



SITE HEALTH & SAFETY REPORT SHEET

JOB/SITE _____ DATE _____

SITE CONDITIONS	EXCELLENT	GOOD	AVERAGE	POOR	UNACCEPTABLE
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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"/>				
Provision 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	COMMENTS
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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 _____