

# Contractor Pre-start Site Assessment

Site address:			
Date:			
Site Requirements and Safe Work Method Statements (SWMS)	Yes	No	N/A
Will you be doing High Risk work on this site? (Work over 2 metres, work on or near mobile plant, work involving trenching and excavation over 1.5 metres, work near overhead or underground power).			
Do you have a SWMS relevant to the work? (If no, do not start the work until you have one. If it does not fully cover the work, amend it so that it does. The SWMS must be on site with you).			
Have any changes been made to the SWMS due to site conditions?			
Have all your workers read, understood and signed the SWMS?			
Are there any other hazards not covered in the SWMS? If so complete the back of this form.			

Site Conditions	Yes	No	N/A
Have you read the Site Coordination Plan, taking note of site specific hazards?			
Is there safe access to your work area?			
Has the appropriate fall protection been installed? (No work over 2 metres without fall protection).			
Have you spoken to Site Manager about any site specific hazards?			
Have you inspected the site for hazards that could injure you or your workers?			
Are the toilets fit for use and reasonably clean?			
Has the Safety Switch on the power board been checked in the last calendar month?			

Tools and Equipment	Yes	No	N/A
Are your ladders commercially rated and in good condition?			
Is your electrical equipment in good condition and tested and tagged within the last 3 months?			
Are all guards fitted and in good condition?			

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Tools and Equipment contd.		Yes	No	N/A
Do your workers have the right safety equipment (including safety boots, safety glasses for nail gun, sun-screen in hot weather)?				
Do you have a well-maintained first aid kit?				
Are there any other hazards not identified in the SWMS?				
List below	What needs to be done to control this hazard?	Signed off by contractor		
Site Photo's				
<div><div>Tap to add a photo</div><div>Tap to add a photo</div><div>Tap to add a photo</div></div>				
Signed (Contractor Supervisor) :		Date:		
Print Name:				