The Site-Specific Safety Plan

V22019JUNE

prepared for

Site-Specific Safety Plan

All the documents you need can be accessed through the menu below. Click on the icon to go to the section that applies to you. Once in the section you can easily click the back to top to get back to the main menu again. These documents can be printed out and filled in, or they can be filled in and signed digitally. You will need to save a copy to your computer by clicking File, Save As in the top left hand corner of the page. If you want to email it, open your usual email account and attach it as a file.

Plain Safe: A straight talking guide to...

Everything you need to know on how to complete a Site-Specific Safety Plan.

- **Complete pre-start**

GO TO FORM

Site-Specific Health and Safety Agreement

Agreement between businesses working on a specific site on how health and safety will be managed.

- **Complete pre-start**
- **On-site**

GO TO FORM

Site/Job Hazard and Risk Register

Live document for PCBU 2 to record significant hazards that cannot be eliminated. Keep updated.

- **Complete pre-start**
- **On-site**

GO TO FORM

Task Analysis

Job planning tool for notifiable works or other higher-risk activities. Use pre-work and update.

- **Complete pre-start**
- **On-site**

GO TO FORM

Hazardous Products & Substance Register/Inventory

Records products, substances and materials with hazardous ingredients. Use pre-work then update.

- **Complete pre-start**
- **On-site**

GO TO FORM

Emergency Response Plan

Work needing Task Analysis or Permit to Work. Use pre-work and update.

- **Complete pre-start**
- **On-site**

GO TO FORM

Onsite Training and Competency Register

Records training, qualifications and competencies of workers on-site. Use pre-work and update.

- **Complete pre-start**
- **On-site**

GO TO FORM

Site Briefing/Toolbox Meeting Minutes

Records who was responsible for what and by when; proves that a practice or hazard was discussed.

- **Complete pre-start**
- **On-site**

GO TO FORM

Site Incident and Injury Register

Records incidents that caused, or could have caused, harm to people on-site. For on-site reporting.

- **Complete pre-start**
- **On-site**

GO TO FORM

Site Inspection Checklist - Generic

Tailored to meet specific requirements of a job. Use pre-work and on-site as agreed by all parties.

- **Complete pre-start**
- **On-site**

GO TO FORM

Date: Company Site Name

Complete pre-start

Site-Specific Health and Safety Agreement

This agreement establishes the basis on which businesses (including trades and other organizations) agree to work on a specific construction site. A Site-Specific Safety Plan (SSSP) forms part of this agreement. For more information on how to complete this agreement, please refer to our 'How to' guide.

The site this agreement relates to:

Site address

Site activities this agreement covers:

Brief outline of agreed activities

This agreement is between:

PCBU 1 (Principal/Main contractor)

Business name

Main contact on site

Main contact phone

Type of business

Main contractor Client Principal Contractor Sub contractor Other

Onsite-safety representative

Onsite-safety representative phone

First-aid representative

First-aid representative phone

And

PCBU 2 (Sub contractor)

Business name

Main contact

Main contact phone

Type of business

Main contractor Client Principal Contractor Sub contractor Other

Onsite-safety representative

Onsite-safety representative phone

First-aid representative

First-aid representative phone

The agreement

Notifiable works

Does WorkSafe need to be notified of any onsite activities? ◯ Yes ◯ N/A

If yes, have you provided a copy of the notification (or receipt from WorkSafe) with this agreement? ◯ Yes ◯ N/A

A Task Analysis is required

- For high risk work, for example: Notifiable work, Permit-to-work systems, Work that requires a Certificate of Competence, as defined by regulation or when a risk assessment is undertaken resulting in critical or high level of risk for the job.
- For any new or complex activity
- When it's required by contract.

Task Analysis

Is Task Analysis required for the activities covered by this agreement? ◯ Yes ◯ N/A

If yes, have you provided a copy (or copies) with this agreement? ◯ Yes ◯ N/A

And, have you provided an emergency response plan? ◯ Yes ◯ N/A

Hazard and risk management

Have you provided a hazard register for activities on this site? ◯ No ◯ Yes ◯ N/A

If no, you must use a hazard board on site.

