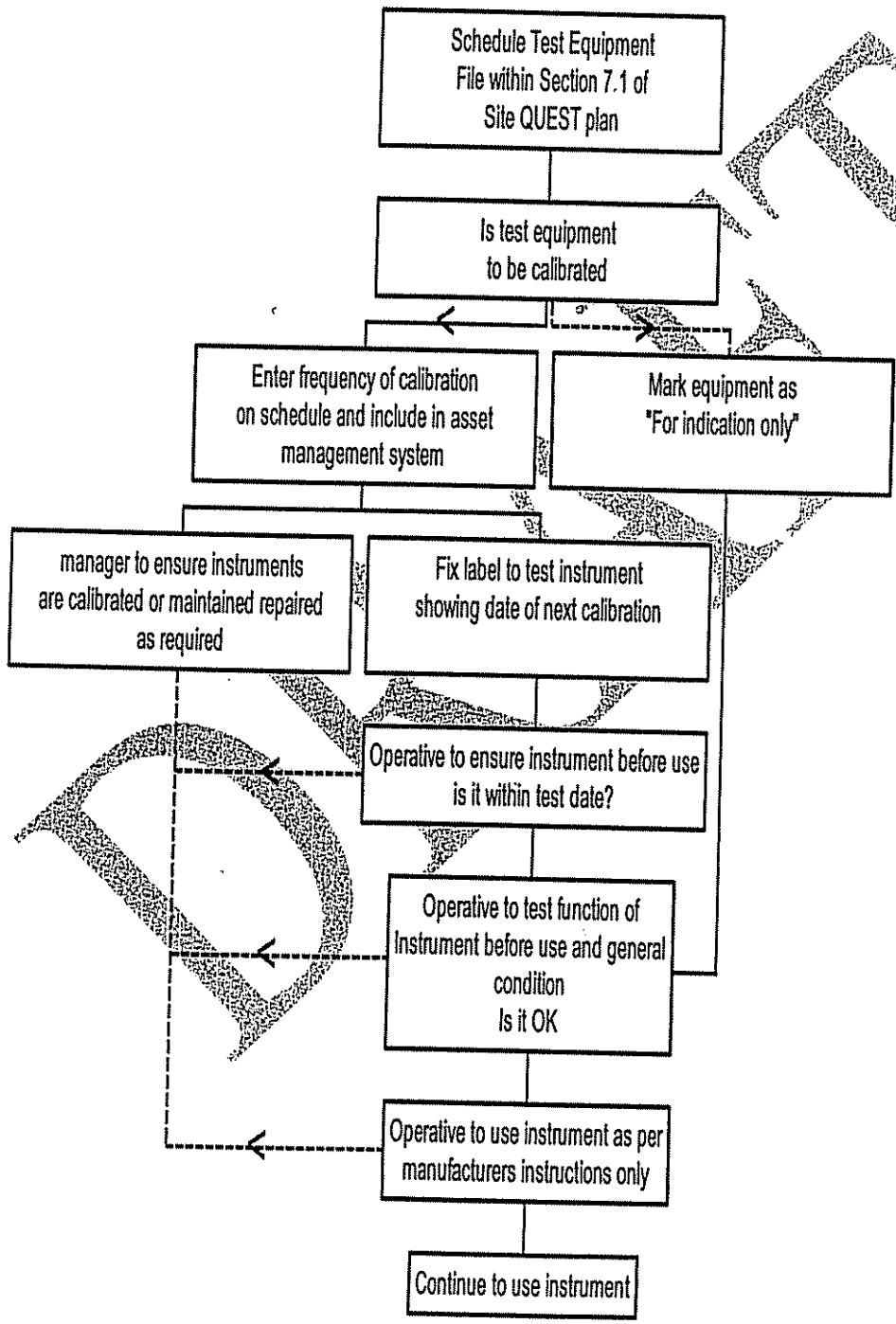


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Control of Test Instruments P 7.1

P 7.1 Control of Test Instruments.

PROCESS CONTROL.

The following flowchart describes the process control for Control of Test Instruments:

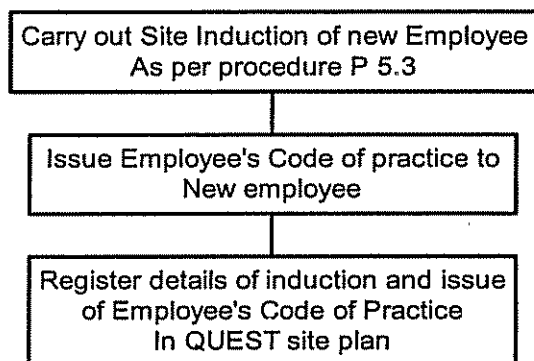


QUEST HEALTH, SAFETY & ENVIRONMENTAL

Employee's Code of practice P 8.1

P 8.1 Employee's Code of Practice.**PROCESS CONTROL.**

The following flowchart describes the process control for Employee's code of Practice:



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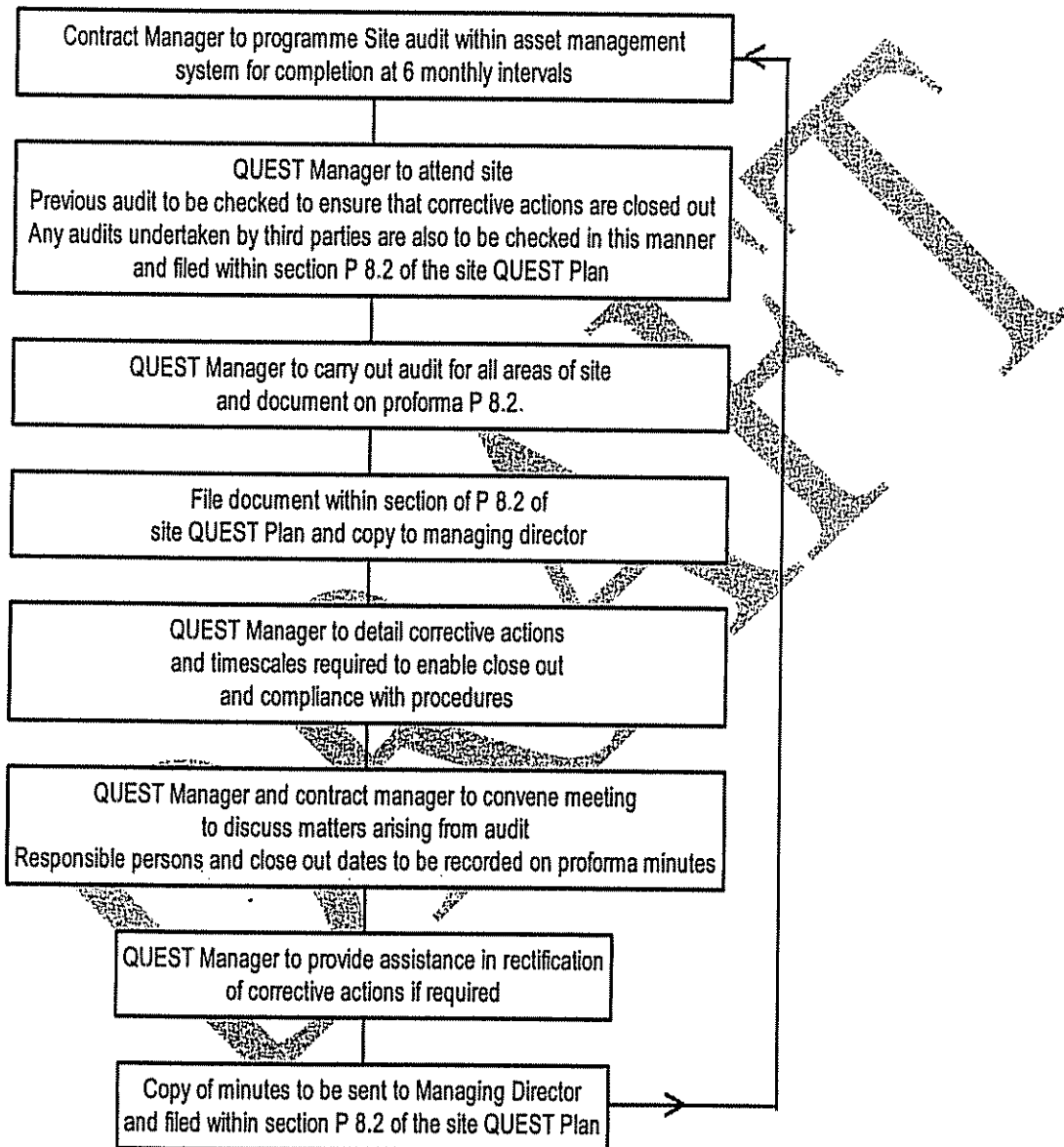
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Health, Safety & Environmental Audits P 8.2

P 8.2 Health, Safety and Environmental Audits.

PROCESS CONTROL.

The following flowchart describes the process control for Health, Safety and Environmental Audits:

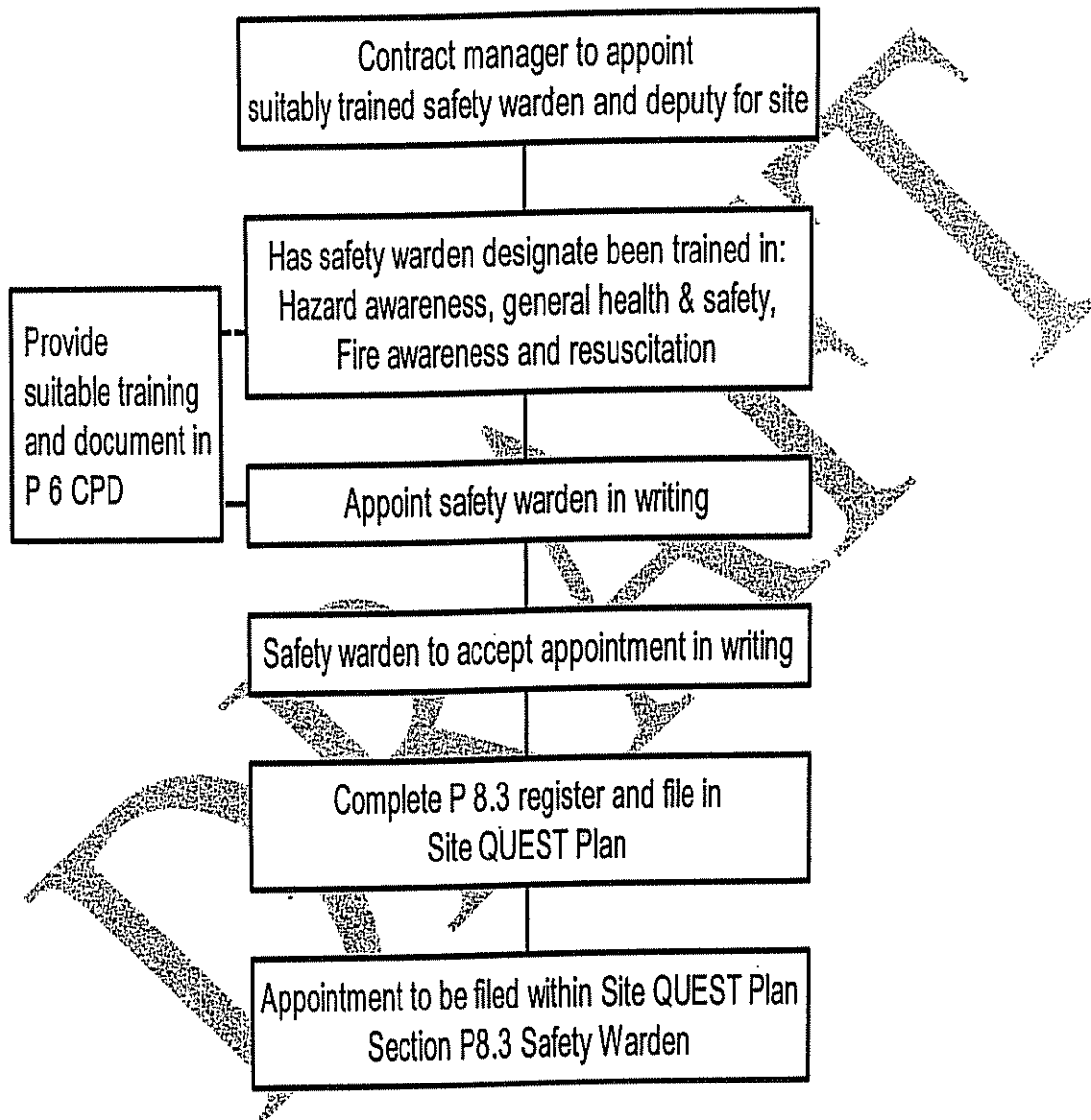


QUEST HEALTH, SAFETY & ENVIRONMENTAL

Safety Wardens P 8.3

P 8.3 Safety Warden.**PROCESS CONTROL.**

The following flowchart describes the process control for the appointment of Safety Wardens:



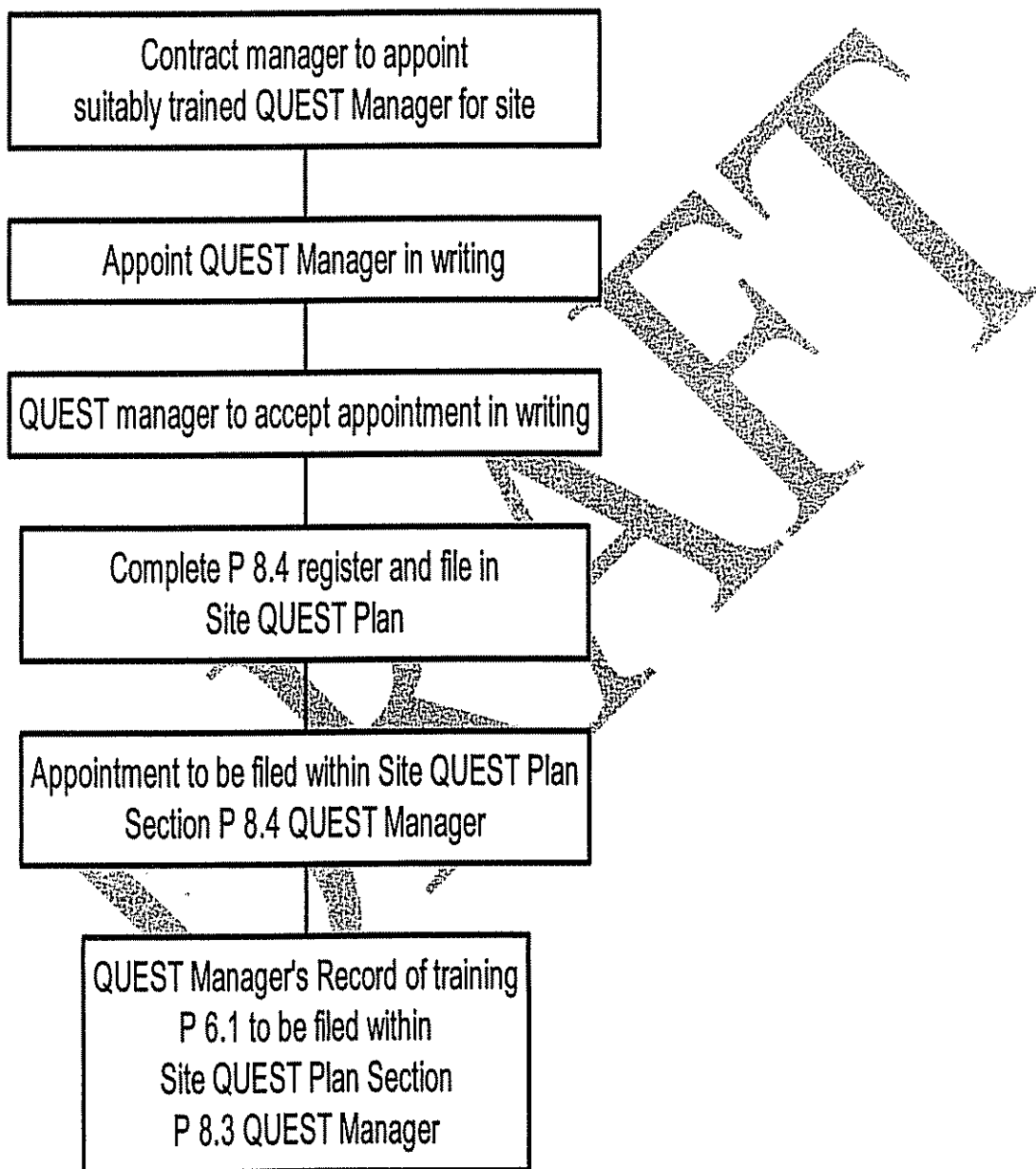
QUEST HEALTH, SAFETY & ENVIRONMENTAL

QUEST Manager P 8.4

P 8.4 QUEST Manager.

