

Certificate of Conformity Form 2 (COC II)

Client Information			
Developer or Client Name		Plot & Location:	
Project Type:		Email:	
Representative:		Mobile No.	
Current Height:			
Consultant Information			
Consultant Name:		Office No.:	
P. O. Box:		Email:	
Project Engineer		Mobile No.	
Main Contractor Information			
Main Contractor:		Office No & P. O. Box:	
Project Manager:		Email:	
Project Activity:		Mobile No.	

We hereby confirm that the following Construction Safety requirements have been complied with:

Item #	Description	Yes	No	NA
01	Weekly HSE inspections are carried out by an approved Safety Officer holding valid Safety Advisor Registration Card.			
02	Tool Box talks are carried out on a regular basis for all workers and records of tool box talks are available for inspections.			
03	Permit to Work systems is in place and implemented and Permit Register is maintained.			
04	Risk Assessments is carried out, prepared and communicated to all workforce Including the Line staffs			
05	Safety Harnesses are provided to all workers and mandatory used for works at heights and leading edges and other work wherever applicable and required. Trakhees hierarchy of control for working at heights is followed			
06	All Gas Cylinders are fitted with Flash Back Arrestors and secured in vertical positions. Gauges are fitted and undamaged			
07	All floor/slabs openings are adequately guarded and covered. Risers and Lift Shafts are fitted with safety protection/barriers			
08	All Passenger Hoists/lifts are load tested and certified by Trakhees approved third party and operated by trained operators			
09	All edges of floor/Slab are protected with Rigid Guardrails. Toe-boards and Safety nets are provided to reduce the risk of materials/person falling from the building/ height			

Consultant Stamp & Signature	Contractor Stamp & Signature



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Item #	Description	Yes	No	NA
10	All Mobile/ Tower Cranes are Load Tested & Certified by Trakhees approved third party and Lifting Plan available as required by Trakhees Regulations and operated by trained operators holding valid UAE License			
11	All Scaffolding erected by competent/trained Scaffolder and inspected on a weekly basis by a competent/trained scaffold inspector.			
12	All access stairs both temporary and permanent are fitted with handrails and landing areas are provided with rigid hand rails and edge protections			
13	Control of Traffic and Site Plan, designated vehicle routes and site pedestrian routes are clearly defined and available. Safety/warning signage's are displayed at prominent locations for pedestrians and vehicle drivers.			
14	Waste management procedures established and construction rubbish regularly removed from the site. Basement areas are not used for storing waste or materials etc.			
15	Health and Safety Plan is developed for the project and is updated with the latest contractor's Method Statements and Risk Assessments.			
16	Adequate Welfare & Sanitary facilities for the workers are provided and regularly maintained and cleaning arrangements in place to ensure good health and hygiene			
17	Emergency procedures developed and implemented. Safe access is provided for Emergency vehicles/services to reach/access the building under construction.			
18	Material Safety Data Sheets (MSDS) for Chemicals, Paints, Fuel, Thinners and Hazardous materials used at sited are available & maintained. Safety measures to control exposure are communicated to the workforce			
19	Trained Fire marshals are available to ensure the safe and prompt evacuation of the construction site & buildings in the event of an emergency. Emergency mock drills are practiced every 6 months and records are maintained.			

We undertake to carry out the construction work in accordance with Trakhees CED Regulations and other relevant International Construction Safety Standards. We are aware that we are liable for financial penalties for failing to carry out our works in accordance to the aforementioned standards. We are also aware that in the event of CED issuing Stop Work Orders or Prohibition Notices, we are bound to stop work immediately.

Date: _____

Date: _____

(MAIN CONTRACTOR)

Name, designation & signature
of the authorized person;
Company Stamp

(SUPERVISING CONSULTANT)

Name, designation & signature
of the authorized person;
Company Stamp

Main Contractor Stamp & Signature	Supervising Consultant Stamp & Signature