Hazardous products and substances

Will any hazardous products or substances be brought onto the site to perform any agreed activities? ◯ Yes ◯ N/A

If yes, we agree to record these products in a Hazardous Products & Substances Register/Inventory. ◯ Yes ◯ N/A

If yes, we agree to have the relevant safety data sheets available onsite. ◯ Yes ◯ N/A

How will you be communicating health and safety information and activities to your employees, sub contractors and other PCBUs?

Communication

Type of communications			Frequency
Toolbox talks	◯ Yes	◯ N/A	
Project pre-start briefings	◯ Yes	◯ N/A	
Daily pre-start briefing	◯ Yes	◯ N/A	
Progress meetings	◯ Yes	◯ N/A	
Other			

We agree to report the following types of incidents to PCBU 1 (Main principal/contractor):

Type of incident	Frequency		Comments
Serious injury	◯ Immediately	◯ Within 24hrs	
Injury requiring first-aid	◯ Immediately	◯ Within 24hrs	
Near miss - serious	◯ Immediately	◯ Within 24hrs	
Near miss - minor	◯ Immediately	◯ Within 24hrs	
Damage to plant/equipment/ machinery (serious)	◯ Immediately	◯ Within 24hrs	
We will report these incidents using	◯ Our own system or paperwork	◯ PCBU 1's system and paperwork	

We agree to carry out the following inspections and report the findings to Party 1 (Principal/Main contractor):

Type of inspection	Applicable	Frequency		Comments
Pre-start inspection	◯ N/A	◯ Before start	By:	
Site inspection	◯ N/A	◯ Weekly	Day of week:	
Major plant or equipment	◯ N/A	◯ Weekly	Day of week:	
Vehicles	◯ N/A	◯ Weekly	Day of week:	
Specialist (MEWP/Cranes)	◯ N/A	◯ Daily	Comment:	
Other inspection				

Training/experience/competency

We agree that every worker under our control on site will hold a current site safety card.	◯ Yes	◯ N/A
We agree that every worker under our control on site will be given a job-specific safety induction.	◯ Yes	◯ N/A
We agree that every worker under our control on site will be appropriately qualified, competent, or fully supervised.	◯ Yes	◯ N/A
For the agreed activities set out on page two of this agreement, we will provide Party 1 with evidence of competency (On-site Training and Competency Register) for any workers participating in those activity types of activities (list below).	◯ Yes	◯ N/A

Briefly describe high risk activity and corresponding competency.

Activity type	Competency required

Environmental

Is there an environmental plan required for this site?	◯ Yes	◯ N/A
Is a resource consent required for any of the activities you will undertake on this site?	◯ Yes	◯ N/A
If yes, is a copy of the consent attached to this SSSP?	◯ Yes	◯ N/A
Will dust or fumes or smoke be generated that could affect members of the public or others in the vicinity?	◯ Yes	◯ N/A

If yes – Explain how this will be controlled.

Will noise be generated that could affect members of the public or others in the vicinity? ◯ Yes ◯ N/A

If yes – Explain how this will be controlled.

Will your activity potentially cause dirty water or wash-down runoff, silt or other contaminants to be released? ◯ Yes ◯ N/A

If yes – Explain how this will be controlled.

Will vehicles or plant be refuelled on site? ◯ Yes ◯ N/A

If yes –

1. Has a refuelling zone been designated? If yes, state where.

2. Explain how potential for fire and explosion during refuelling will be controlled?

3. Explain how fuel leaks or spills will be controlled?

How will you manage construction waste?

Sub contractors to Party 2

Sub contractors working on this site and not covered by this SSSP Agreement must supply their own agreement. ◯ Yes ◯ N/A

Emergencies

We agree that we will respond to any emergencies as outlined in Party 1's induction and Emergency Response Plan. ◯ Yes ◯ N/A

If N/A, we agree to provide our own Emergency Response Plan for this site. ◯ Yes ◯ N/A

We will need specialist equipment for an emergency response. ◯ Yes ◯ N/A

If Yes, then please outline the equipment required: ◯ Yes ◯ N/A

Equipment description	Provided by

Declaration

To be signed when agreement is reached.

PCBU 1 (Principal/Main contractor)

We have read the Site-Specific Safety Plan information provided by Party 2 and agree that it is the appropriate approach to health and safety on this site for the duration of the contract.

Signed

Date

PCBU 2 (Sub contractor)

We agree to act according to the content of the Site-Specific Safety Plan as outlined above.

Signed

Date

Approval to start work

To be signed by the PCBU 1 or a representative of the PCBU 1.