PROCESS CONTROL.

The following flowchart describes the process control for the appointment of a QUEST Manager:



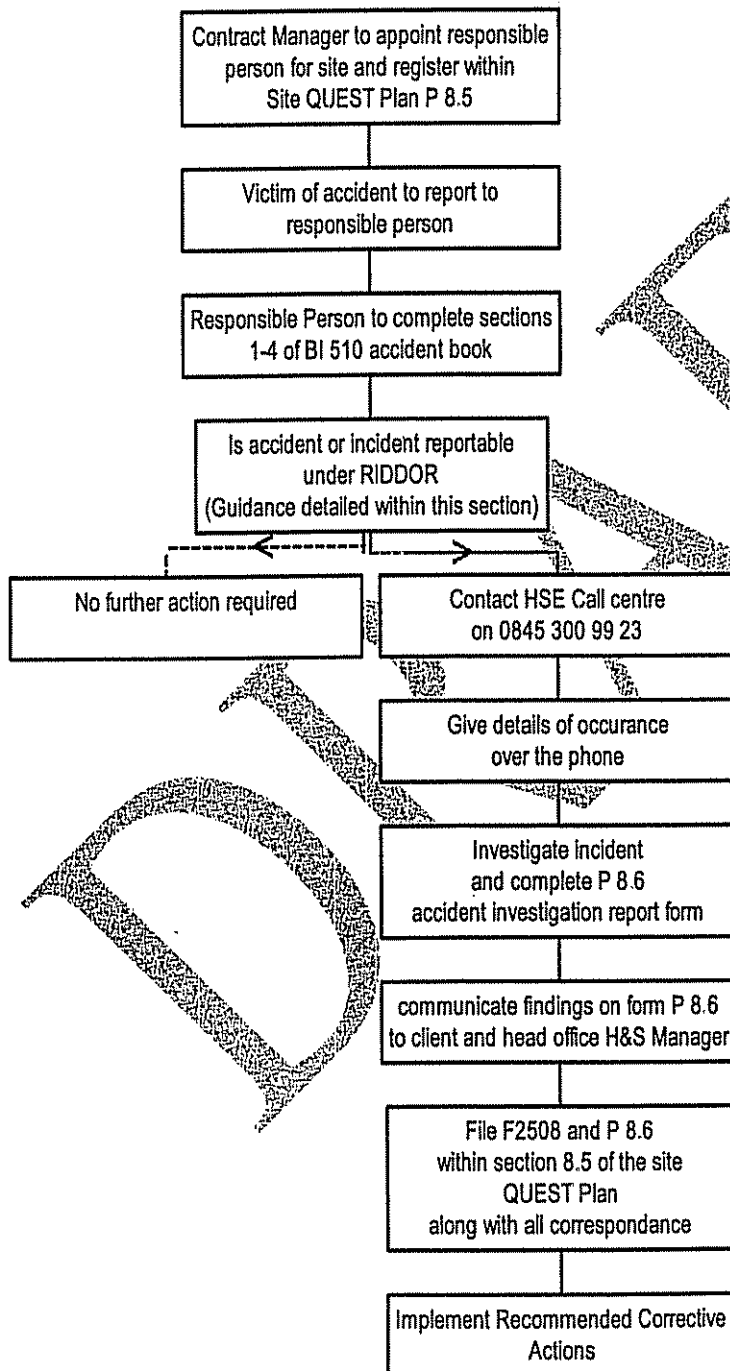
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Accident or Incident Reporting P 8.5

P 8.5 Accident or Incident Reporting.

PROCESS CONTROL.

The following flowchart describes the process control for accident or incident reporting:

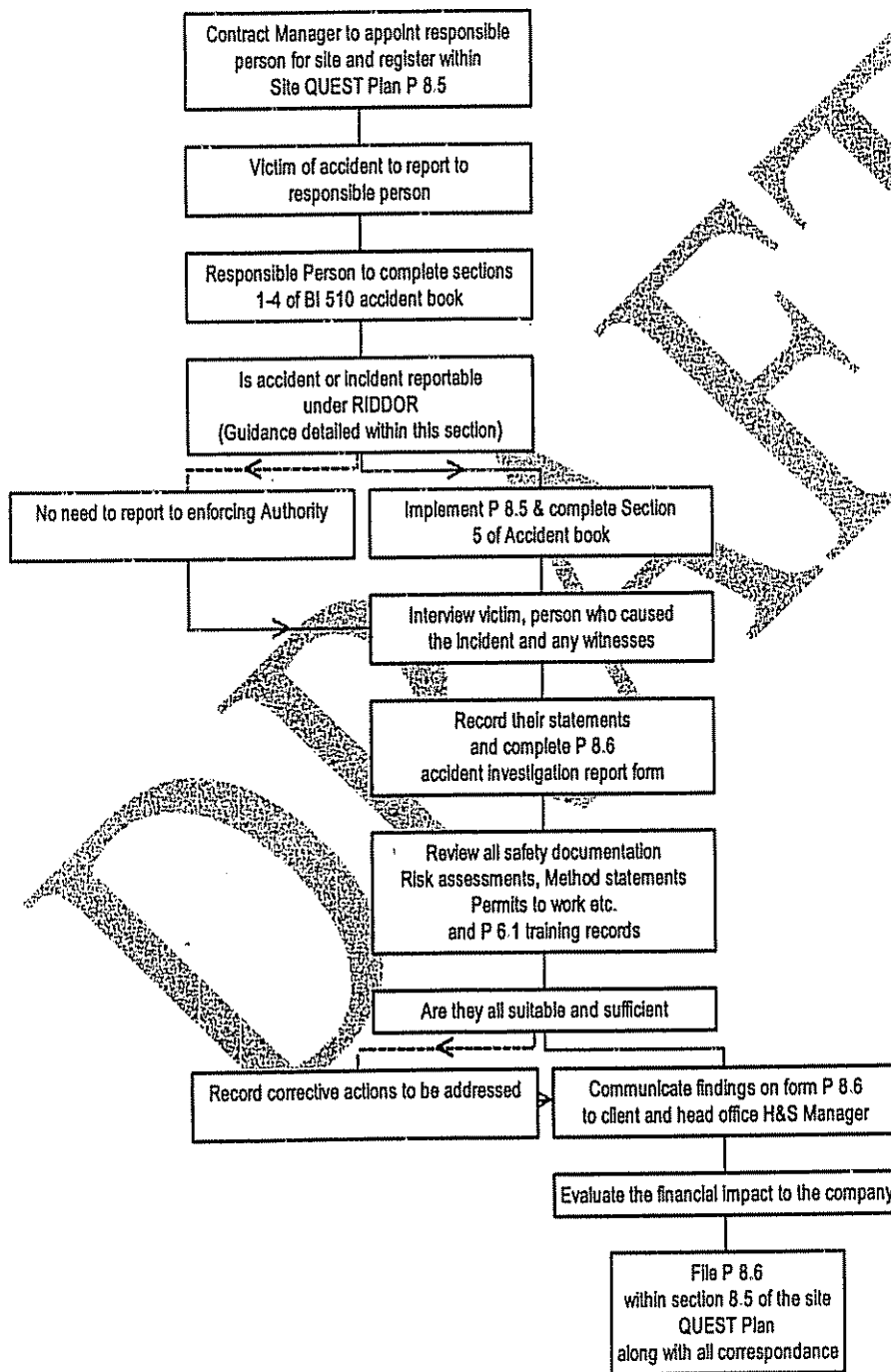


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Accident or Incident Investigation P 8.6

P 8.6 Accident or Incident Investigation.

PROCESS CONTROL.

The following flowchart describes the process control for accident or incident investigation:



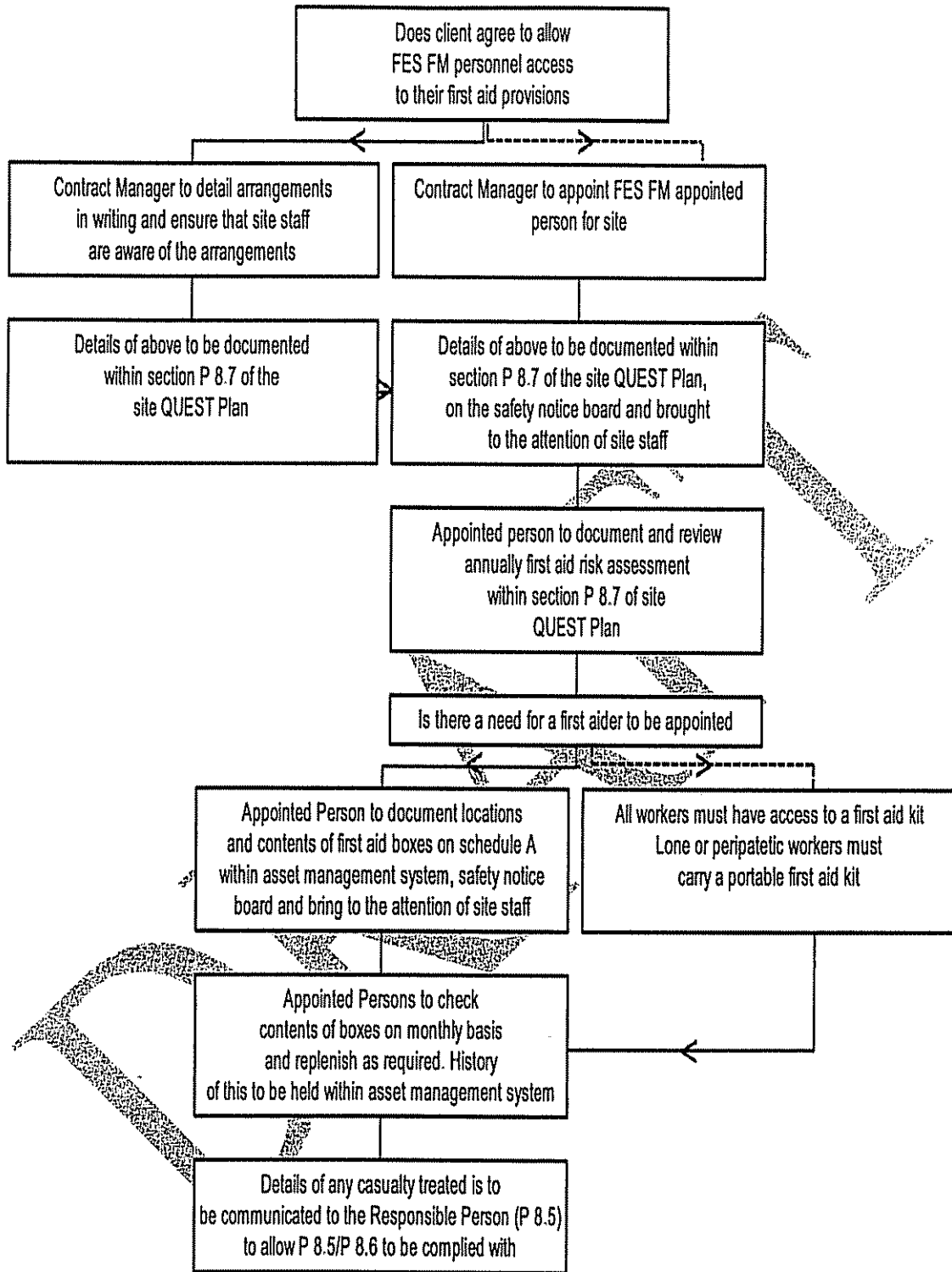
QUEST HEALTH, SAFETY & ENVIRONMENTAL
First Aid P 8.7

P 8.7 First Aid.

PROCESS CONTROL.

The following flowchart describes the process control for First aid provision:

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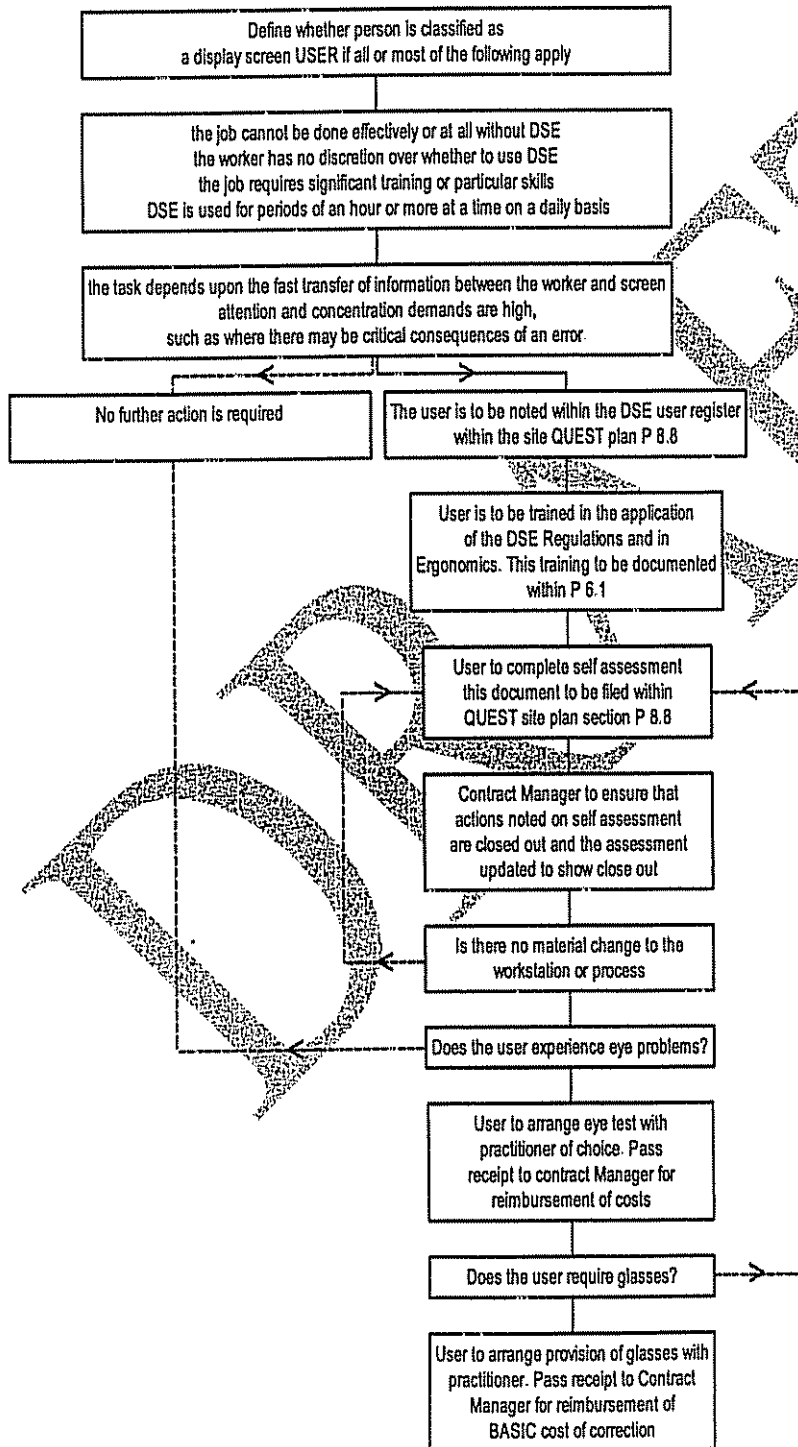
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Display Screens Equipment P 8.8

P 8.8 Display Screens Equipment.

