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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	Construction phase health & safety plan up to date?
1.2	All Risk Assessments & Method Statements up to date?
1.3	Site induction & signing in book up to date?
1.4	Permits to work and safety procedures in place for hot work, confined spaces, live electrical works?
1.5	Any specific certificates ie Plant Operators, on file?

2. General

2.1	General site tidiness, trailing leads, materials?
2.2	Waste management?
2.3	Appropriate safety signs in place?
2.4	Site security, gates, hoarding, protection of the public?
2.5	Flammable liquids/gases locked away, materials stored correctly?
2.6	Sufficient light for tasks?

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2.7	Access to work areas?
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3. Personal Protective Equipment (PPE)

3.1	Scaffolding inspections up to date/ Scaftag, incomplete scaffolds blocked off & signed?
3.2	Scaffold boards; condition?
3.3	Guards/netting etc in place?
3.4	Clips or fixings – potential for injury?
3.5	Tubes a trip hazard?
3.6	Ladder, condition, ladders secured?
3.7	Mobile towers, correctly assembled, used in safe locations?
3.8	Exposed edges?
3.9	Steps/hop ups being used correctly?
3.10	Other hop ups being used safely?

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4. Welfare

		Y/N/NA	Comments
4.1	Toilet facilities kept clean, sufficient toilet paper, soap, paper towels?	Yes	
4.2	Hot and cold running water, drinking water?	Yes	
4.3	Rest facilities clean?	Yes	
4.4	Facilities to boil water, prepare / eat meals?	Yes	
4.5	Facilities for drying clothes in wet weather, facilities for storing / changing clothes?	Yes	

5. Personal Protective Equipment (PPE)

		Y/N/NA	Comments
5.1	Standard PPE being worn? Boots, Hat, Gloves.	Yes	
5.2	Extras – Hi Vis/goggles/ear defenders?	Na	
5.3	Mandatory PPE zones?	Yes	

6. Electricity

		Comments
6.1	Battery operated, 110 volt or 240 through 30ma RCD?	

6.2	PAT testing records, date marked or tagged on equipment?	Na	
6.3	Trailing leads?	Na	
6.4	Cable damage?	Na	

7. Plant / Equipment

		Y/N/NA	Comments
7.1	Lifting equipment, including MEWPs and Cherry Pickers, cranes, hoists, marked with SWL, competent person available for lifting operations, test certificates available?	Yes	
7.2	Compressors, generators, mixers, saws, drills, guards, used in safe location, suitable PPE worn?	Na	

8. Fire Precautions

		Y/N/NA	Comments
8.1	Emergency exits suitably signed, kept clear of obstructions, assembly point signed?	Yes/ no	
8.2	Fire extinguishers available, inspected?	Yes	
8.3	Emergency plans, sufficient detail, location marked on plan?		

9. First Aid

		Y/N/NA	Comments
9.1	First aider or App persons on site, deputies in case of absence?	Yes	
9.2	First Aid box stocked?	Yes	
9.3	First Aid point easily seen?	Yes	
9.4	Location of nearest A&E hospital known?	Yes	

10. Traffic management

		Y/N/NA	Comments
10.1	Is works area separated from plant/vehicles?		
10.2	Are there pedestrian routes?		

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	Non injury incident	

12. Any Issues not closed off from previous inspection

13. Pictures