Ensure PCBU 1 has explained to you (PCBU 2, sub contractor) who that person will be.

Signed on behalf of PCBU 1 (Principal)

Signed

Date

Date: | Company | Site Name | Complete pre-start | Onsite

Site/Job Hazard and Risk Register

This Site/Job Hazard Register is used by the contractor (Party 2) and relates to site or job-specific hazards only. It does not replace a company's overarching Health and Safety Hazard Register. This document relates to any activities, procedures, processes or equipment that a contractor brings to the site, or is working on. To successfully complete this register, you must also use the Risk Assessment Matrix and Hierarchy of Controls (overleaf).

Identified hazard or harm *e.g. Trip hazard on top step*	**What is the initial risk assessment?** *Use Risk Assessment Matrix*	**Controls** *e.g. Build a ramp*	**Level of control** *Use Hierarchy of Controls table*	**What is the residual risk assessment?** *Use Risk Assessment Matrix*	**For discussion at a toolbox talk/ safety meeting?**
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Risk Assessment Matrix

Consider the likelihood of a hazardous event occurring

Consider the severity of injury/illness	Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical
Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical
Moderate (e.g Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High
Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate
Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate

Most effective

Least effective

	ELIMINATE:	
1	**Eliminate the hazard** remove it completely from your workplace	If this isn't reasonably practicable, then...
	MINIMISE:	
	Substitute the hazard (wholly or partly) with a safer alternative	Minimise the risk, so far as reasonably practicable, by taking 1 or more of these actions that is the most appropriate
2	**Isolate the hazard** using physical barriers, time or distance	
	Use engineering controls adapt tools or equipment to reduce the risk	
3	**Use administrative controls** develop methods of work, processes and procedures	If a risk then remains, you must minimise the remaining risk, so far as reasonably practicable
4	**Use personal protective equipment (PPE)** this is the last option after you have considered all the other options for your workplace	If a risk then remains, you must minimise the remaining risk by using PPE

Task Analysis

Use the Risk Assessment Matrix and Hierarchy of Controls tools to complete this document.

This Task Analysis (TA) has an Emergency Response Plan	◯ Yes ◯ N/A	Site name	
Sub contractor company name		Site address	
Name of subcontractor	Phone	Work activity - task description	
Office address		PPE required for activity/task	
Date		Administrative Controls	

Task Analysis sign-on

All workers must sign this register to show that they have been trained in the processes and will work to the requirements of this TA.

Worker name	Worker signature	Worker name	Worker signature

Sequence of basic steps *Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.*	**Potential hazards and risks** *Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.*	**Initial risk assessment** *Before the controls are in place. Refer to the Risk Assessment Matrix.*	**Control methods and level of control** *Describe the key/significant way to control the risk and then refer to the Hierarchy of Controls* *Control method* / *Level*	**Residual risk assessment** *After all controls are in place. Refer to the Risk Assessment Matrix.*
Step No.				

Sequence of basic steps *Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.*	**Potential hazards and risks** *Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.*	**Initial risk assessment** *Before the controls are in place. Refer to the risk assessment matrix.*	**Control methods and level of control** *Describe the key/significant way to control the risk and then refer to the hierarchy of controls* *Control method* / *Level*	**Residual risk assessment** *After all controls are in place. Refer to the risk assessment matrix.*
Step No.				
Step No.				

Sequence of basic steps *Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.*	**Potential hazards and risks** *Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.*	**Initial risk assessment** *Before the controls are in place. Refer to the Risk Assessment Matrix.*	**Control methods and level of control** *Describe the key/significant way to control the risk and then refer to the Hierarchy of Controls*		**Residual risk assessment** *After all controls are in place. Refer to the Risk Assessment Matrix.*
			Control method	*Level*	
Step No.					
Step No.					

Sequence of basic steps *Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.*	**Potential hazards and risks** *Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.*	**Initial risk assessment** *Before the controls are in place. Refer to the Risk Assessment Matrix.*	**Control methods and level of control** *Describe the key/significant way to control the risk and then refer to the Hierarchy of Controls* *Control method* / *Level*	**Residual risk assessment** *After all controls are in place. Refer to the Risk Assessment Matrix.*
Step No.				
Step No.				