PROCESS CONTROL.

The following flowchart describes the process control for DSE assessments:

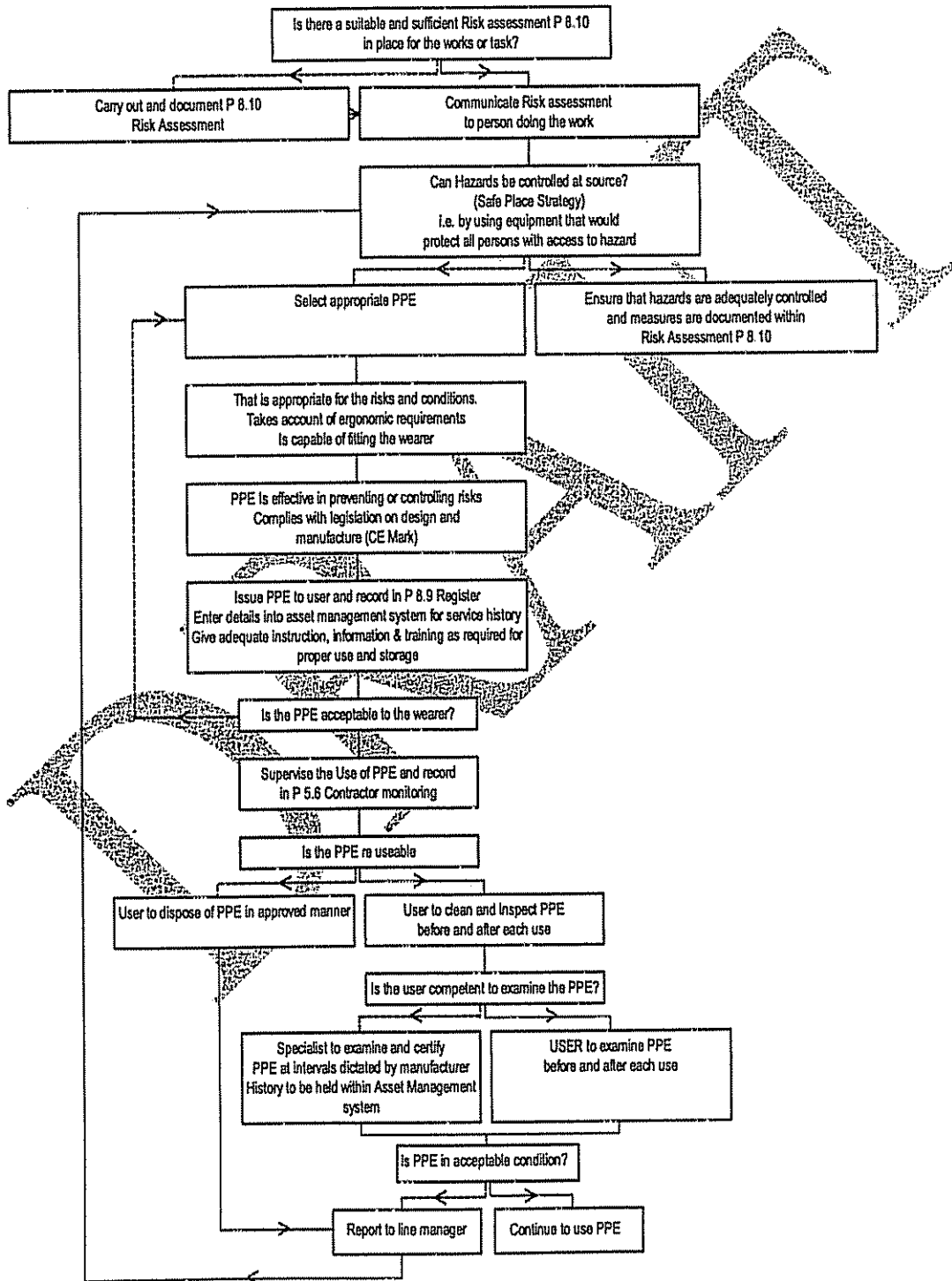


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Personal Protective Equipment P 8.9

P 8.9 Personal Protective Equipment.

PROCESS CONTROL.

The following flowchart describes the process control for Personal Protective Equipment:

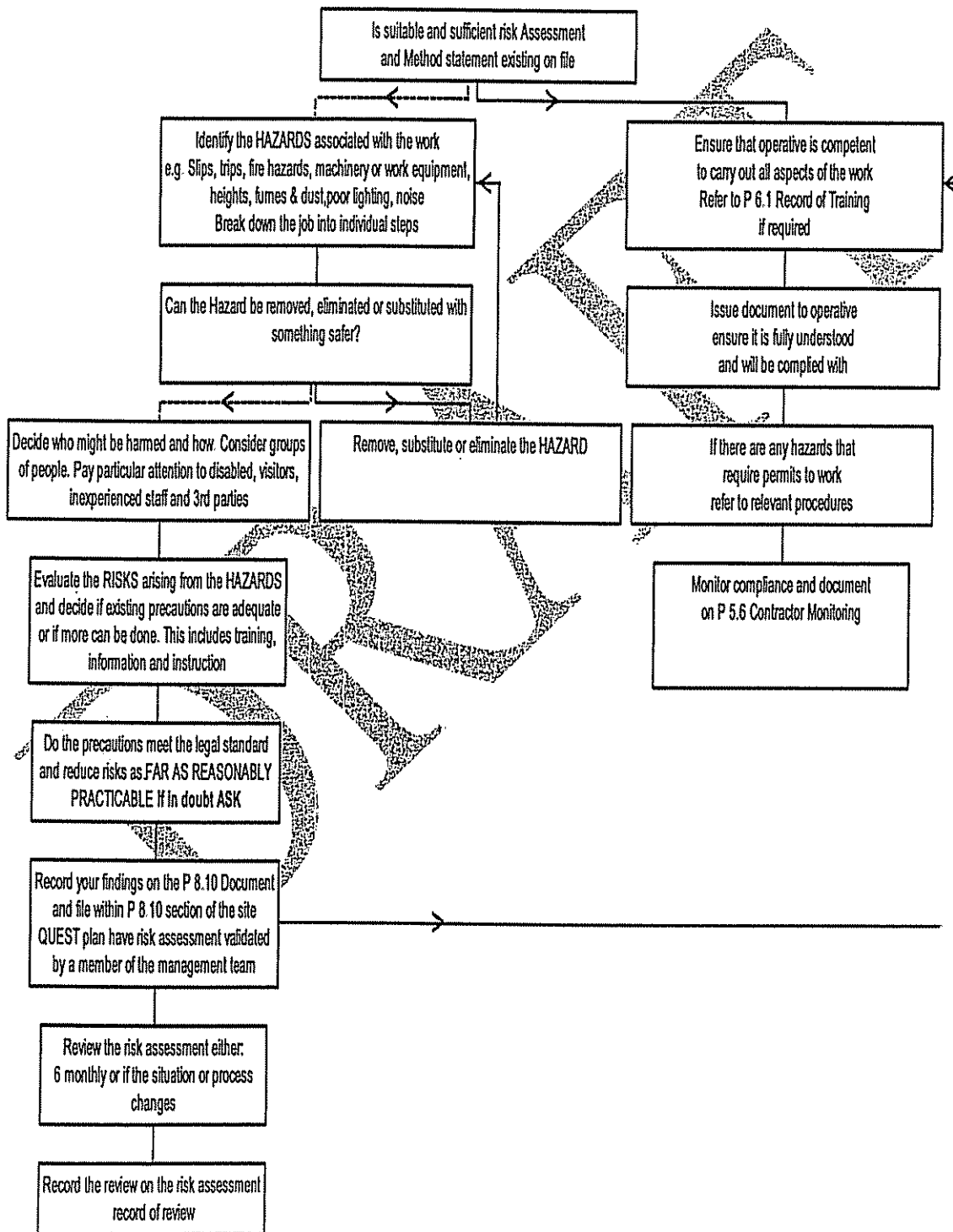


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Risk Assessments and Method Statements P 8.10

P 8.10 Risk Assessment and Method Statement.

PROCESS CONTROL.

The following flowchart describes the process control for Risk Assessment and Method Statements:

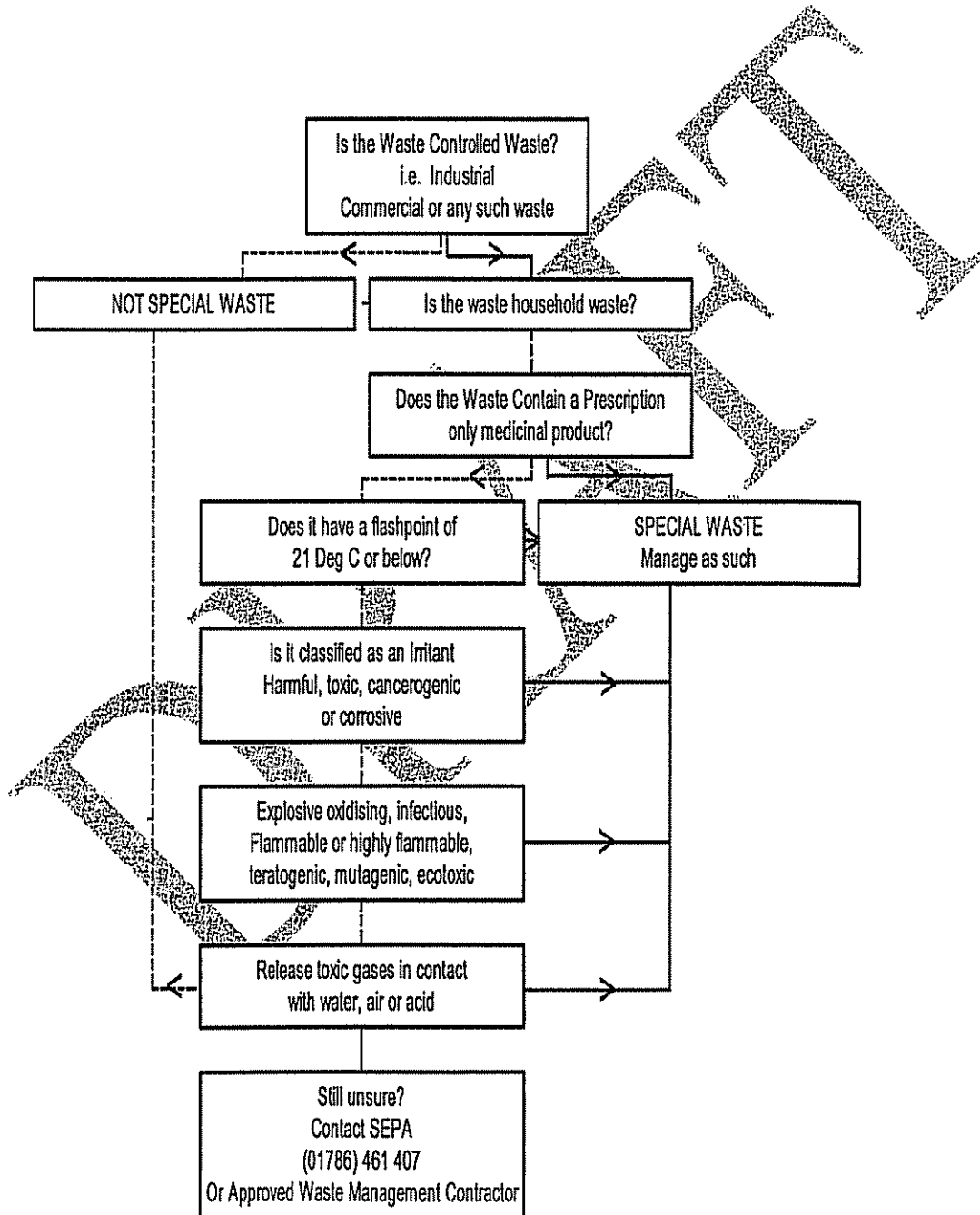


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Waste P 8.11

P 8.11 Waste.

PROCESS CONTROL.

