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| **Site Inspection Checklist** | | | | | | | | |
| **Company Name** | |  | **Project Title** |  | | | | |
| **Site Location** | |  | | | | | | |
| **Site Supervisor**  **(Please Print Name)** | |  | | | | | | |
| **Site Activities Inspected** | |  | **DATE** |  | **TIME** | |  | |
| **No.** | | **Checks Completed and Records Seen** | | **Location** | **Yes** | **No** | **n/a** | **Actions (To do)** |
| **1** | **Company Image** | Compound set up, Signage in place, Staff dress wearing corporate logo, Staff attitude | |  |  |  |  |  |
| **2** | **First Aid** | First aiders in place and communicated to site staff | |  |  |  |  |  |
| **3** | **Fire Emergency Procedures** | Fire equipment provision in place and communicated to site staff | |  |  |  |  |  |
| **4** | **Fire Evacuation** | Emergency evacuation procedures communicated to site staff | |  |  |  |  |  |
| **5** | **Risk Assessment** | Copy available on site | |  |  |  |  |  |
| Controls identified and in place | |  |  |  |  |  |
| Risk assessment communicated to site staff | |  |  |  |  |  |
| **6** | **Method Statement** | Copy available on site | |  |  |  |  |  |
| Controls identified and in place | |  |  |  |  |  |
| Method statement communicated to site staff | |  |  |  |  |  |
| **7** | **Work at Height** | Prevention of fall from height or falling materials and are they adequate e.g. (Do work platforms have suitable edge protection or safety harnesses | |  |  |  |  |  |
| Are ladders and podium platform in good order and free from defects | |  |  |  |  |  |
| **8** | **Lifting** | If lifting operations are in progress, are asset tags legible and intact, checked and valid for hiabs, telehandlers excavators etc. | |  |  |  |  |  |
| **9** | **Noise** | Are noisy operations being carried out on site | |  |  |  |  |  |
| Has a noise assessment been complete if required? | |  |  |  |  |  |
| Have tools producing noise been assessed? | |  |  |  |  |  |
| Is hearing protection available and worn if required | |  |  |  |  |  |
| Are any other measures in place to prevent activities creating a statutory nuisance in terms of vibration | |  |  |  |  |  |
| **10** | **Vibration** | Have any tool producing vibration been assessed? | |  |  |  |  |  |
| **11** | **Manual Handling** | If require is there a manual handling risk assessment in place | |  |  |  |  |  |
| **12** | **Permit Systems** | Are there permits in place for Hot works, Confined spaces, permit to dig, permit to load if required? | |  |  |  |  |  |
| **13** | **Waste** | How is the disposal of waste controlled on site? | |  |  |  |  |  |
| Condition of the waste area on day of audit? | |  |  |  |  |  |
| **14** | **Dust** | When cleaning, how is the hazard from dust controlled? Wet brush down techniques etc.? | |  |  |  |  |  |
| Are the hazards from cutting works using dust suppression system? | |  |  |  |  |  |
| **15** | **Asbestos** | Has a copy of the asbestos survey asbestos management plan been communicated by the client | |  |  |  |  |  |
| Do all staff working at the site understand the procedure and the actions to take if asbestos is discovered | |  |  |  |  |  |
| Have all staff wearing tight fitting RPE received a face fit test within the last 2 years | |  |  |  |  |  |
| **16** | **Workplace** | Is there safe access and egress | |  |  |  |  |  |
| **17** | **Site Security** | Is the site secure | |  |  |  |  |  |
| **18** | **Housekeeping** | Is the site kept tidy and to an acceptable standard | |  |  |  |  |  |
| **19** | **Traffic Management** | Are there signs, clearly defined parking places and are the traffic routes separated from pedestrians | |  |  |  |  |  |
| **20** | **Excavations** | Are any excavations fences signed with safe access if required? | |  |  |  |  |  |
| **21** | **PPE/RPE** | Is the correct PPE being worn by the site staff | |  |  |  |  |  |
| **22** | **Site Equipment and Tools** | Are all electrical items used on site PAT tested | |  |  |  |  |  |
| Are the tools and any cables in good condition | |  |  |  |  |  |
| **23** | **COSHH** | Are there COSHH assessments in place | |  |  |  |  |  |
| Have the COSHH assessments been communicated to the site staff | |  |  |  |  |  |
| **24** | **Welfare** | Are there sufficient facilities in place for the people on site | |  |  |  |  |  |
| Is heating lighting and ventilation in place? | |  |  |  |  |  |
| Is there drinking water and cups available | |  |  |  |  |  |
| Is there hot/warm water soap and towels in place? | |  |  |  |  |  |
| **25** | **COVID-19 Controls** | Details controls in place to control transmission of COVI-19 in the workplace or when in domestic settings | | **Hazards** | | | **Controls** | |

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| **Actions to be Completed** | | | | |
| **Item** | **Problem Observed** | **Person Responsible** | **Corrective Action Required** | **Date Completed** |
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| **Inspection completed by (Please print name)** |  |
| **Position** |  |
| **Sign** |  |
| **Date** |  |
| **Date of next inspection** |  |