Date: | **Project/Site Name** | **PCBU1** *(i.e. Main contractor)* | ☑ Complete pre-start | ☑ Onsite

Hazardous Products & Substances Register/Inventory

You are required to have a completed register/inventory for products/substances you bring on site. These can include paints, surface coatings, glues, resins, solvents, fuels, lubricants, expanders, adhesives, bonding agents and cleaning products. Use the Risk Assessment Matrix and Hierarchy of Controls to help you complete this register.

Product, Substance or Material Name and UN Number (located on SDS)	Maximum Quantity Onsite *Volume of substance or mass*	Storage Location of Substance *Area and storage type*	Product Storage and Segregation Requirements *Area and special conditions needed*	Location of Safety Data Sheet (SDS) *Area/place stored*	Waste Type and Identifier *Explain waste type*	Maximum Quantity of Waste Onsite *Amount held before removal*	Location of Waste *Area and storage type*	Waste Storage and Segregation Requirements *Storage and disposal conditions*

Solid, Liquid or Gas	Hazard Type	Potential Harm *Effects of exposure or inciden*	Initial Risk Assessment *What is the risk level without controls?*	Control Measures *Other than PPE use, how can the risk be reduced?*	Personal Protective Equipment Required *List in detail*	Residual Risk Assessment *What is the risk level after controls are in place?*
○ Solid ○ Liquid ○ Gas	○ Explosive ○ Health effects ○ Flammable ○ Corrosive ○ Oxidiser ○ Eco-toxic ○ Other:		○ Critical ○ High ○ Moderate ○ Low ○ Very Low			○ Critical ○ High ○ Moderate ○ Low ○ Very Low

Product, Substance or Material Name and UN Number (located on SDS)	Maximum Quantity Onsite *Volume of substance or mass*	Storage Location of Substance *Area and storage type*	Product Storage and Segregation Requirements *Area and special conditions needed*	Location of Safety Data Sheet (SDS) *Area/place stored*	Waste Type and Identifier *Explain waste type*	Maximum Quantity of Waste Onsite *Amount held before removal*	Location of Waste *Area and storage type*	Waste Storage and Segregation Requirements *Storage and disposal conditions*

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○ Solid ○ Liquid ○ Gas	○ Explosive ○ Toxic ○ Flammable ○ Corrosive ○ Oxidiser ○ Eco-toxic ○ Other:		○ Critical ○ High ○ Moderate ○ Low ○ Very Low			○ Critical ○ High ○ Moderate ○ Low ○ Very Low

Product, Substance or Material Name and UN Number (located on SDS)	Maximum Quantity Onsite *Volume of substance or mass*	Storage Location of Substance *Area and storage type*	Product Storage and Segregation Requirements *Area and special conditions needed*	Location of Safety Data Sheet (SDS) *Area/place stored*	Waste Type and Identifier *Explain waste type*	Maximum Quantity of Waste Onsite *Amount held before removal*	Location of Waste *Area and storage type*	Waste Storage and Segregation Requirements *Storage and disposal conditions*

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◯ Solid ◯ Liquid ◯ Gas	◯ Explosive ◯ Toxic ◯ Flammable ◯ Corrosive ◯ Oxidiser ◯ Eco-toxic ◯ Other:		◯ Critical ◯ High ◯ Moderate ◯ Low ◯ Very Low			◯ Critical ◯ High ◯ Moderate ◯ Low ◯ Very Low

Product, Substance or Material Name and UN Number (located on SDS)	Maximum Quantity Onsite *Volume of substance or mass*	Storage Location of Substance *Area and storage type*	Product Storage and Segregation Requirements *Area and special conditions needed*	Location of Safety Data Sheet (SDS) *Area/place stored*	Waste Type and Identifier *Explain waste type*	Maximum Quantity of Waste Onsite *Amount held before removal*	Location of Waste *Area and storage type*	Waste Storage and Segregation Requirements *Storage and disposal conditions*

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◯ Solid ◯ Liquid ◯ Gas	◯ Explosive ◯ Toxic ◯ Flammable ◯ Corrosive ◯ Oxidiser ◯ Eco-toxic ◯ Other:		◯ Critical ◯ High ◯ Moderate ◯ Low ◯ Very Low			◯ Critical ◯ High ◯ Moderate ◯ Low ◯ Very Low

Risk Assessment Matrix

Consider the severity of injury/illness	Consider the likelihood of a hazardous event occurring				
	Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical
Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical
Moderate (e.g Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High
Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate
Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate

Most effective

Least effective

ELIMINATE:		
1	**Eliminate the hazard** remove it completely from your workplace	If this isn't reasonably practicable, then...
MINIMISE:		
2	**Substitute the hazard** (wholly or partly) with a safer alternative **Isolate the hazard** using physical barriers, time or distance **Use engineering controls** adapt tools or equipment to reduce the risk	Minimise the risk, so far as reasonably practicable, by taking 1 or more of these actions that is the most appropriate
3	**Use administrative controls** develop methods of work, processes and procedures	If a risk then remains, you must minimise the remaining risk, so far as reasonably practicable
4	**Use personal protective equipment (PPE)** this is the last option after you have considered all the other options for your workplace	If a risk then remains, you must minimise the remaining risk by using PPE

Date: | Company | Site Name | Complete pre-start | Onsite

Onsite Training and Competency Register

Complete the register for each employee working on this site, noting Site Safe training that has been completed, along with other safety and trade training. This register is a record of training, qualifications, experience and competencies for your employees working on this site. It is not simply a copy of your company's comprehensive Training and Competency Register.

Name and ID No. *First and last name*	**Site card type**	**Key role or tasks**	**Site induction date** *DD/MM/YY*	**Training/qualifications** *(Any Site Safe training, trade and skills training, formal qualifications - certificate, licenses, unit standards, etc) relevant to the key role or task*	**Experience** *No. of years experience relating to the key role or task*	**Competence** *Level of competence related to task*

Types of qualifications, certificates, licences, unit standards, other:

EWP (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units)

Competence designation: 1 = Under direct supervision, is not competent (watch all the time); 2 = Under supervision, is partially competent (line of sight); 3 = Indirect or occasional supervision, is partially competent (supervision nearby); 4 = Fully competent to work unsupervised; 5 = Competent to train.

Competence designation LULU:

LULU - ⌞ under supervision, is partially competent (line of sight); ⌴ Indirect or occasional supervision, is partially competent (supervision nearby); ☐ Fully competent to work unsupervised; ☒ Competent to train.

Emergency Response Plan

You need to have an Emergency Response Plan to deal with any incidents that arise from activities requiring a rescue as identified in the Site-Specific Safety Plan Agreement. Please complete an Emergency Response Plan for each identified activity. The sub contractor (PCBU2) completes the plan, which does not replace any overarching Emergency Response Plans in place. Consider the roles and responsibilities for yourself, trained specialists, equipment operators, and emergency services.

Type of emergency *e.g. Fall from height while wearing a harness*		Location	
Describe work activity *e.g. Working from MEWP and fall o*		PCBU1	PCBU2
		Supervisor	
Describe the rescue method *e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground*		List any equipment required *e.g. MEWP, cherry picker, scissor lift, ladder, breathing apparatus etc.*	

Name each person involved in the rescue *First name and last name*	**Their role or responsibility in the rescue is to:** *e.g. release the bleed valve*	**List the training required** *e.g. competence using MEWP*	**Provide contact details** *Phone number*

Plan reviewed by: **Signed:** **Date:**

Date: | Company | Site Name | After start | Frequently used

Site Briefing/Toolbox Meeting Minutes

This document is a companion document to the Site Inspection Checklist.

Site-Specific Briefing

Project Information

Site name

Office location

Who is running this meeting?

Name

Company

Date

Agenda items

Agenda items

Theme of the week

Health and safety issues

Site activities/ safe work practices/ incident reports and investigations discussed

Issues raised from site safety inspection	Actions	By who and when

Issues outstanding from previous briefings	Actions	By who and when

Employee-raised issues	Actions	By who and when

Positive safe-action observations	Actions	By who and when

Incidents or injuries	Actions	By who and when

Job plans reviewed

Includes permits to work, Task Analysis or other documented work-planning process

Job/task	Action/outcome

Operational issues

Day-to-day site management issues/items for discussion

Issue	Action

Other business

Item	Action

Attendees

Name	Signature

Review by management

PCBU 1	PCBU 2

Date: Company Site Name ☑ After start ☑ Onsite

Site Inspection Checklist - Generic

Location

Name of inspector Time Date

Y = Yes N = No NA = Not Applicable

1. Site Control

a. Hazard board and signage up-to-date ☐
b. Environmental plans/measures ☐
c. Toolbox talk last date / / ☐
d. Safety inductions for all on site ☐
e. Safety notice board current ☐

