

Form
Office Observation Checklist

Office 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.	Safety signs: Are these suitable and in good condition? Are they visible, unobstructed?	Click here to enter text.	Choose an item.	Click here to enter text.
3.	Fire: Has the fire log been completed? Are fire exit routes and final exits signed? Are fire exits clear of obstructions? Do all fire doors operate correctly?	Click here to enter text.	Choose an item.	Click here to enter text.

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	Are there sufficient fire extinguishers correctly positioned and unobstructed? Are extinguishers on stands or fixed to walls and are they in date?			
4.	Condition of the building: Is the building weatherproof? Is the heating system working and has it been maintained? Where supplied, is the air conditioning working and has it been maintained?	Click here to enter text.	Choose an item.	Click here to enter text.
5.	Floors and Access: Are floors in good condition and free of trip hazards? Are escape/access routes free of obstructions? Are access control systems working?	Click here to enter text.	Choose an item.	Click here to enter text.
6.	Electricity: Has the building's electrical system been inspected in the last five years? Is all portable electrical been PAT tested? Are electrical panels and cupboards secured?	Click here to enter text.	Choose an item.	Click here to enter text.
7.	First aid: Are there adequate first aid supplies? Is there adequate signage regarding first aid?	Click here to enter text.	Choose an item.	Click here to enter text.
8.	Welfare: Are toilet facilities in good condition and clean? Are rest rooms well maintained and clean? Is there evidence of good housekeeping and is rubbish removed? Are recycling facilities available and are these marked?	Click here to enter text.	Choose an item.	Click here to enter text.

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9.	Traffic management: Are pedestrian walkways clearly marked and are vehicles (where possible) segregated from pedestrians?	Click here to enter text.	Choose an item.	Click here to enter text.
10.	IT: Are all trailing cables securely tied? Are all computer screens in good condition – free from flickering? Has any unwanted/abandoned IT kit been removed?	Click here to enter text.	Choose an item.	Click here to enter text.
11.	Other:	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:	