The following flowchart describes the process control for the classification of waste:



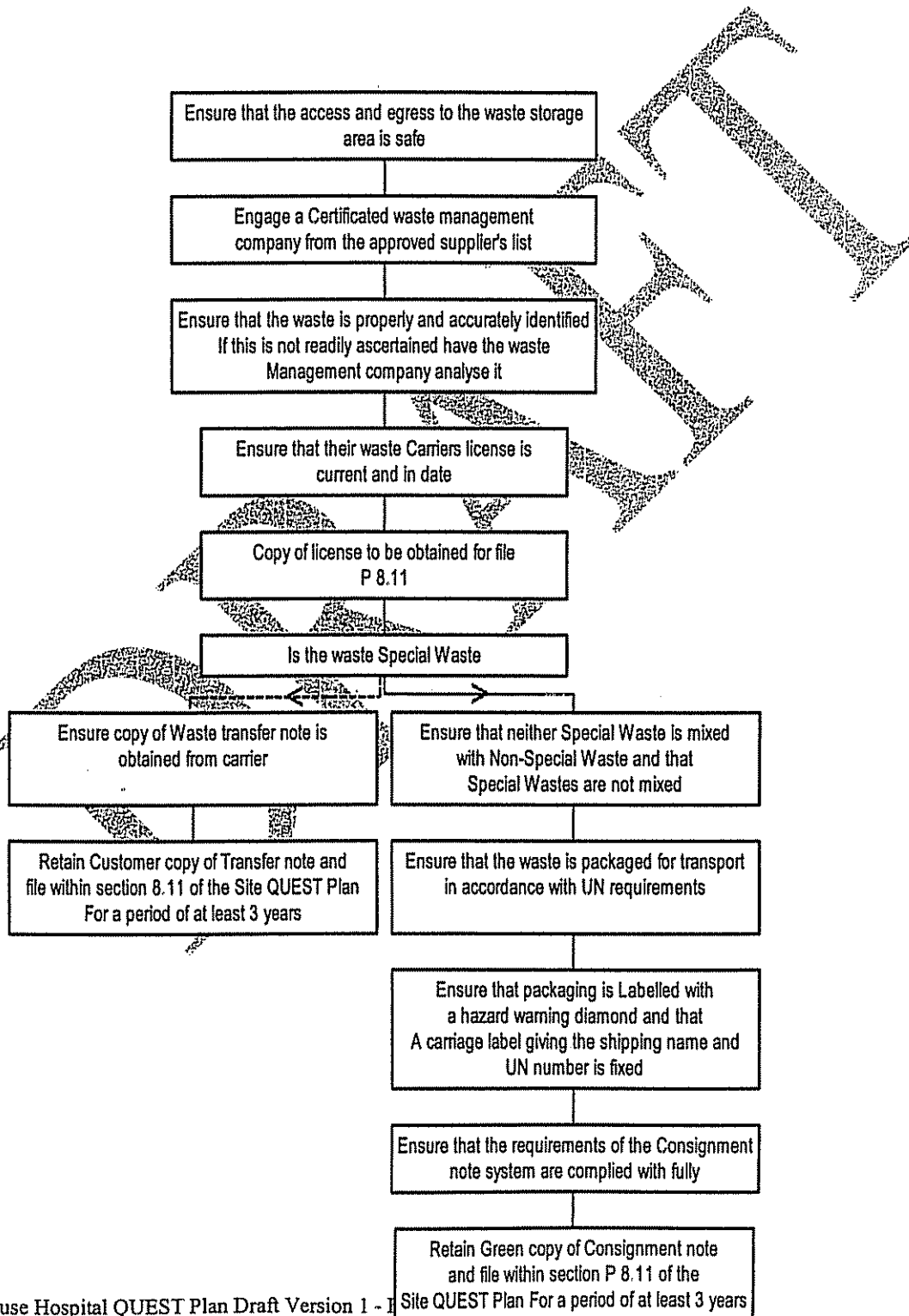
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Waste P 8.11

P 8.11 Waste.

PROCESS CONTROL.

The following flowchart describes the process control for the Management of waste:

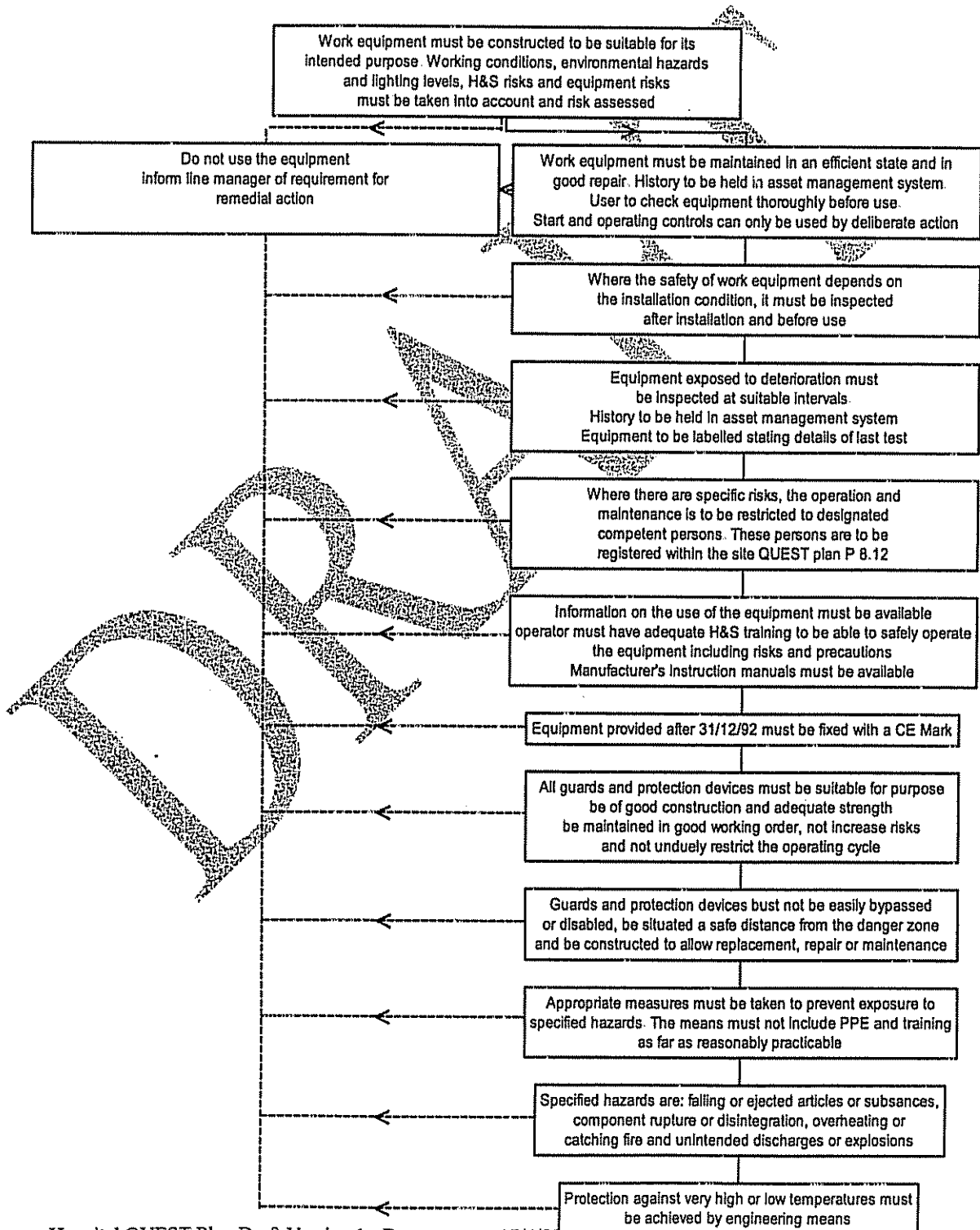


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Work Equipment P 8.12

P 8.12 Work Equipment.

PROCESS CONTROL.

The following flowchart describes the process control for the Management of Work Equipment:



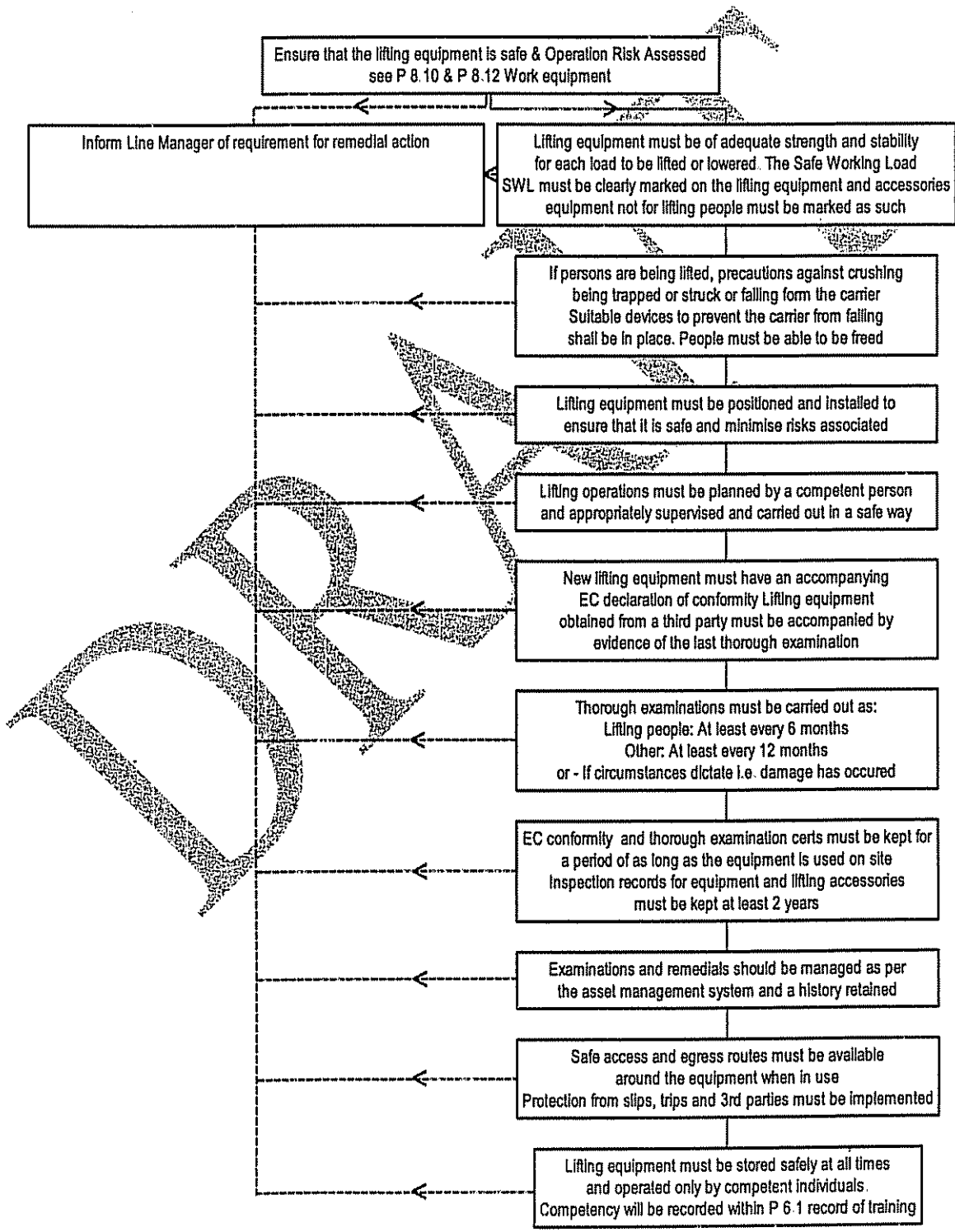
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Lifting Equipment & Hoists P 8.13

P 8.13 Lifting Equipment & Hoists

PROCESS CONTROL.

The following flowchart describes the process control for the Management Lifting Equipment & Hoists:



QUEST HEALTH, SAFETY & ENVIRONMENTAL

Working At Heights P 8.14

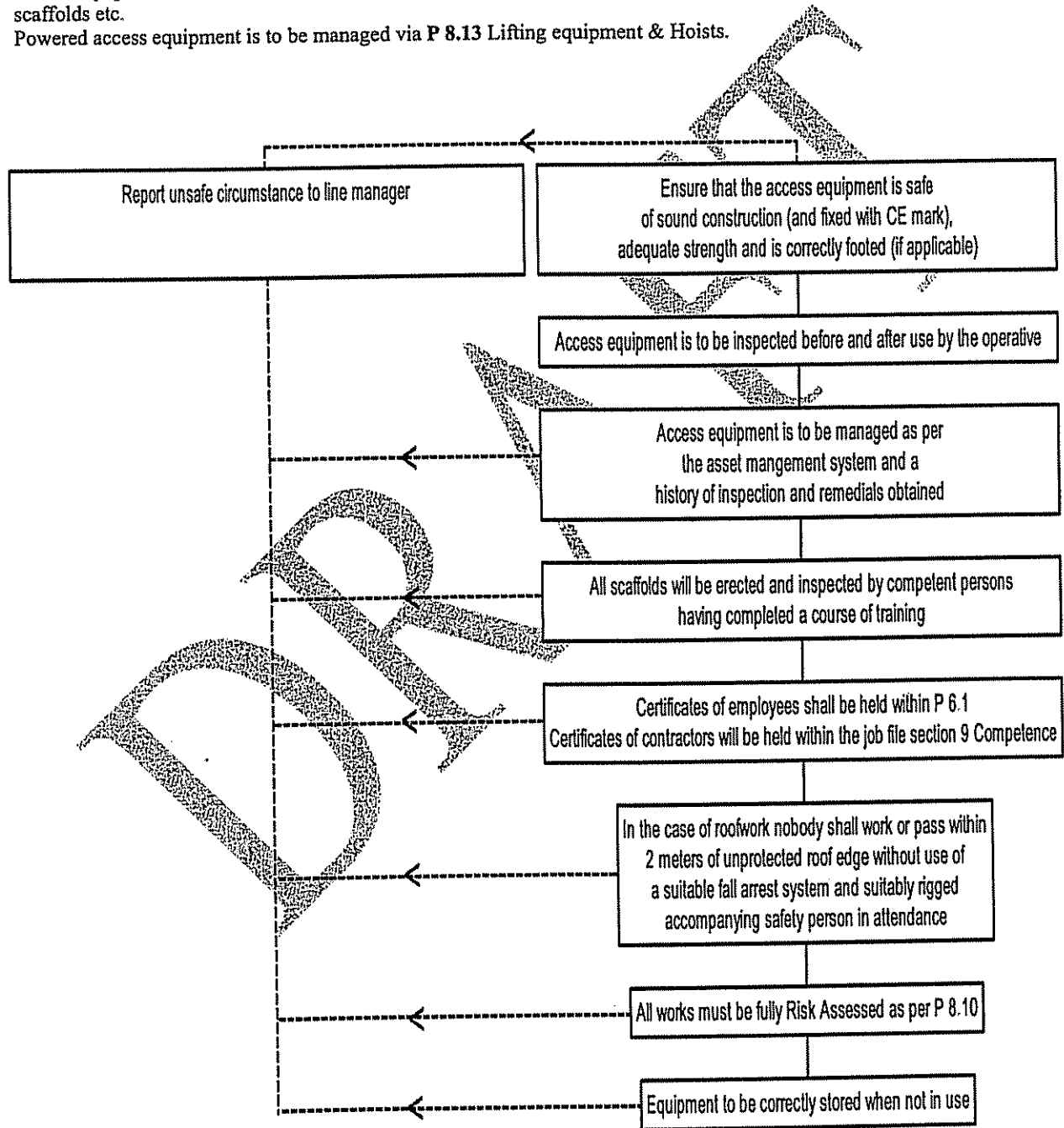
P 8.14 Working at Heights.

PROCESS CONTROL.

The following flowchart describes the process control for the Working at Heights:

Access equipment includes: ladders, step ladders, fixed ladders, mansafe systems, safety eyebolts, lanyards and harnesses, scaffolds etc.

Powered access equipment is to be managed via P 8.13 Lifting equipment & Hoists.

