

**MONTHLY SAFETY REPRESENTATIVE
REPORT**

<u>SHE REPRESENTATIVE NAME & SURNAME:</u>		<u>SITE AND AREA:</u>		<u>SUPERVISOR RESPONSIBLE FOR AREA NAME & SURNAME:</u>	
<u>DATE:</u>					
<u>TIME:</u>					
	Non- compliance (X)	Some Compliance (X)	Total Compliance (X)	Fixed immediately (X)	Date to be Corrected
<u>NEATNESS AND CLEANLINESS OF SITE</u>					
General housekeeping					
Site sufficiently barricaded					
No Oil spills					
Correct PPE being used					
All employees wear close fitting clean overalls					
No Food kept /stored in working areas					
Chemicals stored in non-permeable plastic layer					
Dustbins clean (not overflowing)					
Any tripping hazards					
Toilets hygenic					
Toilet paper available					
<u>SAFETY SIGNS DISPLAYED AT ENTRANCE</u>					
Hard hat sign					
Gloves sign					
Safety boot sign					
Ear protection sign					
Other PPE					
Safety signs displayed, clean and visible					

FIRE EXTINGUISHERS	Non-compliance	Some Compliance	Total Compliance	Fixed immediately	Date to be Corrected
	(X)	(X)	(X)	(X)	
Fire equipment available for use					
Fire equipment accessible					
Correctly mounted					
Fire equipment clean					
Serviced (With service record)					
Signage in place					
FIRST AID KIT					
Sealed					
Content list available					
First aid certificates available and still valid					
Signage in place					
Emergency preparedness					
Emergency numbers up to date					
Emergency evacuation plan discussed with employees					
Practise drills conducted					
PPE					
Correct PPE been used					
PPE in good condition					
Hand gloves					
Safety shoes					
Hard hats					
Ear protection					
Reflective Clothing					
Safety Harness					
MSDS					
No Chemicals on site without the relevant MSDS					
Condition of Chemical Storage place					
General condition of Chemical Containers					
In all chemicals separated (empty/ full) (Reactive chemicals)					

<u>Scaffolding</u>	Non-compliance	Some Compliance	Total Compliance	Fixed immediately	Date to be Corrected
	(X)	(X)	(X)	(X)	
Is Scaffolding inspected and signed off by a competent person					
Is correct signage in place					
Are all registers and inspection checklists up to date					
Are Persons working on scaffolding wearing the correct harnesses					
<u>TOOLS & EQUIPMENT</u>					
Correctly stored					
Free of grease and dirt					
No broken parts					
Storage of chemicals (In sump lined with plastic)					
General condition of tools					
Hand tools safe for use					
<u>CONDITION OF MACHINERY</u>					
Guards in place					
Lock-out system in order					
Machine in clean condition					
Handrails in order					
Lighting acceptable (If night operations)					
Condition of mechanical equipment					
Any slippery conditions					
Pre use Inspection Checklists					
Registers					

<u>General Administration</u>	Non-compliance	Some Compliance	Total Compliance	Fixed immediately	Date to be Corrected
	(X)	(X)	(X)	(X)	
Are Toolbox Talks done weekly					
Is SHE Policy displayed					
Are Emergency Plan and Numbers displayed					
Is Safety Organogram displayed					
Are all Risk Assessments communicated to work force.					
<u>Name & Surname:</u>	<u>SIGNATURE:</u>				<u>DATE:</u>
<u>Site Supervisor Signature:</u>					
<u>Tabled at Health and Safety Committee Meeting:</u>					