

Safety Inspection Report

Contract Name		Date	Contract Number
Agent/Safety Supervisor		Contracts Manager/Director	

	Section Inspected	√ if N/A	√ if OK	Observations and Comments	Actioned By / When
1	Certificates of competence				
2	Confined spaces				
3	Contamination - chemicals				
4	Contractors H&S plan				
5	Electricity				
6	Excavations				
7	Existing services				
8	Fire - exits & points				
9	First aid				
10	House keeping				
11	Lifting				
12	Lighting				
13	Method Statements				
14	Permits - hot works				
15	Personal protective equip.				
16	Plant - machinery				
17	Pre-tender H&S info				
18	Public safety				
19	Safe access & egress				
20	Safety barriers				
21	Scaffolding - towers				
22	Security - signing in				
23	Signage				
24	Site Induction				
25	Stepladders				
26	Welfare facilities				

NOTE - ITEMS IDENTIFIED AS REQUIRING IMMEDIATE ATTENTION TO BE ACTIONED AND CONFIRMED TO SAFETY DEPARTMENT WITHIN 24 HOURS

Overall Rating (tick appropriate box) GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/>	Signed _____ Safety Auditor _____ Safety Supervisor Distribution : Contracts Manager
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