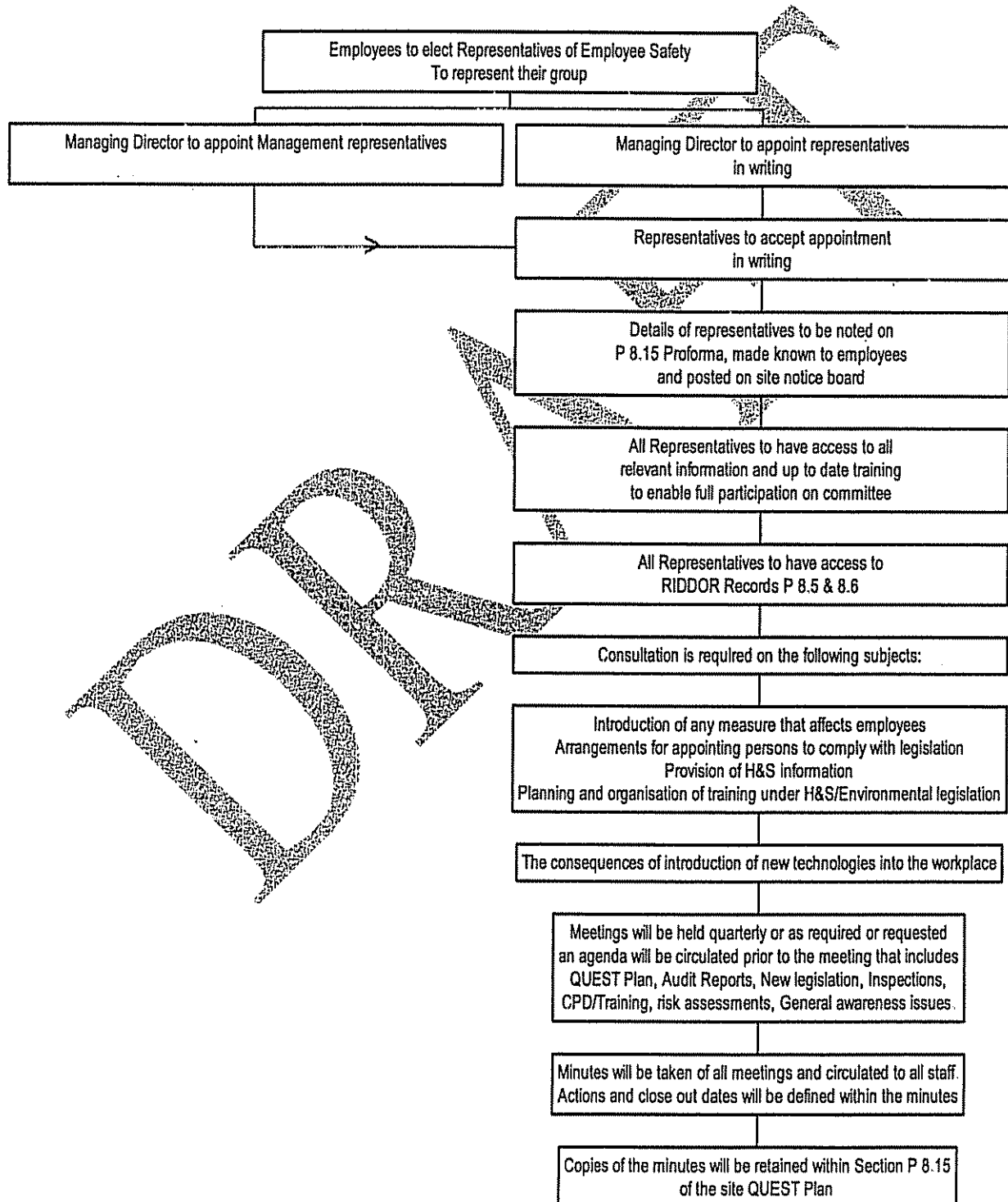


QUEST HEALTH, SAFETY & ENVIRONMENTAL
Employee Consultation P 8.15

P 8.15 Employee Consultation.

PROCESS CONTROL.

The following flowchart describes the process control for Employee Consultation:



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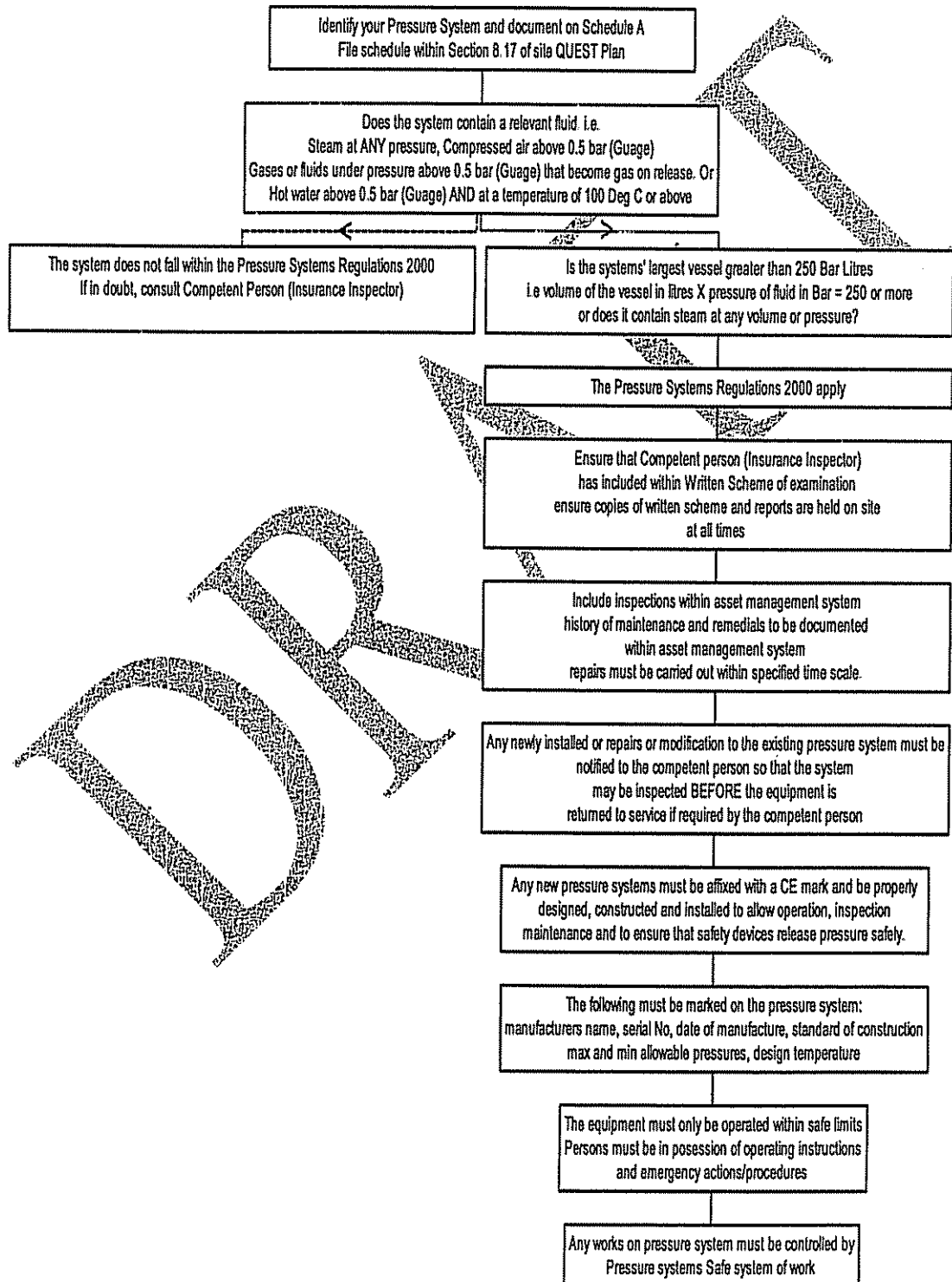
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Pressure Systems P 8.17

P 8.17 Pressure Systems.

PROCESS CONTROL.

The following flowchart describes the process control for Management of Pressure Systems:



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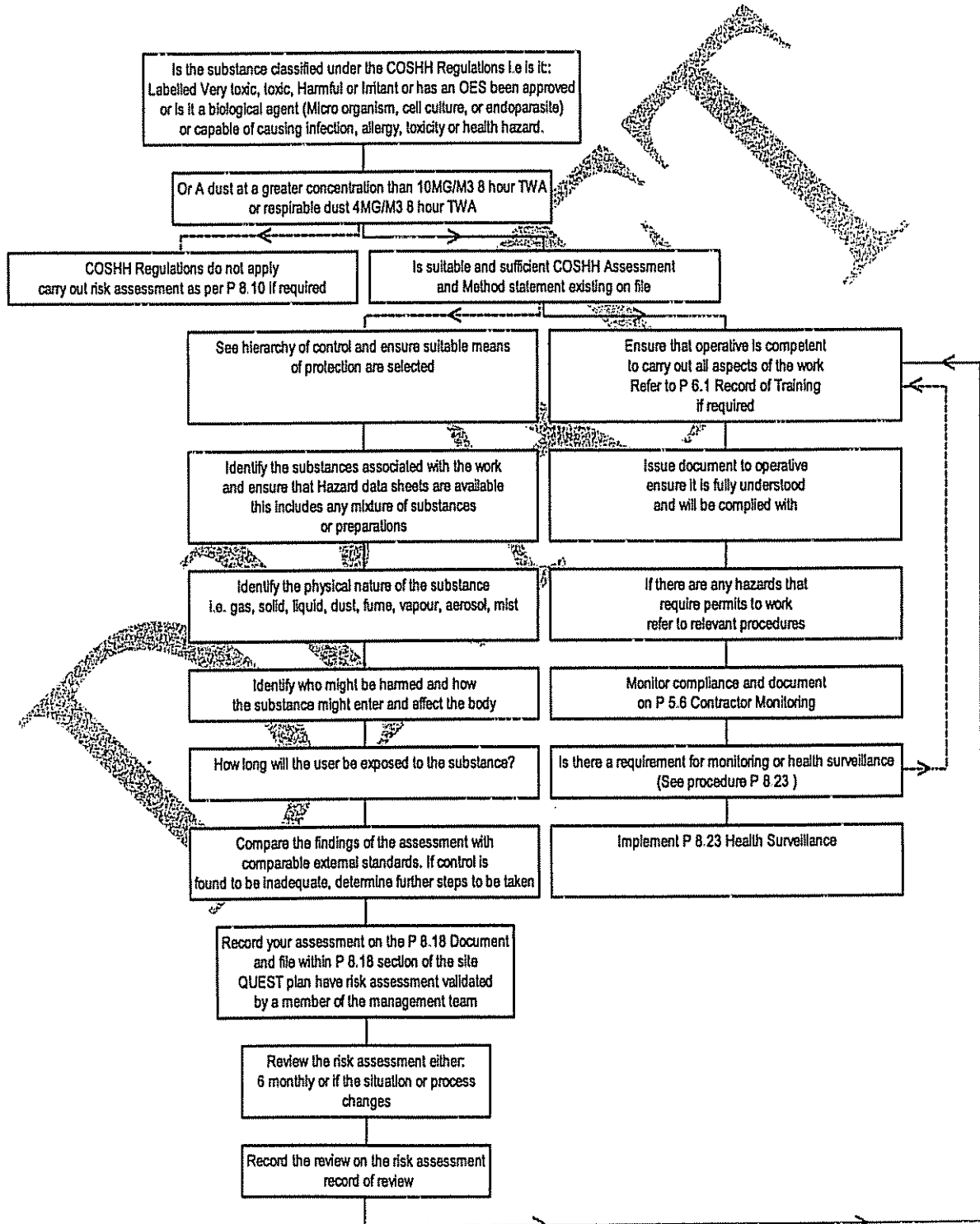
QUEST HEALTH, SAFETY & ENVIRONMENTAL
COSHH Assessments P 8.18

P 8.18 COSHH Assessments.

PROCESS CONTROL.

The following flowchart describes the process control for COSHH Assessments:

Due to the nature of our business, the requirement for health surveillance is not included within the flowchart. Guidance on this requirement is provided within P 8.18 COSHH Assessment guidance.



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QUEST HEALTH, SAFETY & ENVIRONMENTAL

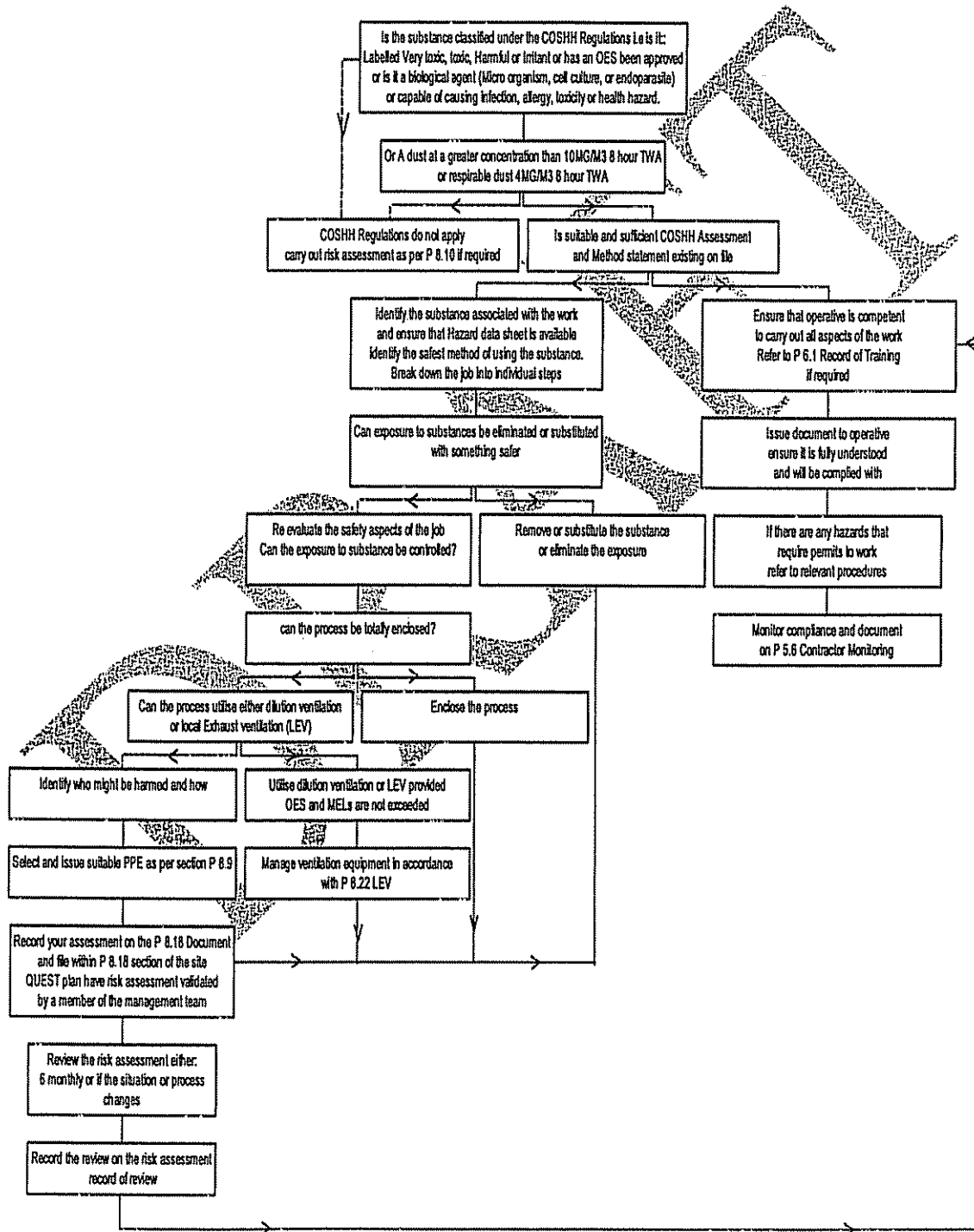
COSHH Assessments P 8.18

P 8.18 COSHH Assessments -- Hierarchy of control.

