INSURANCE, HEALTH AND SAFETY CHECKLIST

MSV

Please complete this form **FULLY** and provide the all relevant documentation (as detailed in red below)
Permission to use MSV circuits will not be given until all information is attached, valid and in order.

Team/Company Name:			
Full Postal Address:			
Post Code:		Phone Number:	

Team/Company Name:	
Name:	
Position in Company:	
Date and Times on Site:	
Phone/Mobile Number:	

Team/Company Name:	
Name:	
Position in Company:	
Date and Times on Site:	
Phone/Mobile Number:	

Insurance Details (refer to your Insurance Brokers for information)		
Employers Liability Insurance: *(Valid Certificate **must** be attached)*	Name of Insurer:	Policy Number:
	Renewal Date:	Indemnity Limit (£m):
Public Liability Insurance: *(Valid Confirmation/Schedule **must** be attached)*	Name of Insurer:	Name of Insurer:
	Name of Insurer:	Name of Insurer:
	Indemnity Limit Each Claim: £ Aggregate: £	Indemnity to Principles Clause included? **Y or N?**

Health and Safety Documentation		
Risk Assessment *(Including fire risks)*	Date last updated?	Copy **must** be attached
Operational Procedures & Safe Systems of Work	Date last updated?	Copy **must** be attached

Temporary Structures Information		
Are you setting up Temporary Structures?	Yes ☐ *If **YES**, complete boxes below.*	No ☐ *If **No**, skip boxes below.*

Describe Temporary Structures:	Copy of Method Statements attached? Yes ☐ No ☐
Structural Plans and Weight Loading Calculations followed? Yes ☐ No ☐	Fire retardant materials used,where possible? Yes ☐ No ☐
All personnel competent and well trained? Yes ☐ No ☐	Electrical Equipment well maintained with PAT certification? Yes ☐ No ☐
Fire Plans drawn up and Fire provisions in place eg. fire extinguishers,appropriate access and egress? Yes ☐ No ☐	Plant drivers hold valid licenses and/or tickets? Yes ☐ No ☐ *(Copies to be kept with them on site)*

Full Name of Person Completing this Form:	
Position held Within Company:	
Date this Form Completed:	
Phone/Mobile Number:	

MSV Insurance, Health and Safety Checklist © MotorSport Vision Limited 2022

FOR MSV USE ONLY	
Date This Form Reviewed:	
Name of Person Reviewing this Form:	
All Documents Included?	Yes ☐ No ☐
Any further Comments?	
What documents are left outstanding?	
Scan and email this Form and corresponding documentation to Group H&S Manager?	Yes ☐ No ☐
Date Emailed?	

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