

Form
Job Health & Safety Checklist SHE5

JRL Group Company: Project Name: Project No:							
Contract / Site Manager:				Activity Being Checked:			
Completed By:		Position		Date			
Frontline supervisors must complete this form at the following times: • Before work starts each day • Any change in work place • Any change to site conditions • For additional work requested							
Workplace	Yes	No	Action by whom and when	Task/Activity	Yes	No	By whom and when
1. Are there safe and stable ground and/or weather conditions, including for mobile plant / equipment?				6. Has the team received training or instruction for the work activities?			
2. Is there safe access to, around and from the site/work area for persons, vehicles and materials?				7. Have you got the right tools and sufficient equipment to complete the work safely?			
3. Are overhead / underground services identified, protected and safe work areas provided?				8. Are chemicals, oils, fuels and hazardous substances safely stored and used?			
4. Housekeeping – is the work area accessible, tidy and free from trip and fall hazards to avoid slips, trips and falls?				9. Are the PPE requirements (e.g. helmet, boots, hi-vis) for the job provided and worn?			
5. For works at height or near openings in ground, floor slabs etc., are secure covers or guard rails securely in place?				10. Are there arrangements for safe handling and mechanical lifting with properly trained personnel?			
Are you satisfied that the job is safe to start ?				Yes		No	
Signature:		Print name:		Time 1 st check:			
Signature:		Print name:		Time 2 nd check:			
Where there is a serious risk to health and safety, DO NOT start work until appropriate action has been taken to control the risks.							
Action required:				Action taken:			
Management confirmation of action taken							
Signature:		Print name:		Date:			