

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

Records	YES	NO
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

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FORM COMPLETED BY:

NAME	POSITION
SIGNATURE	

DEMONSTRATION ONLY