

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

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

Priority Key
Immediate
One /Two Day
One week
Recommended

S A M P L E

1. Documentation

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

2. General

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

3. Welfare

		nts
3.1	Are satisfactory welfare facilities available?	
3.2	Hot and cold running water, drinking water?	

S A M P L E

3.3	Rest facilities clean?
3.4	Facilities to boil water, prepare / eat meals?
3.5	Facilities for drying clothes in wet weather, facilities for storing / changing clothes?
3.6	

4. Personal Protective Equipment (PPE)

4.1	Standard PPE being worn? Boots, Hat, Hi Vis.
4.2	Extras -goggles/ear defenders?
4.3	Mandatory PPE zones?

	nts

5. Plant / Equipment

5.1	Weekly check logs available, up to date?
5.2	Machine visual inspection?
5.3	Banksmen needed/used?

	nts

6. Traffic management

6.1	Is works area separated from pedestrian routes?
6.2	

nts

7. First Aid

7.1	First aider or App Persons on site?
7.2	Location of First Aid point known?
7.3	Location of nearest A&E hospital known?

nts

8. Sundry

	Na

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9. Any issues not closed off from previous inspection

	Na	

10. Pictures

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