

Form

Task Observation Checklist

Task observation checklist SHE 6A					
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.	Task 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.	Is there a suitable job specific risk assessment (SHE3)/Safe System of Work (SHE4) produced and available?	Click here to enter text.	Choose an item.	Click here to enter text.
2.	Is the risk assessment (SHE3)/ Safe system of work up to date and relevant to the job being done?	Click here to enter text.	Choose an item.	Click here to enter text.
3.	Has the job specific risk assessment/safe system of work been discussed and signed off by members of the team?	Click here to enter text.	Choose an item.	Click here to enter text.
4.	Is the team trained and instructed in the work that they are doing?	Click here to enter text.	Choose an item.	Click here to enter text.
5.	Is team/individual working safely and in accordance with their risk assessment/safe system of work?	Click here to enter text.	Choose an item.	Click here to enter text.

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6.	Are 'Job Health and Safety Checklists' (SHE5) being completed and actioned by the team?	Click here to enter text.	Choose an item.	Click here to enter text.
7.	Is there safe access to and safe working arrangements in the work area?	Click here to enter text.	Choose an item.	Click here to enter text.
8.	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?	Click here to enter text.	Choose an item.	Click here to enter text.
9.	Are there adequate safe arrangements for lifting and moving materials to and around the work area?	Click here to enter text.	Choose an item.	Click here to enter text.
10.	Are all environmental requirements being fulfilled e.g. correct storage, use of plant nappies, concrete wash out bins etc.?	Click here to enter text.	Choose an item.	Click here to enter text.
11.	Does the site team have any health and safety issues and what has been done to address these issues?	Click here to enter text.	Choose an item.	Click here to enter text.
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:	