



<b>Project Name:</b>		<b>Project No.</b>	
<b>Work location/Section:</b>		<b>Work Description:</b>	
<b>Supervisors / Team Leader:</b>		<b>Day:</b>	<b>Date:</b>
<b>Issues arising from previous day?</b> <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span> If yes, please state: <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>			
<b>Planned Work Activities / Tasks Being Carried Out Today</b>		<b>Client Rep:</b>	<b>Contact No:</b>
<b>Activity / Task</b>		<b>SWMS Name &amp; Number</b>	
<b>Questions / Statements</b>	<b>Comments</b>		
Are you Fit for Work? Any medications			
What are the works for today?			
What procedures / documents are being worked to?			
Who else is on site in support or working close by?			



What is the allocation of tasks?			
What are the hazards of the work site / location (What could kill or hurt me / you?)			
What controls are in place?			
Are the controls measures effective? Ask why there are or are not?			
Confirm everyone knows their role & procedures to work too. Provide positive Feedback.			
Gain commitment from all to work safely, raise concerns, and maintain communication.			
<b>By signing below, you acknowledge that you understood the information, have had the opportunity to provide feedback, and confirm that you are fit for work and free from impairment</b>			
Attendee Name: (Inc. subcontractors)	Signature:	Attendee Name: (Inc. subcontractors)	Signature:

