



## SITE HEALTH & SAFETY REPORT SHEET

JOB/SITE \_\_\_\_\_

DATE \_\_\_\_\_

SITE CONDITIONS	EXCELLENT	GOOD	AVERAGE	POOR	UNACCEPTABLE
Access into site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General site safety & Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site tidiness & conditions (waste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for major items(plant/equip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate/clean welfare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Management/Fire fighting equip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance to Site Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECORDS	YES	NO	COMMENTS
Inductions up to date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Incidents/Accidents	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work at Height checked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plant/equipment checked	<input type="checkbox"/>	<input type="checkbox"/>	_____
PPE checked	<input type="checkbox"/>	<input type="checkbox"/>	_____

### GENERAL OBSERVATIONS/COMMENTS

FORM COMPLETED BY:

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_