PROCESS CONTROL.

The following flowchart describes the process control for COSHH Hierarchy of control:

Due to the nature of our business, the requirement for health surveillance is not included within the flowchart. Guidance on this requirement is provided within P 8.18 COSHH Assessment guidance.



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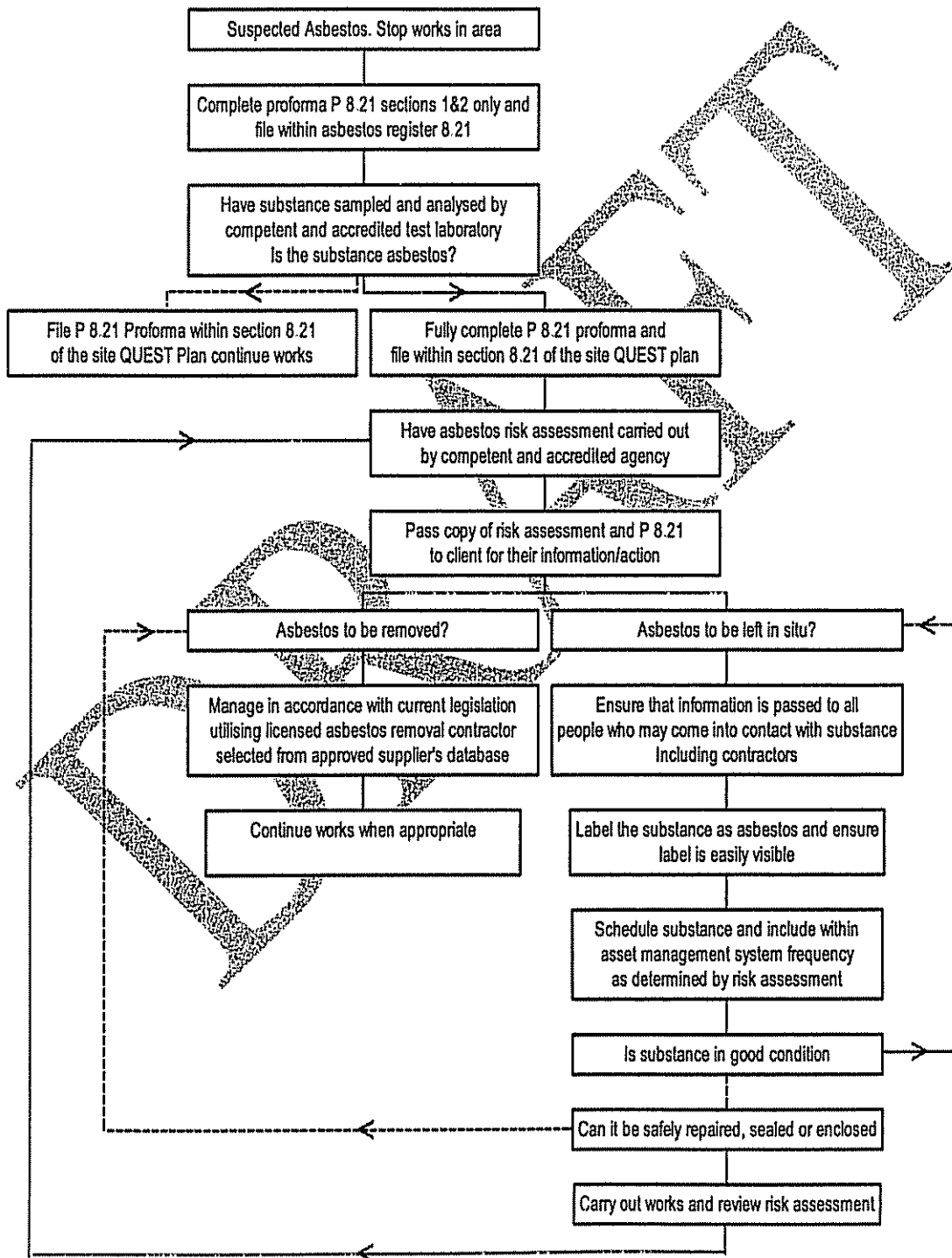
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Asbestos P 8.21

P 8.21 Asbestos.

PROCESS CONTROL.

The following flowchart describes the process control for Management of Asbestos:



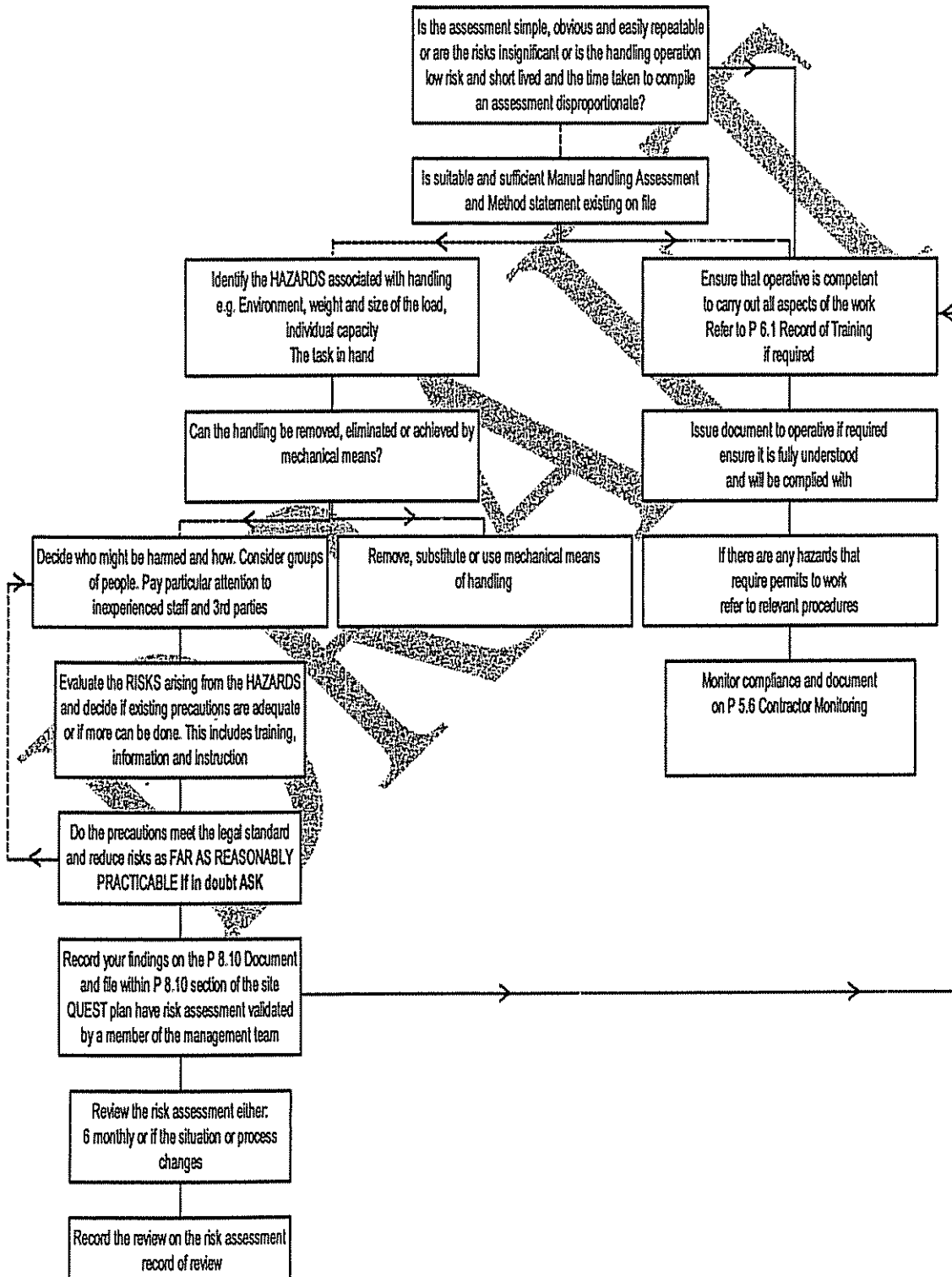
QUEST HEALTH, SAFETY & ENVIRONMENTAL
Manual Handling Assessments P 8.20

P 8.20 Manual Handling Assessments.

PROCESS CONTROL.

The following flowchart describes the process control for Manual handling Assessments:

The Manual handling assessment is to be recorded on P 8.10 risk assessment Pro forma and filed within Section P 8.20.



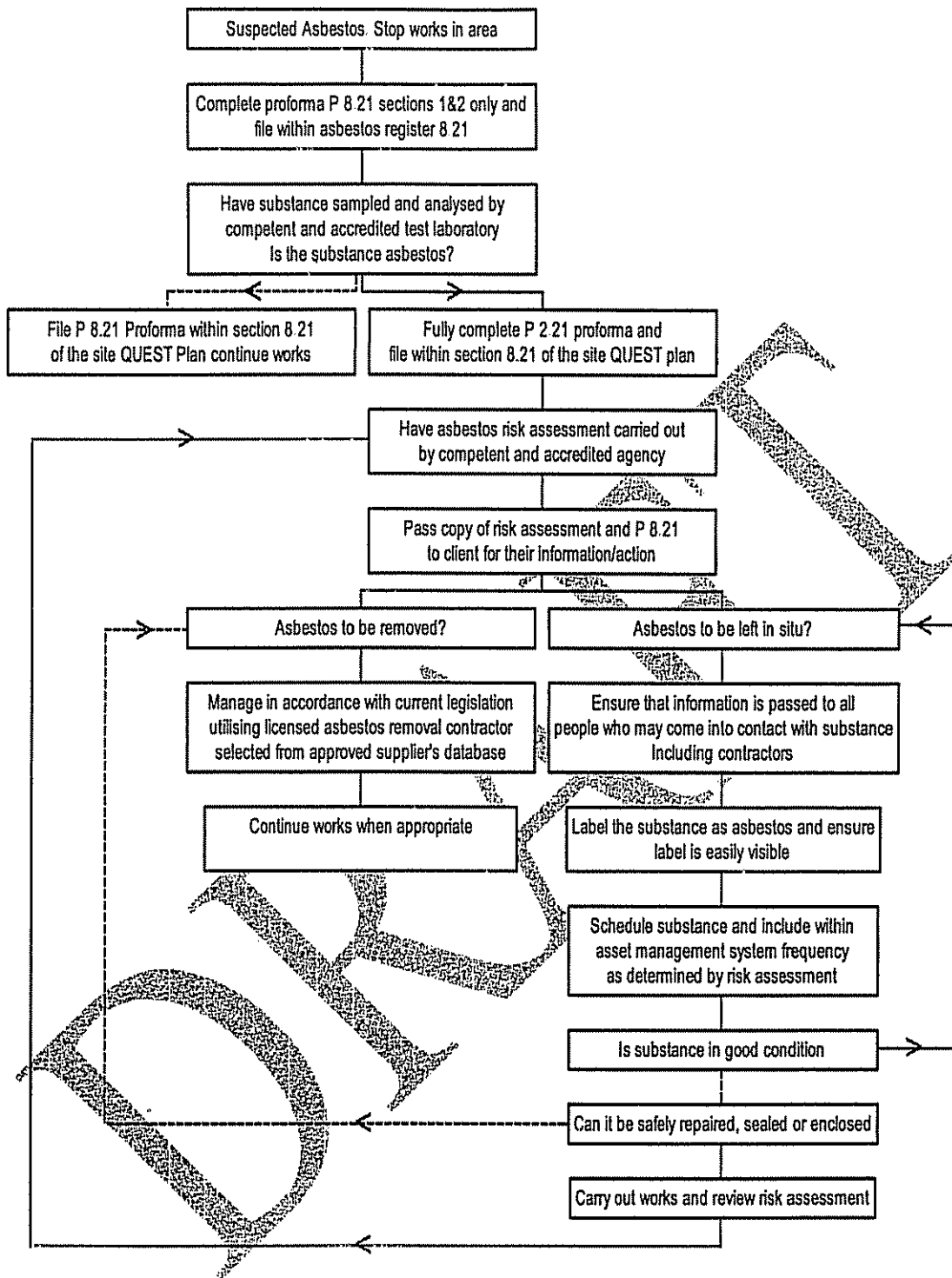
QUEST HEALTH, SAFETY & ENVIRONMENTAL
Asbestos P 8.21

P 8.21 Asbestos.

PROCESS CONTROL.

The following flowchart describes the process control for Management of Asbestos:

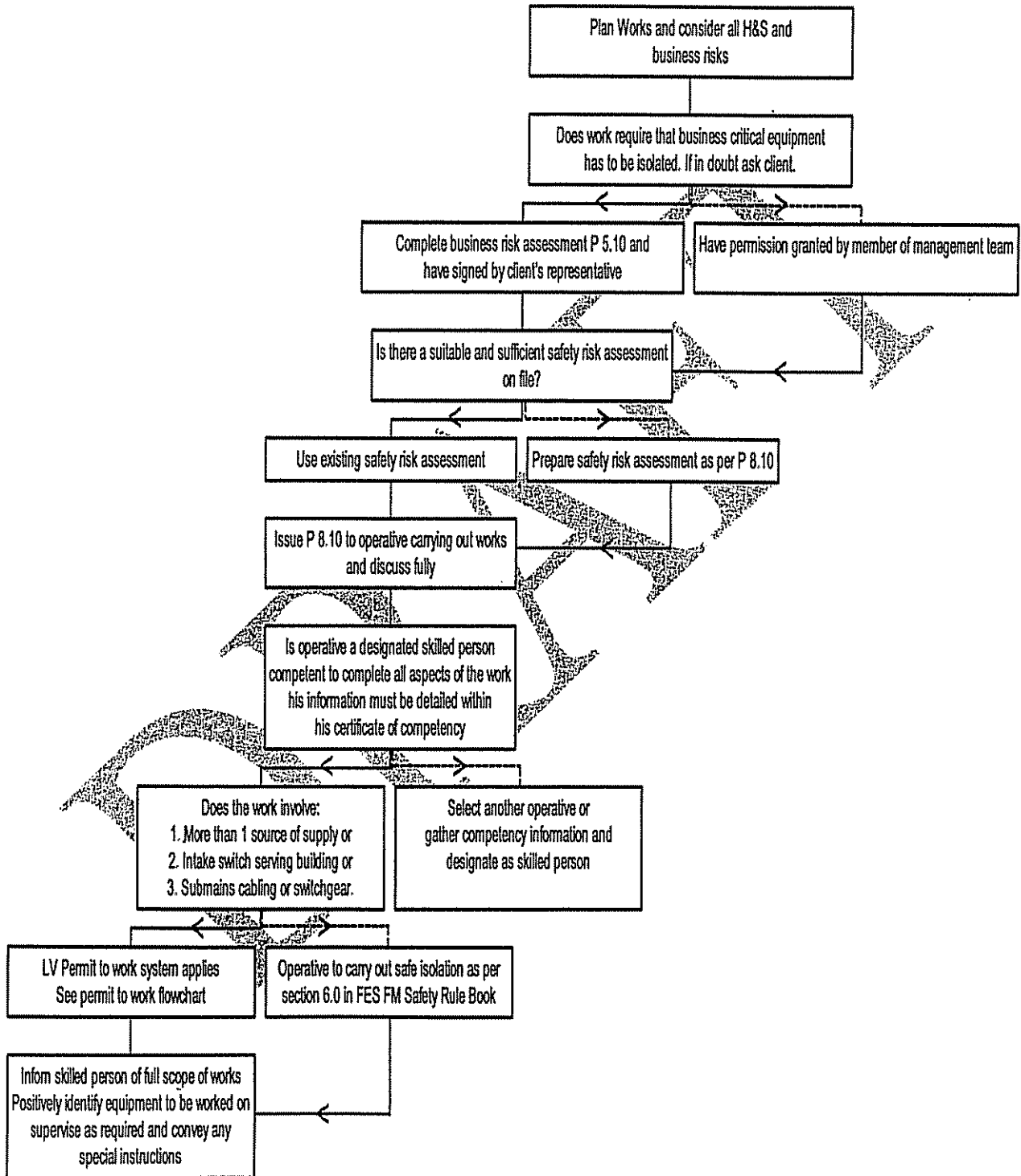
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QUEST SAFE SYSTEMS OF WORK

