

GA17 Weekly project SHE inspection

| Company name | | Project title | |
|--------------|--|---------------|---------------|
| Location | | Contract no. | |
| A | Site activities being inspected | Date | Time (24 hrs) |
| Activity | Employee or contractor(s) | | |
| Item no. | Element, checks and records | Location | Yes NC* NA** |
| CO1 | Corporate image/ information Compound set up, signage, cleanliness, staff dress, attitude, SHE awards, policies, employers' liability insurance, F10 notification, first aiders, etc. | | |
| RA1 | Risk assessment Copy available at site (specific to activity and authorised) Controls identified in place and complied with – risk assessment and method statement review sheet completed Evidence of communication – operatives signed into risk assessment | | |
| RA2 | | | |
| RA3 | | | |
| MS1 | Method statement Copy available at site (specific to activity and authorised) Controls identified in place and complied with Evidence of communication – operatives signed into method statement | | |
| MS2 | | | |
| MS3 | | | |
| WH1 | Work at height Prevention of falls from height or falling materials is adequate (e.g. work platforms with suitable edge protection or safety harnesses) Ladders and podium platforms are in good order and free from defects | | |
| WH2 | | | |
| L1 | Lifting If lifting operations are in progress, asset tags are legible and intact, checked and valid for all lifting equipment | | |
| N1 | Noise If noisy operations are in progress, hearing protection is being worn and has been assessed. Measures are in place to prevent activities creating a statutory nuisance in terms of noise | | |
| V1 | Vibration If using equipment that can cause hand-arm vibration, staff are aware of and complying with trigger times Measures are in place to prevent activities creating a statutory nuisance in terms of vibration (e.g. traffic flow near properties) | | |
| V2 | | | |
| MH1 | Manual handling If operatives are lifting heavy items, a manual handling assessment is in place – part of activity risk assessment | | |
| PT | Permit systems Hot works, confined space, permit to dig, permit to load, etc. | | |

* Not checked
** Not applicable

GA17 Weekly project SHE inspection *continued*

| Item no. | Element, checks and records | Location | Yes | NC* | NA** |
|--------------------------|--|--|-----|-----|------|
| Waste/environment | | | | | |
| E1 | Waste (if materials are being taken off site, obtain carrier's name and destination of load) | Material type | | | |
| | | Carrier's details | | | |
| | | Name of tip | | | |
| E2 | Environmental issues Pollution prevention guidance | Check waste transfer note is in place | | | |
| E3 | | Registered carrier's licence on file | | | |
| E4 | | Copy of transfer station licence available | | | |
| E5 | | Right waste being put in right skip and skips labelled | | | |
| E6 | | Site registered as a hazardous waste producer | | | |
| E7 | | Consignments notes in place for hazardous waste uniquely numbered (rule of 3: producer-carrier-receiver) | | | |
| E8 | | In relation to the selected activity the necessary permissions/licences/consents are in place (e.g. discharge from interceptors) | | | |
| E9 | | Oil/diesel storage are in bunds and no evidence of significant spillages; spill kits; emergency response | | | |
| E10 | | Exemption for recycled materials from the EA (e.g. 19A, WRAP) | | | |
| E11 | | Wildlife (tree or ground-nesting birds, bats, badgers, licences, etc.) | | | |
| E12 | | Public/private nuisance (dust, noise, lighting, etc.) | | | |
| Workplace | | | | | |
| W1 | Access/egress (suitable and safe, planned, maintained) | | | | |
| W2 | Site security (compound, site, adequately fenced, trespassers) | | | | |
| W3 | Housekeeping (site tidy and kept to an acceptable standard – slips, trips and falls) | | | | |
| W4 | Dust/mud suppression (dust or mud a problem and being adequately controlled, cutting works using dust suppression) | | | | |
| W5 | Site traffic management (signs, parking, fences, traffic plan) | | | | |
| W6 | Lighting (adequate for operations in place, including task lighting) | | | | |
| W7 | Welfare (clean and tidy, cooking facilities are clean, adequate for numbers) | | | | |
| W8 | Pedestrian routes (pedestrians adequately provided for, suitable public protection) | | | | |
| W9 | Temporary works (inspected, designed, temporary works co-ordinator, roof protection, falsework, formwork) | | | | |
| W10 | Excavation (fenced, design, safe access, signage) | | | | |

* Not checked
** Not applicable

GA17 Weekly project SHE inspection *continued*

| Item no. | Element, checks and records | Location | Yes | NC* | NA** |
|-------------|--|----------|-----|-----|------|
| P | People - workforce | | | | |
| | Name of person(s) selected to review training/risk assessments/induction records <i>(state below)</i> | | | | |
| P1 | Personal protective equipment (PPE) correct (mandatory and as identified by risk assessment) | | | | |
| P2 | Evidence of induction – check register at office | | | | |
| P3 | Evidence of training (for example, CPCS, LANTRA, NPORS, IPAF, NRSWA, etc.) | | | | |
| P4 | Evidence of last toolbox talk and risk assessment briefings | | | | |
| P5 | Behavioural (attitude, knowledge of task, tidiness, equipment, dress, etc.) | | | | |
| PE | Plant, equipment and lifting equipment (including fixed installations) | | | | |
| PE1 | Tools/equipment (daily checks and weekly inspections being carried out by the operator/users) | | | | |
| PE2 | Evidence of statutory inspections being carried out for mobile plant and fixed installations (for example, compressors, mechanical, electrical, asbestos, gas, etc.) | | | | |
| PE4 | Drip trays in place when carrying out filter duties (oil and diesel) | | | | |
| PE5 | Availability and location of emergency spill kit | | | | |
| PE6 | Refuelling operations controlled | | | | |
| PE7 | Are thorough (e.g. 6- and 12-monthly) examination certificates on file and in date for all lifting equipment and accessories? | | | | |
| PE8 | General condition of lifting equipment (check for damage, incorrect use, etc.) | | | | |
| PE9 | Electrical equipment has been PAT tested in last three months (check for sticker or tag) | | | | |
| PE10 | General condition (cables, transformers, spider boxes, hand tools, etc.) | | | | |
| PE11 | Daily plant operator sheets are being completed and, where defects are noted, repairs done | | | | |
| M | Materials | | | | |
| M1 | Storage of materials (safe, prevent loss, damage or contamination, collapse) | | | | |
| M2 | If hazardous, COSHH assessment available and briefed to workforce | | | | |
| M3 | COSHH controls detailed in assessment are being complied with | | | | |
| V | VDU users | | | | |
| V1 | Enough room for each person (11 m ²) | | | | |
| V2 | Desk free from glare, blinds available, artificial lighting (diffuser) | | | | |
| V3 | Self-assessment has been carried out by habitual users | | | | |
| V4 | VDU free from flicker or glare, ergonomic principles have been applied, noise, dust, etc. | | | | |

* Not checked
 ** Not applicable

GA17 Weekly project SHE inspection *continued*

| Item no. | Element, checks and records | Location | Yes | NC* | NA** |
|------------|---|----------|-----|-----|------|
| WE | Welfare | | | | |
| WE1 | Are there sufficient facilities for the people in the area? | | | | |
| WE2 | Is lighting, heating and ventilation adequate in all facilities? | | | | |
| WE3 | Have facilities been cleaned and waste removed? | | | | |
| WE4 | Are drinking water and cups available? | | | | |
| WE5 | Are hot/warm water, soap and towels/hand dryer available? | | | | |
| WE6 | Has appropriate information been posted (e.g. first aiders, route to hospital, emergency contact details, and site rules, posters, policies, etc.)? | | | | |
| FI | