

## Appendix II

### Record Keeping Forms

*(Alternatively Site's own recording  
systems may be used)*



THORNCLIFFE BUILDING SUPPLIES LTD

REJECTED WASTE - RECORD FORM TBS/RF/2

<b>DATE</b>	
<b>TIME</b>	
<b>WASTE DESCRIPTION</b>	
<b>QUANTITY OF WASTE</b>	
<b>PRODUCER/HOLDER'S NAME, ADDRESS &amp; TELEPHONE No.</b>	
<b>NAME OF CARRIER</b>	
<b>VEHICLE REGISTRATION</b>	
<b>CARRIER REG. No.</b>	
<b>REASON FOR REJECTION OF WASTE</b>	
<b>ACTION TAKEN</b>	



**THORNCLIFFE BUILDING SUPPLIES LTD**

**SITE INSPECTION FORM (DAILY INSPECTIONS) - TBS/RF/4**

WEEK STARTING		DAY						
		M	T	W	T	F	S	S
SITE ENTRANCE/NOTICE BOARD								
SECURITY - GATES								
SECURITY - FENCING								
SITE ROADS / SURFACES								
WASTE CONTAINERS & BAYS								
WASTE TYPES								
WASTE/SKIP STORAGE								
PLANT/EQUIPMENT								
FUEL TANK/BUND								
CONCRETE HARDSTANDING								
INTERCEPTOR								
DRAINAGE CHANNELS/GULLIES								
WASTE TYPES/ QUANTITIES	INERT							
WASTE TYPES/ QUANTITIES	BIODEGRADABLE							
REJECTED WASTE TYPES / STORAGE								
NOISE LEVELS								
FIRES								
LITTER								
DUST								
ODOUR								
VERMIN								
RECORDS								
OTHER -								
INSPECTION CARRIED OUT BY								
NOTES/ACTION (CONTINUE ON A SEPARATE SHEET IF NECESSARY):								
CHECKED BY					SIGNATURE			
POSITION					DATE			
Sheet					of			





**THORNCLIFFE BUILDING SUPPLIES LTD  
EMPLOYEE TRAINING NEEDS ASSESSMENT / REVIEW - TBS/RF/6**

EMPLOYEE NAME					DATE					
POSITION					REVIEW DUE					
TRAINING CARRIED OUT BY										
POSITION										
TRAINING REQUIRED	GENERAL OPERATIVES		HGV DRIVER		PLANT OPERATOR		YARD MANAGER		TECHNICALLY COMPETENT MANAGER	
CARRIED OUT?	Y/N	SIGNED BY EMPLOYEE	Y/N	SIGNED BY EMPLOYEE	Y/N	SIGNED BY EMPLOYEE	Y/N	SIGNED BY EMPLOYEE	Y/N	SIGNED BY EMPLOYEE
SITE RULES AND INFRASTRUCTURE										
EMERGENCY PROCEDURES										
FIRE SAFETY/ FIRE FIGHTING										
RECOGNITION OF WASTE TYPES										
PERSONAL PROTECTIVE EQUIPMENT (PPE)										
STORAGE AREAS/LIMITS										
RECORD KEEPING										
VEHICLE CHECKS (Preventative Maintenance)										
PLANT CHECKS (Preventative Maintenance)										
DUTY OF CARE WASTE TRANSFER NOTES										
PLANT OPERATION - LOADING PLANT										
PLANT OPERATION - TREATMENT PLANT										
MANAGEMENT SYSTEM & PERMIT										
OTHER 1 (PLEASE SPECIFY)										
OTHER 2 (PLEASE SPECIFY)										

