



Site Assessment Form

Found 01 | Health & Safety

(Underpinning knowledge – Training Spec.: Modules 101, 102, 103, 104, 105, 201-209)

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|---------------------------------------|--|
| Name of Person Being Observed: | |
| Date NVQ Achieved: | |

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|----------------------|-------------------|------------------|
| Site Address: | Equipment: | Activity: |
| | | |

| Observed Tasks: | | Covered by NVQ (*See note): | Date Observed On Site as Competent: |
|------------------------|--|------------------------------------|--|
| 1. | First Aid kit in good condition with sufficient first aid items | | |
| 2. | PPE correctly identified, stored & used | | |
| 3. | Fire extinguisher appropriate & in satisfactory condition (where applicable) | | |
| 4. | Prepared for foreseeable emergencies e.g. injury, fire, oil, spill | | |
| 5. | Organisation's operating procedures available for reference | | |
| 6. | Knowledge of those persons available for gaining assistance | | |
| 7. | Knowledge of persons responsible for reporting health and safety matters | | |
| 8. | Access and egress maintained in a suitable condition | | |
| 9. | Materials & equipment stored safely & without risk of deterioration | | |
| 10. | General housekeeping-care of vehicle and plant | | |
| 11. | Manual handling operations correctly planned and executed (where applicable for Approved Persons only; required for others) | | |
| 12. | Personal communication – written & oral satisfactorily demonstrated | | |
| 13. | Correct measures for control of hazardous substances | | |
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| Observation Comments: |
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| Comments from Person Being Observed: |
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|---|------------|-----------|
| Has an action plan been produced identifying additional training needs/competency assessments? | Yes | No |
| | | |

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|-----------------------------------|--|-------------------|--|
| Qualified Supervisor Name: | | QS Number: | |
| Signature: | | Date: | |

| Qualifications and Training Evidence (*See note below): | | Date Achieved: | Witnessed as seen original: |
|---|--|----------------|-----------------------------|
| 1. | ECS Highway Electrical version test | | |
| 2. | Emergency First Aid / First Aid at Work training within the last three years (<i>if applicable emergency aid awareness may be used for Approved Persons only; Emergency First Aid / First Aid at Work required for all others, including equipment access</i>) | | |
| 3. | Training in Manual Handling Operations (<i>if applicable for Approved Persons only; required for all others</i>) | | |
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Authorising Officers Comments:

AUTHORISING OFFICER:

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|--------------------------|------------|--|--------------------|--|
| Outcome: Assessed as: | Competent: | | Not yet competent: | |
|--------------------------|------------|--|--------------------|--|

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|---------------------------|--|------------|--|
| Authorising Officer Name: | | AO Number: | |
| Signature: | | Date: | |

*Note:

1. All Training must be in strict accordance with the Highway Electrical Training Specification and must be delivered by Highway Electrical Skills Academy (HESA) Approved Trainers. The Training Specification and details on the Requirements for Approved Trainers are available as downloads from the HERS web-site - <https://thehea.org.uk/hers-hesa/approved-trainers/>
2. Add details of additional education & training evidence relevant to the occupation & tasks carried out
3. CBQ-NVQ Unit(s), which after a review of the NVQ portfolio evidence, can be identified within the 'Covered by NVQ' Column by changing the 'No' to a 'Yes'. This confirms that the QS has actually identified the appropriate evidence within the portfolio. It should be noted that some evidence may be equipment specific only. The 'Date Observed as Competent' column must reflect the date of the NVQ Certificate, and where appropriate, any additional unit/s