

# Certificate of Conformity Form 3 (COC III)

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	Detailed Risk Assessments have been carried out and prepared to cover working at height			
02	Evidence is available to demonstrate that personnel involved in work at height are trained and have been briefed on the requirements of the Risk Assessments covering their work.			
03	Full edge protections to all perimeter edges of the tower are provided in accordance with Trakhees requirements.			
04	Protective fans are provided close to the wet head of the tower to reduce the risk of any material or debris falling to the ground			
05	A documented procedure and full Risk Assessment are in place to cover the flying of table forms.			
06	Full body safety harnesses are provided to those workers involved in progressing formwork decks. Lifelines / anchoring points available All workers using full body safety harnesses are trained in the use of safety harnesses			
07	Warning lights and flashing lights provided on buildings and tower cranes as per Trakhees requirements			
08	A documented Safety procedure & Plan are in place to cover the Emergency Rescue of any person who may fall and become suspended by their Safety harness; this procedure has been communicated to all personnel involved.			
09	All tower cranes have been tested by a Trakhees approved third party engineer and a copy of the test certificate are available for inspection (test date within 6 months if people are lifted).			

Consultant Stamp & Signature	Contractor Stamp & Signature



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10	Passenger hoists are tested by a Trakhees approved third party Consultants and a copy of the test certificate are available for inspection (6 months test frequency).			
Item #	Description	Yes	No	NA
11	A means of sounding the alarm in the event of an emergency is available and is audible against background noise levels			
12	An efficient mustering system is in place to ensure that personnel can evacuate the tower safely in the event of an emergency, evacuation drills are practiced.			
13	Clear signage is available at prominent locations to indicate emergency exit routes and provide information of the emergency action and location of fire safety equipment.			
14	A suitable number of fire marshals have been appointed and are appropriately trained by DCD in basic fire safety procedures.			
15	Regular fire safety inspections of the tower are undertaken and any action points raised are closed out quickly and effectively			
16	A detailed fire safety risk assessment has been prepared and communicated to all personnel; the risk assessment must identify sources of fire and the appropriate control measures			
17	A Wet Riser is (temporary or permanent) is installed and commissioned to make available an adequate supply of water for firefighting to the emergency services, a landing valve is available on each floor.			
18	A stair case in the Tower is designated as the firefighting shaft and has been fitted with fire doors (temporary or permanent) and fire stopping has been provided to reduce smoke ingress.			
19	All workers have been briefed on the action to take in the event of the fire alarm sounding, regular tool box talk reminders are provided to all workers.			

We undertake to carry out the construction work in accordance with Trakhees CED Regulations, DCD Fire Safety Code 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 Trakhees issuing Stop Work Orders, we are bound to stop work immediately.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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(MAIN CONTRACTOR)

Name, designation & signature  
of the authorized person;

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(SUPERVISING CONSULTANT)

Name, designation & signature  
of the authorized person;

Main Contractor Stamp & Signature	Supervising Consultant Stamp & Signature



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Company Stamp

Company Stamp

Main Contractor Stamp & Signature	Supervising Consultant Stamp & Signature