



Report

Activity<report_id>

Date:13/12/2021

Report Form

Inspected by:<inspectorName>

Site:	s
Work area:	s
Supervisor:	s
Job Description:	s
Type:	s

	Positive Interventions	Negative Interventions	Good Practice	Comments
A. Working Standards				
1.Work at height	0	1	<input checked="" type="checkbox"/>	
2. Lifting Operations- Crane, Forklift Truck, Hoist etc.	0	0	<input type="checkbox"/>	
3. Certification - Daily Check sheet for MEWP and FLT	0	0	<input checked="" type="checkbox"/>	
4. Confined Space Work	0	0	<input type="checkbox"/>	
5. Electrical Work	0	0	<input type="checkbox"/>	
B. Quality				
6.Site Set up & Appearance, Signage	0	0	<input type="checkbox"/>	
7. Paperwork (permits, Risk Assessments, Method Statement,)	0	0	<input type="checkbox"/>	
8. Certification - Training, Insurance Inspection, Induction	0	0	<input type="checkbox"/>	
C. Site Rules				
9. Hot Work	0	0	<input type="checkbox"/>	
10. Isolation and Lock Offs	0	0	<input type="checkbox"/>	
11. Fire Exits and Escape Routes	0	0	<input type="checkbox"/>	
12. Awareness - Fire Exit, Assembly Point	0	0	<input type="checkbox"/>	
D. Environmental				
13.Waste Management	0	0	<input type="checkbox"/>	

14. Product Contamination	0	0	<input type="checkbox"/>	
15. COSHH & Asbestos	0	0	<input type="checkbox"/>	
E. Protection of Individuals				
16. PPE	0	0	<input type="checkbox"/>	
17. Manuel Handling	<upP17>	<upN17>	<cb17>	<comments17>
18. Other Contractors	<upP18>	<upN18>	<cb18>	<comments18>
F. Tools, Cables & Other Equipment				
19. Power Tools, Cables & other Equipment	<upP19>	<upN19>	<cb19>	<comments19>
20. Voltage Detector Checked	<upP20>	<upN20>	<cb20>	<comments20>
21. Tools used Fit for Purpose	<upP21>	<upN21>	<cb21>	<comments21>
G. Miscellaneous				
22. Company Vehicle	<upP22>	<upN22>	<cb22>	<comments22>
23. Fire Precautions	<upP23>	<upN23>	<cb23>	<comments23>

24. Workshop Conditions	<upP24>	<upN24>	<cb24>	<comments24>
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**Total
Interventions:<total>**

Overall Comments:	<overallComments>
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