CLEARANCE CERTIFICATE



7						
Project Name:	Solar Vision Clearance	Description of Work	Clearance		Date:	10/09/2021
Project No:	2355	Name of Surveyor	Tomo Lloyd	0.	No of staff	_
Client	David Frost (Solar Vision) Mobile: 07956 281140	ē:		HIGH RISK,	IF YES please specify actions taken	y actions taker
		Is the Risk of Strike (tick box)		MEDIUM RISK,	IF YES please specify actions taken	v actions take
			Low Risk	LOW RISK,	IF YES please specify actions taken	y actions take
STEPS	HAZARDS	RISK	HOW TO E	HOW TO BEDLICE OB ELIMINATE THE DOC		
Dower & Dadio Succession		UIGH / MED / LOW				REMAINING RISK
GPR.	GPR. Lov	Low risk. Move the	Move the position of the light needed to go in.	needed to go in.		Low Risk.
A NEW CLEARANCE CED						
	THE SECOND TO SECOND SE	DATED IF ADDITIONAL HAZARD	S OR CIRCUMDTA	NCES CHANGE AND SAFE	EDIGGING PRACTISES MUST	ALWAYS BE PERF
An the control of the	BEFORE WORK COMMENCES	CES			CHECKLIST	
As the contractor I confirm	As the contractor I confirm that I have carried out the works as agreed and discussed the hazards if any	and discussed the hazards if any		Cleara All obvious hazards ic	Clearance certificate fully completed All obvious hazards identified and precautions taken	eted taken
On behalf of the site, I have	On behalf of the site. I have reviewed and agreed with the work arrangements	angements		Did	Did a near miss occur whilst on site	on site
Signed:	.	Date: Wals-	IF CERTIFICAT	E IS NOT SIGNED OFF BY	IF CERTIFICATE IS NOT SIGNED OFF BY CLIENT WHISLT ON SITE, THEN IT WILL NEED TO BE EMAILED AND RETURNED SIGNED BY CLIENT	EN IT WILL NEED