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		<<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

1. Documentation

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

2. General

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

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

		Y/N/NA	Comments
4.1	Have tools had a visual inspection?		
4.2	Are casings or leads damaged?		
4.3	Have electrical tools been PAT tested?		

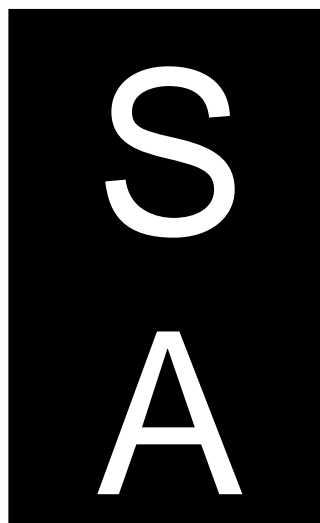
5. Working at height

		Y/N/NA	Comments
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.		

6. Exposure to dust/noise

		Y/N/NA	Comments
6.1	Specific RA carried out?		
6.2	Is dust suppression in place, wet cutting, rubbing down?		
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