Low Voltage Safety Rules P 9.1

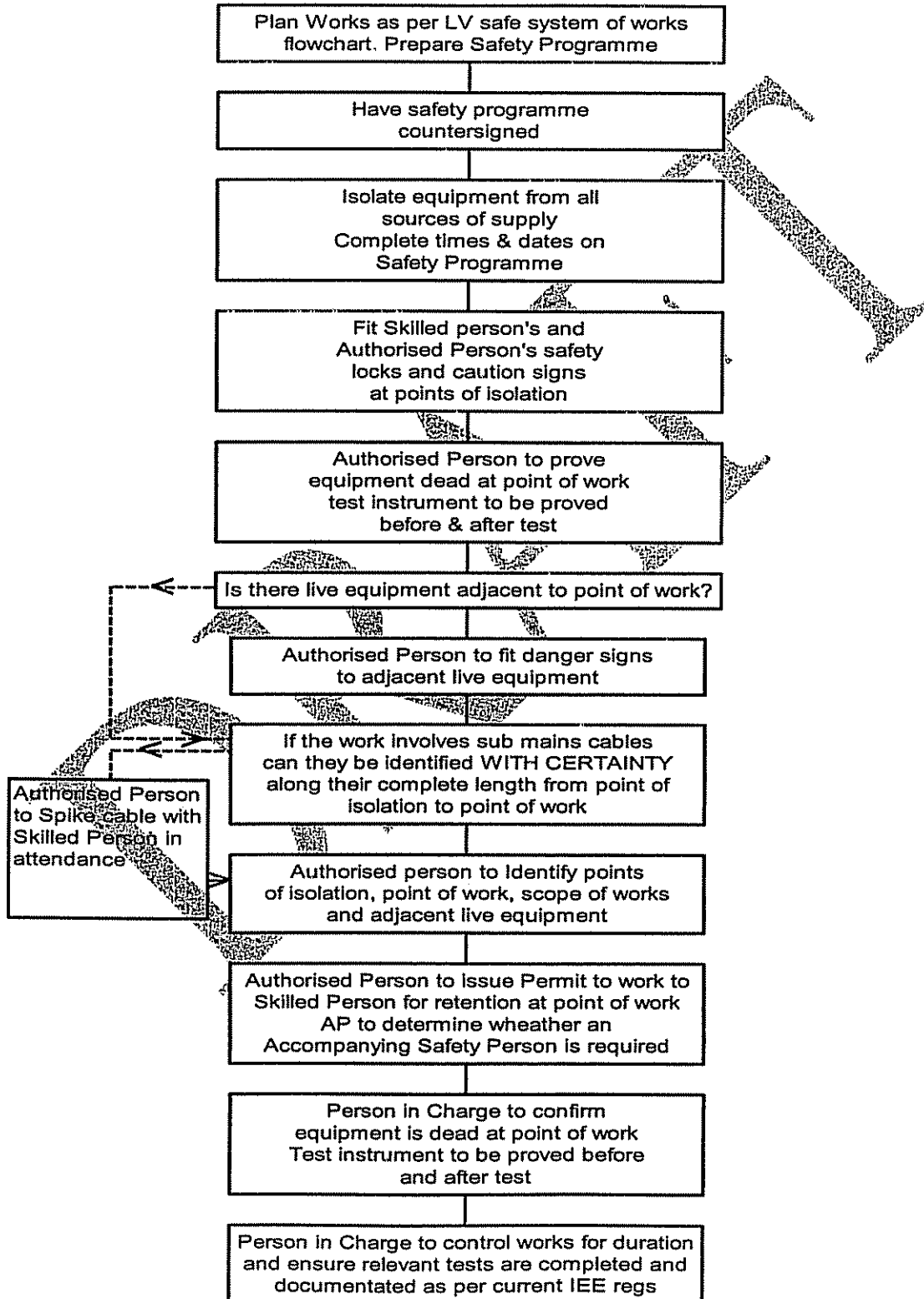
A. All LV Electrical works Flowchart



QUEST SAFE SYSTEMS OF WORK

Low Voltage Safety Rules P 9.1

B LV Permit to work Flowchart



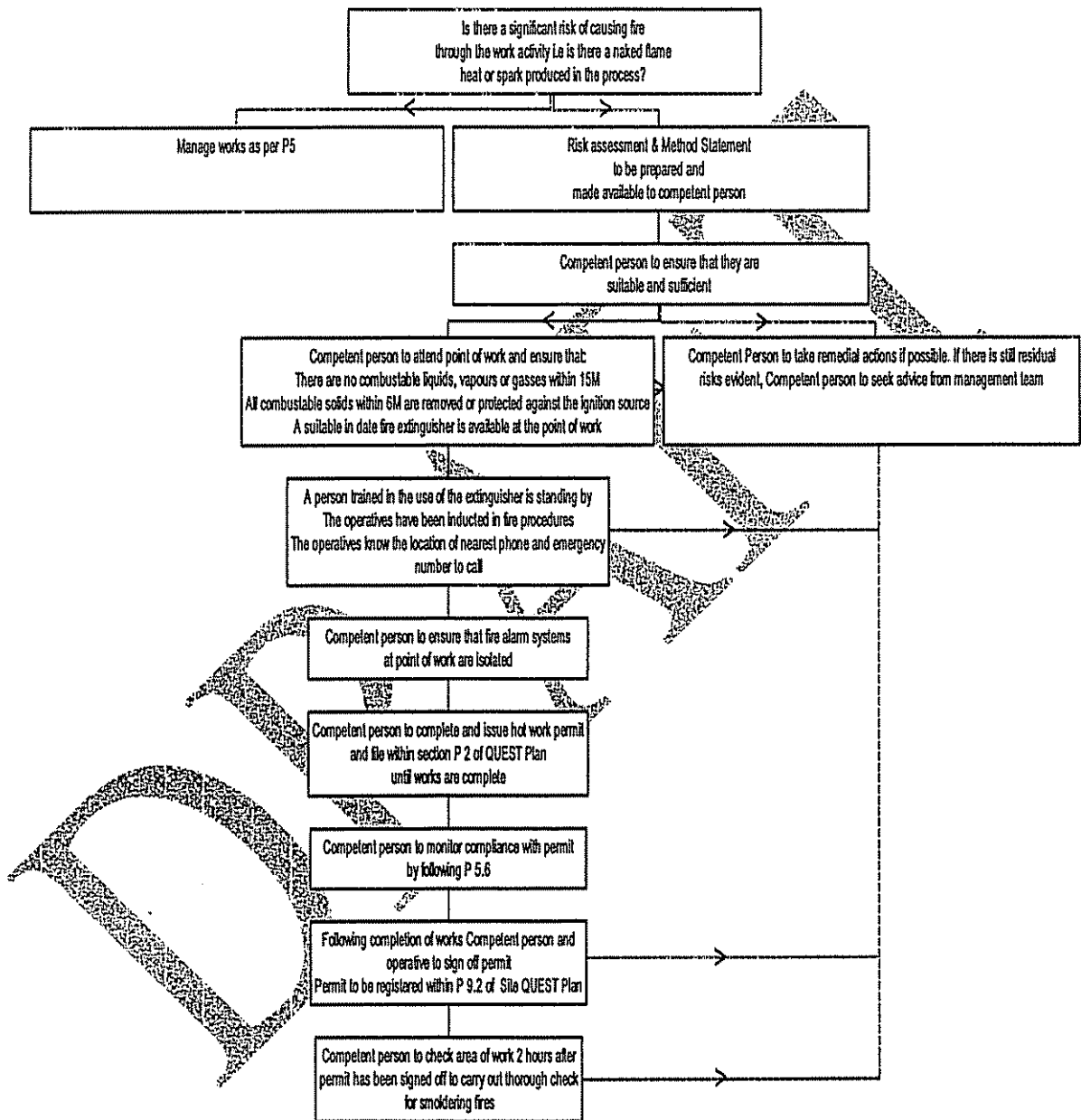
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QUEST SAFE SYSTEMS OF WORK

P 9.2 Hot Works Permit

PROCESS CONTROL.

The following flowchart describes the process control for Hot Works permits:

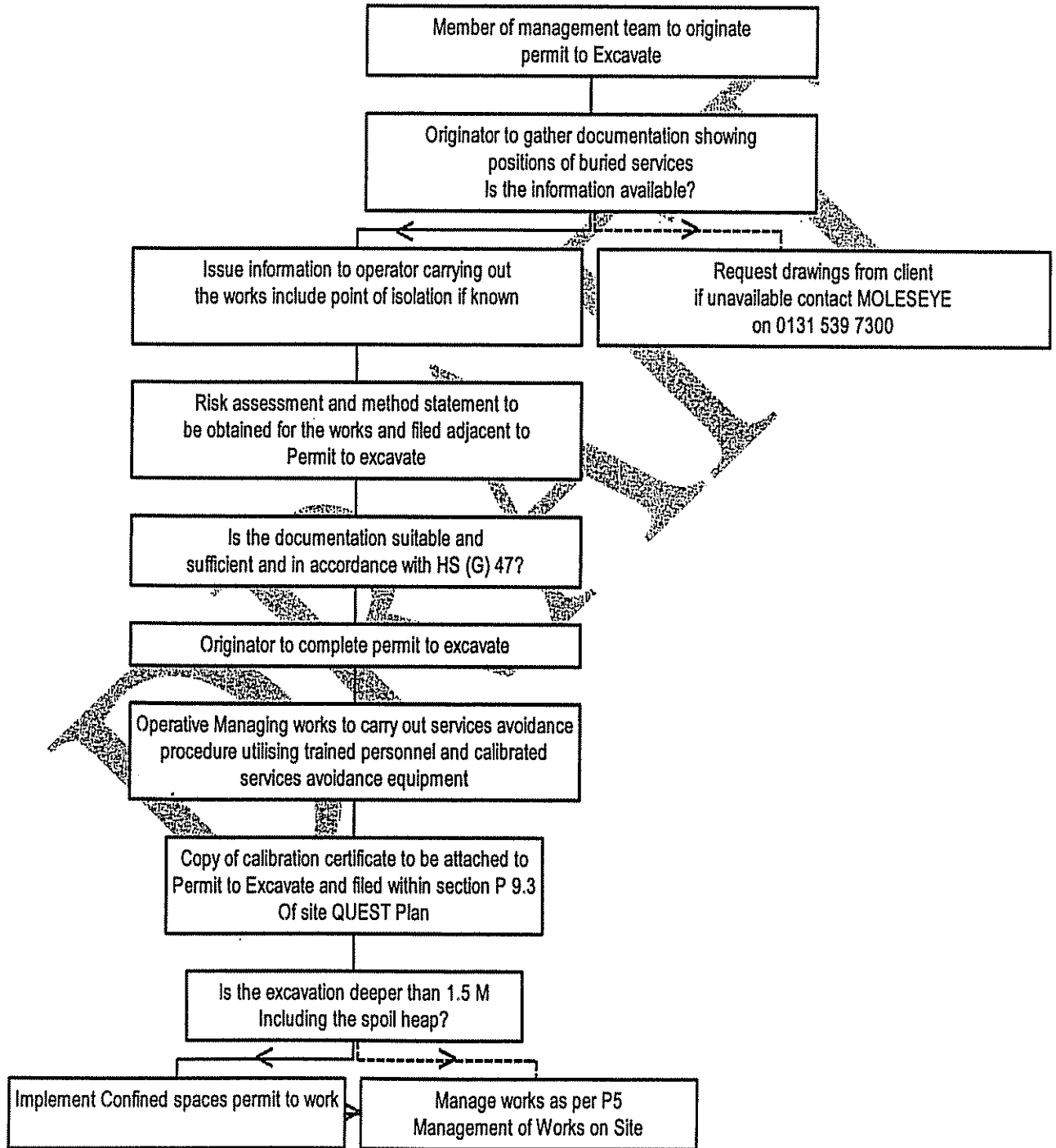


QUEST SAFE SYSTEMS OF WORK

P 9.3 Permit to Excavate

PROCESS CONTROL.

The following flowchart describes the process control for permit to excavate.

