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		SITE		
Principle Contractor:				
Inspection date:				
Project Address:				

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Item No.	Page	Location/Issue	Action required

	Priority	Action by	Date done

Inspection carried out by:	
Name:	
For:	
Date:	
Signed:	

Priority Key

Immediate
One /Two Day
One week
Recommended

1. Documentation

1.1	All Risk Assessments & Method Statements up to date?
1.2	Permits to dig?
1.3	Plant Operators' certificates on file?

2. General

2.1	Scans done, recorded?
2.2	Appropriate safety signs in place?
2.3	Barriers in place?
2.4	

3. Personal Protective Equipment (PPE)

3.1	Standard PPE being worn? Boots, Hat, Hi Vis.
3.2	Extras - goggles/ear defenders?

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3.3	Mandatory PPE zones?

4. Plant / Equipment

4.1	Weekly check logs available, up to date?
4.2	Machine visual inspection?
4.3	Banksmen needed/used?

5. Traffic Management

5.1	Is works area separated from pedestrian routes?
5.2	

6. Sundry

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7. Any Issues not closed off from previous inspection

	Na

8. Pictures

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