 *Report Activity<report\_id>*

Date:11/12/2021

|  |  |
| --- | --- |
| **Report Form** | Inspected by:<inspectorName> |
| Site: |  |
| Work area: |  |
| Supervisor: |  |
| Job Description: |  |
| Type: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Positive Interventions** | **Negative Interventions** | **Good Practice** | **Comments** |
| **A. Working Standards** |  |  |  |  |
| 1.Work at height | 0 | 1 |  |  |
| 2. Lifting Operations- Crane, Forklift Truck, Hoist etc. | 0 | 0 |  |  |
| 3. Certification - Daily Check sheet for MEWP and FLT | 0 | 0 |  |  |
| 4. Confined Space Work | 0 | 0 |  |  |
| 5. Electrical Work | 0 | 0 |  |  |
| **B. Quality** |  |  |  |  |
| 6.Site Set up & Appearance, Signage | 0 | 0 |  |  |
| 7. Paperwork (permits, Risk Assessments, Method Statement,) | 0 | 0 |  |  |
| 8. Certification - Training, Insurance Inspection, Induction | 0 | 0 |  |  |
| **C. Site Rules** |  |  |  |  |
| 9. Hot Work | 0 | 0 |  |  |
| 10. Isolation and Lock Offs | 0 | 0 |  |  |
| 11. Fire Exits and Escape Routes | 0 | 0 |  |  |
| 12. Awareness - Fire Exit, Assembly Point | 0 | 0 |  |  |
| **D. Environmental** |  |  |  |  |
| 13.Waste  Management | 0 | 0 |  |  |
| 14. Product Contamination | 0 | 0 |  |  |
| 15. COSHH & Asbestos | 0 | 0 |  |  |
| **E. Protection of Individuals** |  |  |  |  |
| 16. PPE | <upP16> | <upN16> |  | <comments16> |
| 17. Manuel Handling | <upP17> | <upN17> |  | <comments17> |
| 18. Other Contractors | <upP18> | <upN18> |  | <comments18> |
| **F. Tools, Cables & Other Equipment** |  |  |  |  |
| 19. Power Tools, Cables & other Equipment | <upP19> | <upN19> |  | <comments19> |
| 20. Voltage Detector Checked | <upP20> | <upN20> |  | <comments20> |
| 21. Tools used Fit for Purpose | <upP21> | <upN21> |  | <comments21> |
| **G. Miscellaneous** |  |  |  |  |
| 22. Company Vehicle | <upP22> | <upN22> |  | <comments22> |
| 23. Fire Precautions | <upP23> | <upN23> |  | <comments23> |
| 24. Workshop Conditions | <upP24> | <upN24> |  | <comments24> |

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| --- | --- | --- |
| **Total Interventions:<total>** |  | |
| Overall Comments: | | <overallComments> |