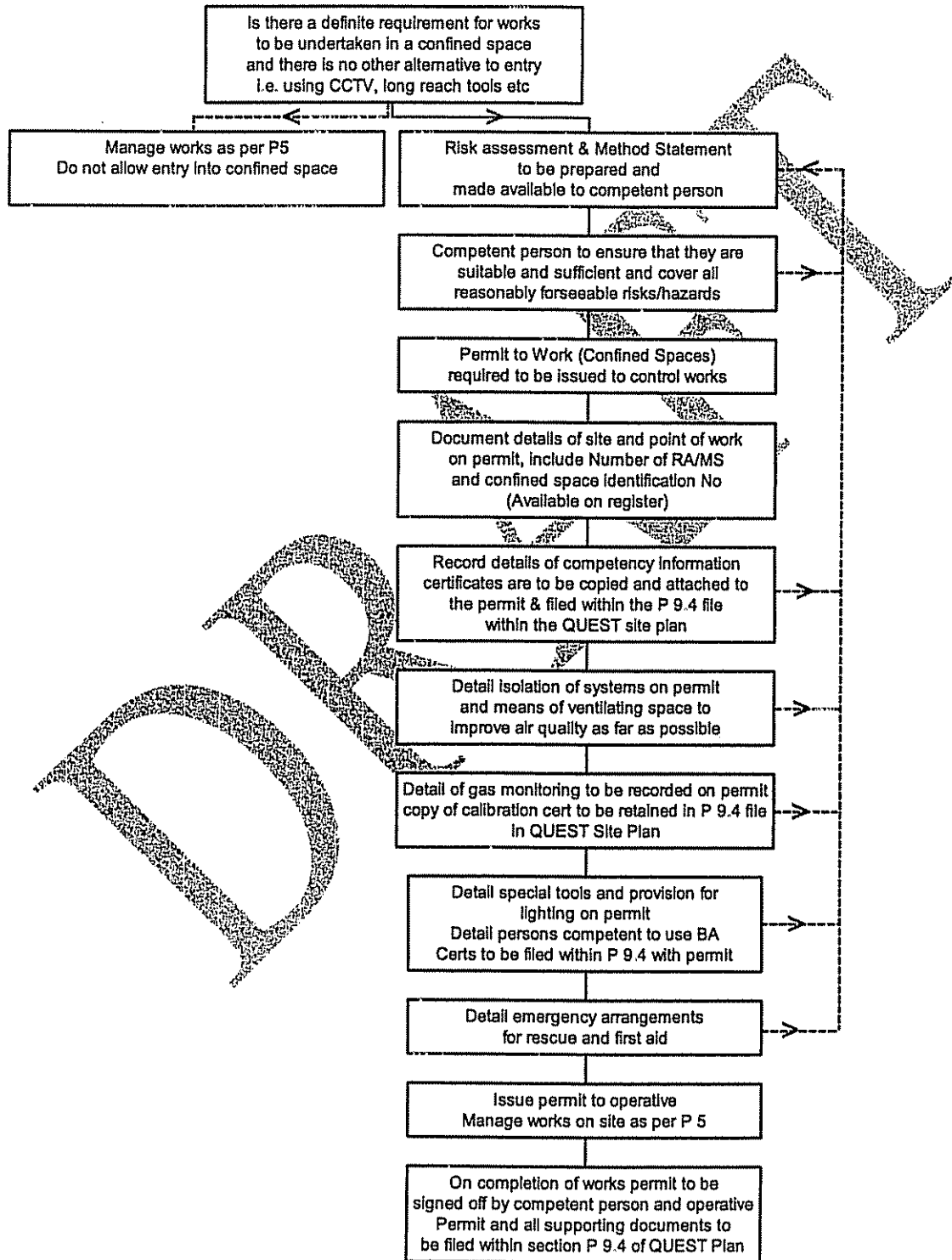


QUEST SAFE SYSTEMS OF WORK

P 9.4 Confined Spaces Permit to Work

PROCESS CONTROL.

The following flowchart describes the process control for Confined Spaces permits to work



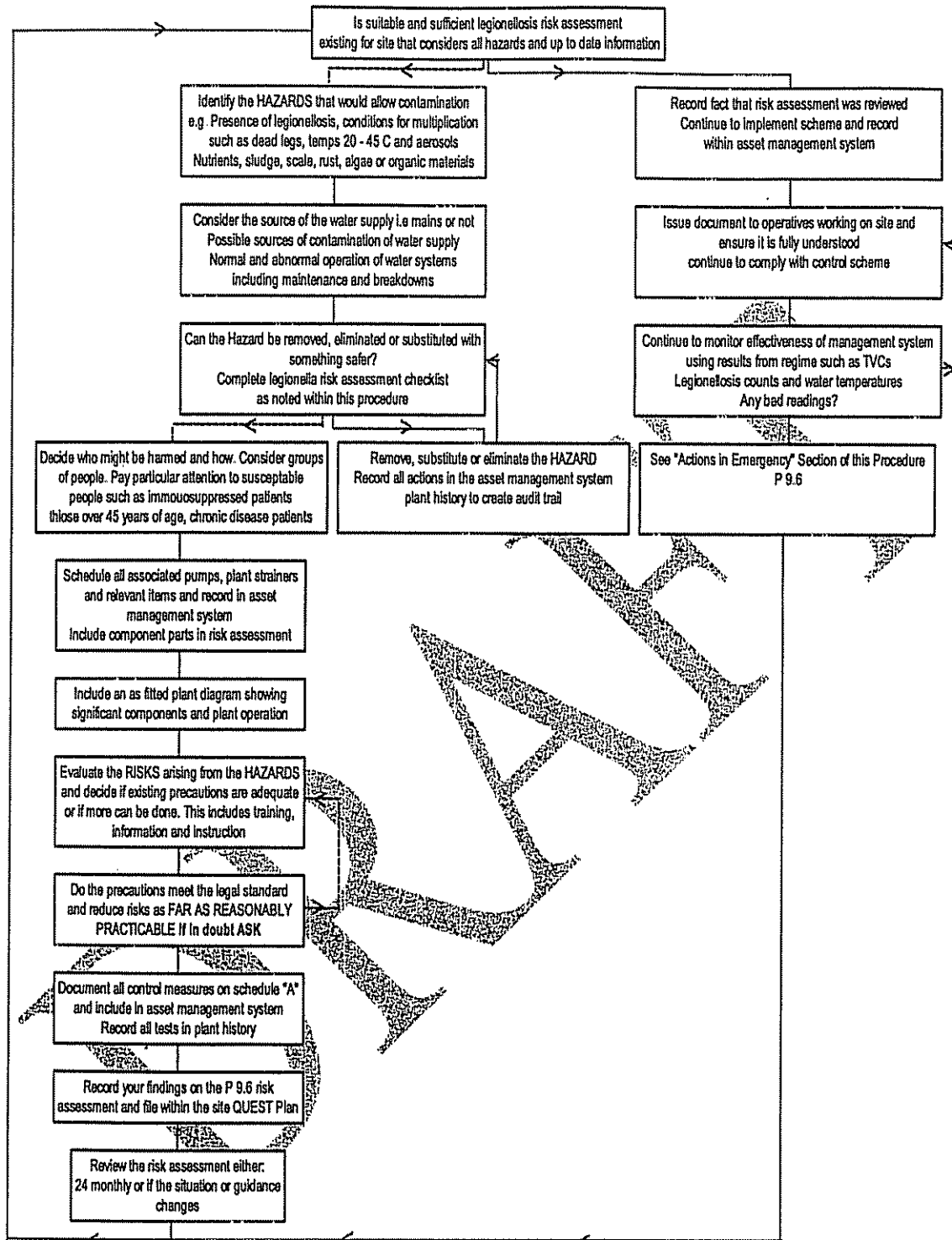
QUEST HEALTH, SAFETY & ENVIRONMENTAL
Legionella Risk Assessments P 9.6

P 9.6 Legionella Risk Assessment.

PROCESS CONTROL.

The following flowchart describes the process control for Legionella Risk Assessment:

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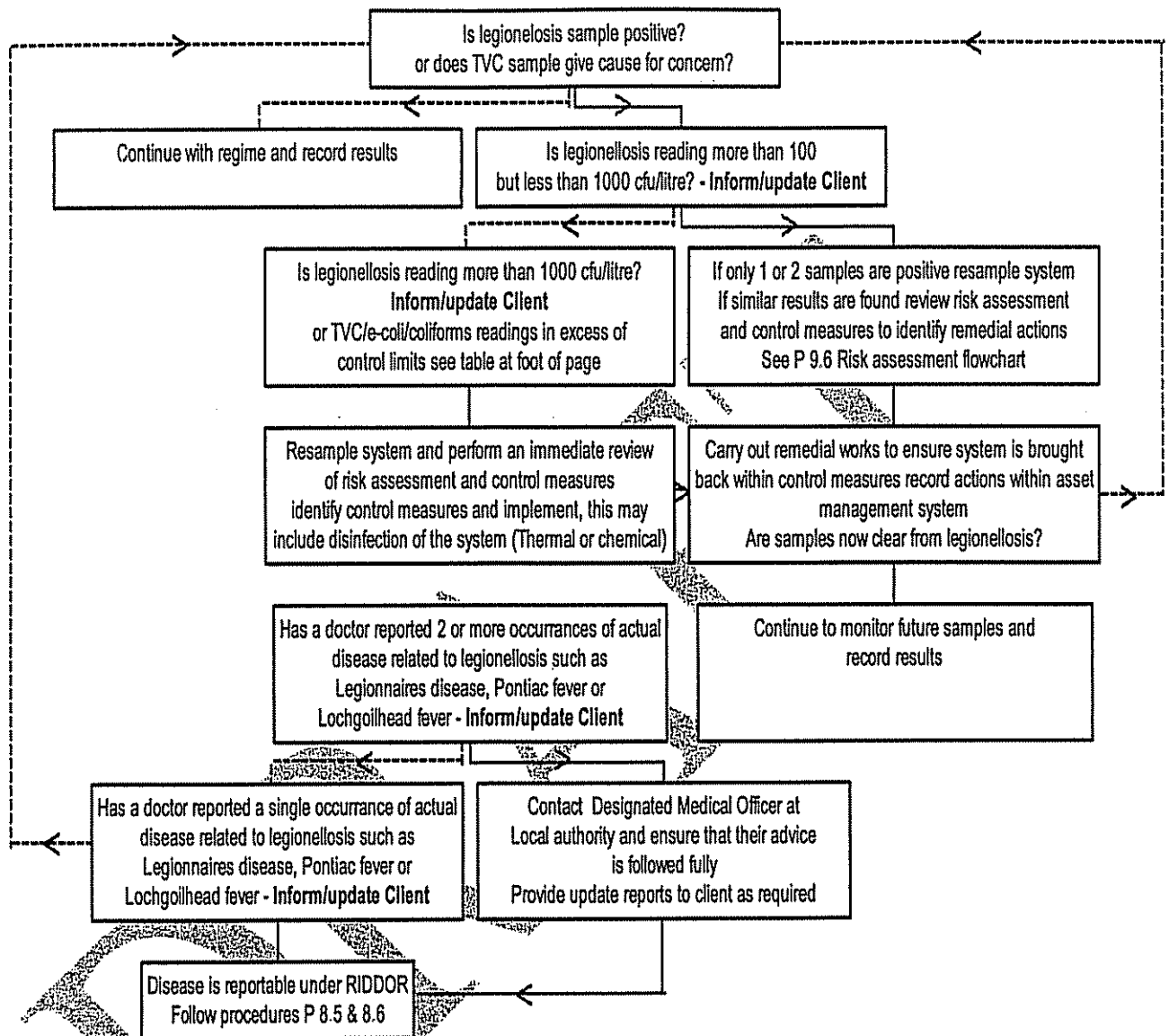
QUEST HEALTH, SAFETY & ENVIRONMENTAL

Management of Water Systems Actions In Emergency P 9.6

P 9.6 Management of Water Systems Actions in Emergency.

PROCESS CONTROL.

The following flowchart describes the process control for actions to be taken for presence of Legionellosis/high TVC/E coli or coliforms counts or outbreaks of actual disease associated with the bacterium:



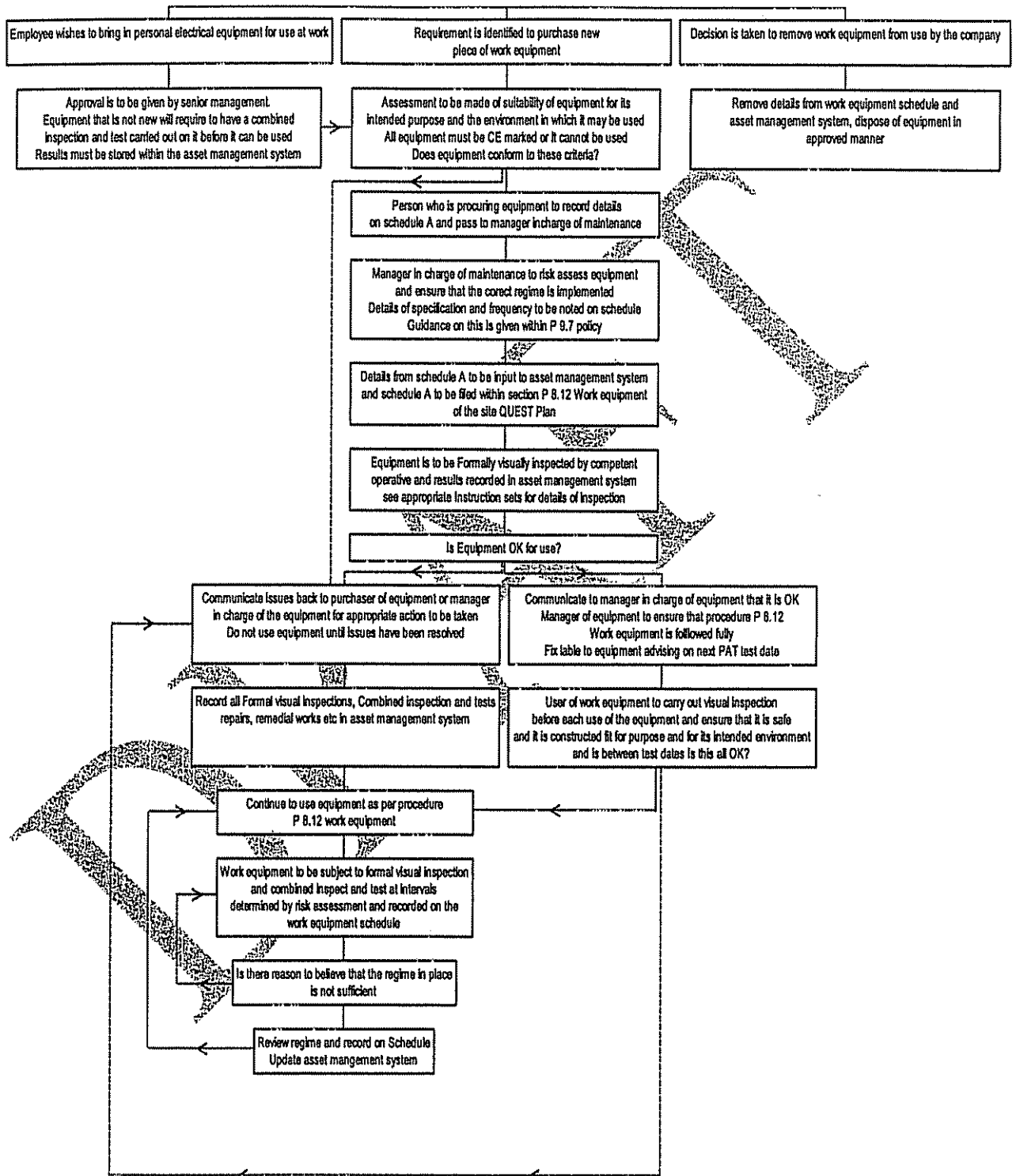
| Type of System | Recommended Maximum Control Limits | Recommended Actions |
|-----------------------------|---|-----------------------------|
| Cooling Tower/Humidifier | TVCs Above 1.0×10^5 cfu/ml | Implement corrective action |
| | TVCs Above 1.0×10^4 cfu/ml | Review system operation |
| Domestic Hot & Cold systems | TVCs Maximum 5.0×10^3 cfu/ml | See flow chart |
| | E coli - None should be present | See flow chart |
| | Coliforms - None present from 95% of samples from a point | See flow chart |
| Closed Systems | TVCs Maximum 1.0×10^4 cfu/ml | See flow chart |
| Swimming Pools & Spas | TVCs Maximum 1.0×10^2 cfu/ml | See flow chart |

QUEST HEALTH, SAFETY & ENVIRONMENTAL
PAT Testing P 9.7

P 9.7 PAT Testing.

PROCESS CONTROL.

The following flowchart describes the process control for PAT Testing:



QUEST STONEHOUSE HOSPITAL SITE PLAN

PART 9 STONEHOUSE HOSPITAL Management Policies

The following Stonehouse Hospital policies as they apply and appear will be followed fully by all fes fm employees whilst working on Stonehouse Hospital premises:

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