2. Site Facilities

f. Offices clean, adequate & good lighting ☐
g. Smoko sheds – clean, potable water ☐
h. Toilets – clean, washing water ☐
i. Tool/equipment sheds adequate ☐

3. General Site Tidiness & Accessways

j. Clear, safe access to work areas ☐
k. Stairways and accessways clear ☐
l. Hoardings/fence and gates secure ☐
m. Loose materials secure from wind ☐

4. Personal Safety Equipment

n. Signage displayed and legible ☐
o. Hardhats being worn ☐
p. Correct footwear being worn ☐
q. Glasses/ear muffs/vests/masks used ☐

5. First Aid/Fire Prevention

a. First aid box *Available* ☐
b. Accident register ☐
c. Fire extinguishers *Available* ☐
Current (12 mth) ☐
Sufficient number ☐
d. Evacuation *Procedure current* ☐
All emergencies incl ☐

6. Cranes/Hoist/Lifting Equipment

a. Proper lift assessment plan done ☐
b. Crane certification current ☐
c. Slings/chains certified ☐
d. Operator procedures in place ☐
e. Inspections being done ☐
f. Man cage available ☐
g. Emergency plan in place ☐

7. Compressed Air Equipment

h. In good condition ☐
i. Appropriate guards fitted ☐
j. Trained user ☐

8. Excavations

k. Correctly shored ☐
l. Access controlled ☐

9. Hot Works

m. Hot work permits being issued ☐
n. Fire extinguishers on hand ☐
o. Operators using PPE ☐

10. Electrical Equipment/Plant

p. Main board lockable/weatherproof ☐
q. Current tagged and damage-free leads ☐
c. Current tagged plant ☐
d. Current tagged lifeguards ☐
e. Leads safely placed ☐
f. Electrical equipment/plant – good condition ☐
g. Electrical equipment/plant – appropriate guards on plant ☐
h. Adequate temporary lighting ☐

11. Hazardous Products/Substances

a. Correctly stored ☐
b. Safety Data Sheet (SDS) available ☐
c. Operators using PPE ☐

12. PAT's and Nailers

d. PAT tool WoF current and secure ☐
e. Staff trained in tool use (SWPS) ☐
f. PAT signage on site ☐

13. Scaffolding

g. Notifiable weekly Scaftag/current ☐
h. Handrails/mid-rails ☐
i. Toe boards ☐
j. Platforms ☐
k. Ladders/stairs ☐
l. Base sound ☐
m. Work platforms clear ☐
n. Platforms trip free ☐
o. Planks tied down ☐
p. Headroom clear ☐
q. Ties/bracing adequate ☐

14. Ladders

r. Good condition ☐
s. Secured top and bottom ☐
t. Stays to step ladders ☐
u. Working 2 steps down ☐

15. Fall Hazards

a. Floor edges *Floor openings* ☐
b. Lift shafts *Stairs* ☐

Site Inspection Checklist - Remedial Action Required

Item	Comments/Action Description	Person to Action	Complete

Site Incident and Injury Register

You are required by law to record these incidents in your company's own incident and injury register. This document is for site-specific reporting only.

Date and time *DD/MM/YY*	**Details** *Name of person (injured and observer), description of incident, type of injury/disease (if any). How did it happen? (briefly)*	**Immediate action taken?**	**Does this incident require a WorkSafe notification?**	**Should this incident be investigated by your company (PCBU 2)?**	**Is this incident the subject of a toolbox talk?**	**Signature and date** *DD/MM/YY*
		First aid ○ Yes ○ N/A Corrective action ○ Yes ○ N/A Update/ review hazard register ○ Yes ○ N/A Review hazard register ○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	
		First aid ○ Yes ○ N/A Corrective action ○ Yes ○ N/A Update/ review hazard register ○ Yes ○ N/A Review hazard register ○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	
		First aid ○ Yes ○ N/A Corrective action ○ Yes ○ N/A Update/ review hazard register ○ Yes ○ N/A Review hazard register ○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	
		First aid ○ Yes ○ N/A Corrective action ○ Yes ○ N/A Update/ review hazard register ○ Yes ○ N/A Review hazard register ○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	○ Yes ○ N/A	

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