

Form
Site Observation Checklist

Site observation checklist SHE 6B					
Company:	Choose an item.	Site name/location:	Click here to enter text.	Project Number: (if applicable)	Click here to enter text.
Date of visit:	Click here to enter a date.	Site Manager:		Click here to enter text.	
Report by:	Choose an item.	Site Supervisor:		Click here to enter text.	
Job Title:	Choose an item.	Activity Being Monitored:		Click here to enter text.	

Monitoring Checks		Comment on each question including good practice or improvements required	Priority	Actions required by who and by when
1.	Risk assessments and safe systems of work: Are risk assessments (SHE3/RAGs) and safe systems of work (SHE4) in place for all activities on site? Have they been communicated to all the relevant workers? Are they up to date and relevant to the job being done? Is daily SHE 5 'Job Health and Safety Checklists' being carried out and recorded?	Click here to enter text.	Choose an item.	Click here to enter text.
2.	Working at height Is work at height risk assessed and controlled? Is all voids, holes and openings properly protected? Is work at height being carried out safely? Are specified protective measures in place (guardrails, working platforms, fall restraint)?	Click here to enter text.	Choose an item.	Click here to enter text.

Form
Site Observation Checklist

3.	Access and egress Is there safe access for site staff and visitors into and around the site? Are walkways clearly defined around the site (e.g. Yellow Mat etc.)? Are there clearly marked traffic routes, delivery and loading areas? Can pedestrians safely access all parts of the site?	Click here to enter text.	Choose an item.	Click here to enter text.
4.	Housekeeping and work environment: Is access to, in and around work areas safe? Is the site/work generally tidy and clean? Are arrangements made for safe storage and removal of waste, e.g. off-cuts/packaging?	Click here to enter text.	Choose an item.	Click here to enter text.
5.	Working platforms/edge protection/ podiums/ mobile platforms & towers: Are all working platforms etc. properly installed and in safe condition? Are guardrails & toe boards secure and the correct height (1m to top rail)? Is all work at height equipment regularly inspected and signed off?	Click here to enter text.	Choose an item.	Click here to enter text.
6.	Lighting: Is general and task lighting sufficient for the work/ task being carried out?	Click here to enter text.	Choose an item.	Click here to enter text.
7.	Mobile plant and vehicles: Is there a suitable risk assessment, including a traffic management plan, in place on site in particular avoiding reversing if possible?	Click here to enter text.	Choose an item.	Click here to enter text.

Form
Site Observation Checklist

	Is it being implemented? Is the JRL safe control of mobile plant and vehicles on site initiative in place (poster)? Have plant and vehicle inspections been carried out? Are all operators/drivers trained to use the plant/vehicles they are driving/using?			
8.	Lifting operations Is the site lift plan available, up to date and being followed? Is all lifting equipment tested and tagged? Are all personnel involved in lifting properly trained? Is weekly inspection reports being completed and available for lifting equipment and accessories?	Click here to enter text.	Choose an item.	Click here to enter text.
9.	Temporary works (TW) Have temporary works appointments been made? Has an engineer design brief been produced and issued? Is temporary works register up to date? Are temporary works regularly inspected and reports completed?	Click here to enter text.	Choose an item.	Click here to enter text.
10.	Fire and emergency arrangements: Is there a suitable fire risk assessment which is being followed and is up to date? Are fire procedures and emergency routes & exits clearly displayed throughout the site? Is the JRL hot works permit system in place and being implemented? Are fire extinguishers properly located and serviceable?	Click here to enter text.	Choose an item.	Click here to enter text.

Form
Site Observation Checklist

11.	Electrical safety The site should only be using low voltage (110 volt) or battery operated tools. If not specify what action is required? Is all fixed and portable electrical equipment safe and properly maintained? Are regular inspections of electrical equipment carried out?	Click here to enter text.	Choose an item.	Click here to enter text.
12.	Gas bottle storage and use Are compressed gasses not in use being securely and safely stored (in a gas cage) with oxygen stored separately from flammable gasses (at least 6m away from buildings and/or combustibles)? Are compressed gasses in use properly supported in trollies?			
13.	Storage and use of fuel and lubricants. Is fuel stored safely and correctly? Does refueling take place over drip tray or plant nappy? Are spill kits fully stocked and easily available? Are suitable fire precautions in place?			
14.	Occupational health and welfare Are adequate and suitable welfare facilities provided for the site? Is noise levels adequately controlled or is hearing protection in use in noisy areas above 80db? Are dust extractors fitted on power tools used for working on wood or concrete? Are there adequate arrangements (where necessary) to suppress general dust levels in the air e.g. damping down etc.?			

Form
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	Has an assessment been made of 'Hand Arm Vibration' (HAVs) hazards from use of breakers and other percussion equipment?			
15.	PPE Is the 'JRL Group' policy and standard' for PPE (glasses, gloves, boots, helmets & high viz) being followed? Is specialist/task related PPE required and is it being worn, e.g. hearing protection?			
16.	Work equipment, machinery and hand tools Are tools, machinery and equipment in good condition? Is there arrangements to tether hand tools where required for work at height? Is equipment inspected regularly as required and recorded?			
Overall Assessment / Comment:		Click here to enter text.		
Signature (H&S Advisor):			Date:	
Distribute to:		Business Director (s), Contract Managers, Site/Project Manager, Group Safety Manager, H&S Admin Coordinator		
I confirm that the above observations and recommendations have been addressed as noted in 'action taken' column above				
Name (Project Manager/Supervisor)			Signature:	
Position:			Date:	