

S A M P L E

		<<Bus 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

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1. Documentation

1.1	All Risk Assessments & Method Statements up to date?
1.2	Permits to work – hot works?
1.3	Gas Safe certificates available?

2. General

2.1	Appropriate safety signs in place?
2.2	Working area isolated from others?
2.3	

3. Personal Protective Equipment (PPE)

3.1	Standard PPE being worn? Boots, Hat, Hi Vis.
3.2	Extras - goggles/ear defenders?
3.3	

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4. Tools / Equipment

4.1	Have tools had a visual inspection?
4.2	Are casings or leads damaged?
4.3	Have electrical tools been PAT tested?

5. Fire

5.1	Hot Works Permit issued?
5.2	Suitable extinguisher available?
5.3	Is there a fire plan in place?

6. Sundry

	Na

7. Any Issues not closed off from previous inspection

	Na

8. Pictures

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