**FORM 1.2 – WEEKLY INSPECTION CHECKLIST**

(Can be used if relevant and adapted to suit the work activities)

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| **WEEKLY INSPECTION CHECKLIST** | | | | | |
| **COMPLETED BY:** | |  | **DATE:** | | |
| **COMPANY:** | |  | **REF NO:** | | |
| **ITEM NO:** | **ITEM** | | **YES** | **NO** | **N/A** |
|  | WORKERS CAN GET TO THEIR PLACE OF WORK SAFELY | |  |  |  |
|  | THE SITE IS FENCED & SECURED SO THAT THE PUBLIC CANNOT GET IN | |  |  |  |
|  | MEASURES ARE IN PLACE TO PROTECT MEMBERS OF THE PUBLIC (SUCH AS PEOPLE PASSING BY THE SITE) | |  |  |  |
|  | TRAFFIC ROUTES ARE KEPT CLEAR AND ARE WELL LIT | |  |  |  |
|  | VEHICLES ARE EQUIPPED WITH AUXILIARY REVERSING DEVICES WHERE REQUIRED | |  |  |  |
|  | THE SITE IS TIDY AND WELL LAID OUT | |  |  |  |
|  | APPROPRIATE SAFETY SIGNS ARE IN PLACE (E.G. TRAFFIC ROUTES AND AUTHORISED PERSONNEL) | |  |  |  |
|  | WELFARE FACILITIES ARE SUFFICIENT (CHANGING ROOMS, WASHROOMS, CANTEEN, ETC.) | |  |  |  |
|  | FIRST-AID FACILITIES ARE IN PLACE | |  |  |  |
|  | WORKERS HAVE BEEN INSTRUCTED AND TRAINED ON SAFE MANUAL HANDLING | |  |  |  |
|  | APPROPRIATE LIFTING EQUIPMENT IS PROVIDED FOR HANDLING HEAVY LOADS, THE EQUIPMENT IS SUITABLE FOR THE JOB AND IS CERTIFIED AND INSPECTED ON A REGULAR BASIS | |  |  |  |
|  | EXISTING SERVICES (POWER/GAS LINES BURIED OR OVERHEAD) HAVE BEEN IDENTIFIED & PROTECTED | |  |  |  |
|  | ELECTRICAL SYSTEMS AND EQUIPMENT ARE MAINTAINED AND FREQUENTLY INSPECTED BY A COMPETENT PERSON | |  |  |  |
|  | 110V ELECTRICAL POWER SUPPLY IS BEING USED AND THERE IS ADEQUATE TRANSFORMER POINTS ON SITE | |  |  |  |
|  | COLLECTIVE MEASURES ARE IN PLACE TO STOP WORKERS AND OBJECTS FROM FALLING (E.G. NETTING, SCAFFOLDING) | |  |  |  |
|  | SCAFFOLDS ARE ERECTED, ALTERED AND DISMANTLED BY COMPETENT CSCS SCAFFOLDERS | |  |  |  |
|  | SCAFFOLDS ARE INSPECTED AND RESULTS RECORDED ON FORM GA3 IN APPENDIX 3 AT REGULAR INTERVALS BY A COMPETENT PERSON AND ANY REMEDIAL WORKS IDENTIFIED DURING INSPECTION(S) ARE COMPLETED | |  |  |  |
|  | WHERE COLLECTIVE FALL PROTECTION MEASURES ARE NOT POSSIBLE, PERSONS WORKING AT HEIGHT USE APPROPRIATE FALL ARREST / RESTRAINT EQUIPMENT | |  |  |  |
|  | LADDERS/STEPLADDERS ARE ONLY USED FOR LIGHT WORK OF SHORT DURATION AND WHEN THERE IS NO OTHER CHOICE | |  |  |  |
|  | LIFTS AND HOISTS HAVE BEEN PROPERLY INSTALLED AND CHECKED BY COMPETENT PEOPLE | |  |  |  |
|  | ALL PEOPLE ON SITE WEAR CORRECT PROTECTIVE EQUIPMENT (E.G. FOOTWEAR, HARD HAT) | |  |  |  |
|  | SUITABLE PROTECTIVE MEASURES ARE USED TO PREVENT OR TO REDUCE EXPOSURE TO DUST (E.G. WOOD, CEMENT, SILICA) | |  |  |  |
|  | SUITABLE PROTECTIVE MEASURES ARE USED TO PREVENT OR TO REDUCE EXPOSURE TO NOISE AND VIBRATION | |  |  |  |
|  | WORK EQUIPMENT AND MACHINERY IS MAINTAINED IN A SAFE CONDITION | |  |  |  |
|  | PLANT AND MACHINERY SAFETY DEVICES ARE KEPT IN GOOD WORKING ORDER (E.G. SOUND SIGNALS, GUARDS) | |  |  |  |
|  | EXCAVATIONS ARE ADEQUATELY SUPPORTED TO REDUCE THE RISK OF COLLAPSE, ARE INSPECTED WEEKLY AND RECORDS MAINTAINED ON FORM AF3 IN APPENDIX 3 | |  |  |  |
|  | PERSONS WORKING ON SITE ARE IN POSSESSION OF A VALID SAFE PASS CARD AND HAVE BEEN INDUCTED | |  |  |  |
|  | WORKERS ARE SUITABLY TRAINED AND IN POSSESSION OF A VALID CSCS CARD WHERE APPLICABLE | |  |  |  |
|  | ALL EMPLOYEES GET INFORMATION ABOUT POTENTIAL RISKS AND CONTROL MEASURES IN A LANGUAGE AND AT A LEVEL THAT THEY UNDERSTAND | |  |  |  |
| **SIGNED:** |  | | **DATE:** | | |