

Appendix B

CDM Record Form

Project Number:	
Project Description:	
Project Leader/Manager	
Start Date:	
End Date:	

Duty Holder	Name	Initials of Acceptance	Date
Client			
Principal Designer			
Designer			
Designer			
Principal Contractor			
Contractor			
Contractor			

Duty	Has this been done Yes / No	Initials	Date
Initial HSE Notification (F10)			
Additional HSE Notification (F10)			
Preconstruction Information pack			
Construction Phase Plan			