**THORNCLIFFE BUILDING SUPPLIES LTD  
COMPLAINTS REPORT FORM (TBS/RF/7)**

Date Recorded:	Reference Number:
Name and address of caller	
Telephone number of caller	
Time and Date of call	
Nature of complaint (noise, odour, dust, other) (date, time, duration)	
Weather at the time of complaint (rain, snow, fog, etc.)	
Wind (strength, direction)	
Any other complaints relating to this report	
Any other relevant information	
Potential reasons for complaint	
The operations being carried out on site at the time of the complaint	
<b>Follow Up</b>	
Actions taken	
Date of call back to complainant	
Summary of call back conversation	
<b>Recommendations</b>	
Change in procedures	
Changes to Environmental Management System (EMS)	
Date changes implemented	
Form completed by	
Signed	
Date completed	

## **COMPLAINT RECORDING PROCEDURE:**

- 1) Any complaints received will be recorded on form TBS/RF/7. This form will normally be completed, signed and dated by the Site Manager; if they are not available the Office Manager will complete the form.
- 2) The name, address and telephone number of the caller will be requested.
- 3) Each complaint will be given a reference number.
- 4) The caller will be asked to give details of:
  - a. the nature of the complaint;
  - b. the time;
  - c. how long it lasted;
  - d. how often it occurs;
  - e. Is this the first time the problem has been noticed; and
  - f. what prompted them to complain
- 5) The person completing the form will then, if possible, make a note of:
  - a. the weather conditions at the time of the problem (rain, snow, fog etc.)
  - b. strength and direction of the wind; and
  - c. the activity or activities taken place on the site at the time the noise was detected, particularly anything unusual.
- 6) The reason for the complaint will be investigated and a note of the findings added to the report.
- 7) The caller will then be contacted with an explanation of the source of the complaint if identified and the action taken to prevent a recurrence of the problem in future.
- 8) If the caller is unhappy about the outcome or unwilling to identify themselves the caller will be invited to contact the Environment Agency and or the Local Authority.
- 9) Following any complaint the relevant management plan(s) will be reviewed to ensure appropriate actions are in place to counter any problems.

**THORNCLIFFE BUILDING SUPPLIES LTD  
EMERGENCY DRILL RECORD - TBS/RF/8**

<b>DRILL TYPE (e.g. Fire):</b>	
<b>DATE:</b>	
<b>TIME:</b>	
<b>LOCATION OF INCIDENT/DRILL</b>	
<b>COMPLETED BY</b>	
<b>DATE OF LAST DRILL:</b>	
<b>ACTION/ OBSERVATION</b>	<b>PERFORMANCE / COMMENTS:</b>
Delay to first staff member leaving yard/building	
Delay to last staff member leaving yard/building	
Did staff leave in an orderly and calm manner?	YES/NO (delete)
Did staff leave without collecting their personal belongings?	YES/NO (delete)
Did staff congregate at the designated roll call area?	YES/NO (delete)
Was the register taken?	YES/NO (delete)
How was the site and/or buildings left? (Computers left on, plant left running etc.)	
General comments	
<b>FOLLOW UP ACTION:</b>	
General staff training	
Modify procedures	
Specific staff training	
Additional equipment required	
Other comments	

**THORNCLIFFE BUILDING SUPPLIES LTD  
PREVENTATIVE MAINTENANCE CHECKLIST - TBS/RF/9**

<b>CHECKED BY:</b>	<b>POSITION:</b>
<b>DATE:</b>	<b>DATE OF LAST CHECKLIST:</b>

	EQUIPMENT ITEM					
<b>OFFICIAL MAINTENANCE CHECK REQUIRED (Y/N)</b>						
<b>IF NO, DATE OF LAST CHECK</b>						
<b>IF YES, DATE OF NEXT CHECK</b>						
<b>IS ITEM IN CORRECT WORKING ORDER</b>						
<b>IF NO, WHAT REPAIRS ARE REQUIRED? (USE SEPARATE SHEET IF REQUIRED)</b>						
<b>WERE REPAIRS DETAILED ON THE LAST CHECKLIST</b>						
<b>IF YES, HAVE THEY BEEN CARRIED OUT</b>						
<b>ADDITIONAL REPAIRS OR ACTIONS REQUIRED</b>						

