

C&G Safety & Environmental Limited

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To: Consultancy department (web request)

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From:

Date:

Re:

Pages: , including this

Please contact me to discuss the following areas,

- | | | |
|--|--|--|
| <input type="checkbox"/> Safety Policy Statements | <input type="checkbox"/> Noise Assessments | <input type="checkbox"/> Workplace Risk Assessments |
| <input type="checkbox"/> Risk Assessments | <input type="checkbox"/> CDM Planning Supervision | <input type="checkbox"/> Exposure to Hazardous Dusts |
| <input type="checkbox"/> Fork Lift Training | <input type="checkbox"/> LGV Driver Training | <input type="checkbox"/> Competent Person Training |
| <input type="checkbox"/> Fire Risk Assessment | <input type="checkbox"/> Method Statements | <input type="checkbox"/> Permit to Work Systems |
| <input type="checkbox"/> First Aid Training | <input type="checkbox"/> Exposure to Solvents | <input type="checkbox"/> Exposure to Fumes & Vapours |
| <input type="checkbox"/> Confined Spaces Training | <input type="checkbox"/> Contaminated Land Advice | <input type="checkbox"/> Office Air Quality |
| <input type="checkbox"/> Fire Safety Audits | <input type="checkbox"/> Plant Training | <input type="checkbox"/> Manual Handling Assessment |
| <input type="checkbox"/> Slinging and Lifting | <input type="checkbox"/> Fire Marshal Training | <input type="checkbox"/> Using Fire Extinguishers |
| <input type="checkbox"/> Display Screen Assessment | <input type="checkbox"/> Asbestos Materials Identification and Management Training | |

Other need(s): _____

Contact name: _____

Tel. _____

Fax _____

Email _____