

# S A M P L E

		<<Bus SITE	
Principle Contractor:			
Inspection date:			
Project Address:			

# S A M P L E

Item No.	Page	Location/Issue	Action required	Priority	Action by	Date done

<b>Inspection carried out by:</b>	
<b>Name:</b>	
<b>For:</b>	
<b>Date:</b>	
<b>Signed:</b>	

<b>Priority Key</b>
Immediate
One /Two Day
One week
Recommended

# S

# A

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# P

# L

# E

## 1. Documentation

		ents
1.1	All Risk Assessments & Method Statements up to date?	
1.2	Permit to work needed, issued?	
1.3		

## 2. General

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

## 3. Personal Protective Equipment (PPE)

		ents
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?

nts

**5. Working at height**

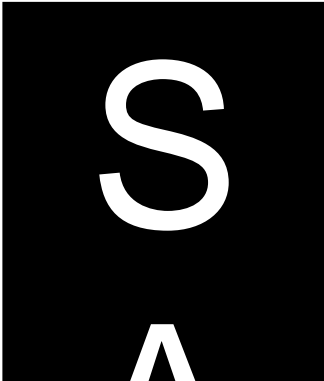
5.1	Specific RA carried out?
5.2	Ladders/ steps checked?
5.3	Scaffold/ Mobile tower checked?
5.4	MEWP checked?
5.5	PASMA/IPAF certificated personnel?
5.6	Means of access suitable?
5.7	Is edge protection needed, is it available?
5.8	Is fall prevention available? Test labels etc.

nts

**6. Exposure to dust/ noise**

		Y/N/NA	Comments
6.1	Specific RA carried out?		
6.2	Is dust suppression in place, wet cutting?		
6.3	Is noise an issue to user or others, is PPE worn?		
6.4	Are barriers needed/used?		

**7. Sundry**



**8. Any issues not closed off from previous inspection**



**9. Pictures**