

CONSTRUCTION SITE CHECKLIST



This checklist is to be utilised to identify, review and correct any conditions or hazards that may endanger personnel, contractors or members of the public. Incident/Hazard reports are to be completed on SF-001

Job No:	Site:	Date:
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	Task or Condition	Tick Result			Actions to Address (If result is NO, then include an action)
		YES	NO	N/A	
1	Site Induction / Toolbox				
a	Has a site induction/toolbox talk been conducted and signed by all personnel involved in the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Daily Risk Assessment: (Please write document and Rev no) SF-012. ____ Rev. ____ (Check Rev)				
a	Is the Risk Assessment available on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
b	Is it site specific?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is it completed correctly for the worksite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Has it been signed & dated each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	Does it address pedestrian safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Does it address vehicle safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g	Does it address plant safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h	If Dangerous Goods are in use, are there adequate safety controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i	Is the Supervisor nominated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j	Is the First Aider nominated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k	Is the muster point nominated and is it suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l	Are environmental considerations addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m	Are all nominated controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
n	Are all nominated controls effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
3	Safe Work Method Statement (Please write document and Rev no) SF-050. ____ Rev. ____ (Check Rev)				
a	Is there a SWMS available on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
b	Is it site specific?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Does it address all tasks & associated hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Have the non relevant steps been crossed out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	Have the relevant legislation/standards/codes of practice been highlighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Have the relevant work instructions/forms/risk assessments been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g	Are the relevant work instructions/forms/risk assessments on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h	Does the workforce have the necessary training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i	Has plant and equipment been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j	Have environmental considerations been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k	Has the SWMS been signed by all personnel involved in the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l	Are all required controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
m	Are all required controls effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO

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		YES	NO	N/A	
4	Licences/Authorities				
a	Are all plant operators licensed or authorised to operate the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
b	Have all personnel relevant State OHS Induction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
c	Are Personnel Authorised by the Authority/Client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Forms/Documentation				
a	Is there a copy of the Management plan on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Required for all Jobs >\$250,000)
b	Is a PowerServe contact details sign displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is the job file available on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Is there a certified/current Drawing on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	Is there a job Specification on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Are the Authority's Safety Rules available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Work/Access Permits				
a	Is an appropriate permit on issue for this work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are all permit recipients authorised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
c	Are DBYD's and/or Excavation Permits complete and on-site and have all overhead and underground services been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
d	If applicable, is a State Roads permit onsite and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
e	If applicable, is a council permit onsite and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
7	Manual Handling				
a	Have the manual handling hazards been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are manual handling aids available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Personal Protective Equipment (PPE)				
a	PPE as per Daily Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are all safety harnesses & lanyards within their test date range? (Every 3 Months) and tagged. (Red – Jan to Mar, Green – Apr to Jun, Blue – Jul to Sep, Yellow - Oct to Dec Power only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is other safety apparel in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Tools/Equipment				
a	Are all electrical tools within their test date range and tagged? (As per state requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Check the following Equipment for condition, compliance and tagging:-				
b	Ladders (every 3 mths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Calibrated Test equipment within test date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Gas Bottles (10 Years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	Lifting equipment (Slings & chains) (every 3 months) (Red – Jan to Mar, Green – Apr to Jun, Blue – Jul to Sep, Yellow - Oct to Dec Power only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	First Aid and Emergency Contacts				
a	Is there a stocked First Aid kit available on site and is it in date and accessible? Min. Type "B"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		YES	NO	N/A	
b	Are the First Aid requirements adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Are there emergency contact details available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Is there emergency communication available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Traffic/Pedestrian Management				
a	If required, is there a traffic management plan in use and a copy of the plan on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Is the site set up as per Traffic Control Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Does the plan address pedestrian safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Can vehicles/pedestrians pass the site safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If in use do the following personnel have tickets in:-				
e	Traffic Controller (Blue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Apply Traffic Control Plans (Yellow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g	Select/modify Traffic Control Plans (Red)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h	Design & inspect Traffic Control Plans (Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i	If managing pedestrians is there a PMP in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j	Is the site set up as per PMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Vehicles & Plant				
a	Does all plant and high risk equipment have a current risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	If required, is the prestart inspection completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Warning devices fitted and in working order? (flashing lights, reversing alarm, site flag, warning signage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Where required, has the operator completed a competency for the plant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	If required, is an emergency stop fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Is all of the equipment carried adequately secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Fire Hazards/Procedures/Bans				
a	Are hot work restrictions been complied with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	If required, has the hot work permit been issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is there Fire Fighting equipment available, and is it accessible and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Is it maintained (serviced every 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	If operating within a fire ban period, is a permit/exemption on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Hazardous Substances / Dangerous Goods				
a	If Hazardous Substances / Dangerous Goods are in use, is there an MSDS available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are there adequate safety controls in place, as outline in the MSDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Has a risk assessment been conducted for hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	If Dangerous Goods are in use, are there adequate safety controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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15	Excavations & Trenches				
a	Are all Excavations isolated to prevent accidental access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory Incident Report for <input checked="" type="checkbox"/> NO
b	If the excavations are deeper than 1.5 metres is there shoring or benching in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is there safe means of access to & from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Is there adequate protection to personnel in the excavation from falling material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Environment				
a	Are there effective erosion controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Is any existing flora protected from damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is any existing fauna protected from damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Is effective waste/spoil management in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	Are liquids stored to prevent spillage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Is there a spill kit available and is it accessible and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g	If required, is weed control in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h	Are vehicles free of mud/dirt when leaving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l	Have any issues with dust been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j	Is the site in a clean and tidy state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k	Are bunds litter free and empty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Emergency Preparedness. Select a member of the workgroup and confirm if they are aware of:-				
a	The nominated first aider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	The emergency contact list and its location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	The evacuation procedure and muster point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Location of spill kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Findings:

Inspected By: (Print Name)	Signed:
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Reviewed By:	Print Name:	Signed:
Field Co-ordinator/Leading Hand/ Site Supervisor:		
Project Manager/Supervisor:		
Subcontractor Representative: <small>If different to site supervisor.</small>		
Subcontractor Company:		

NOTE: Retain a copy of this form in the CEMP records folder
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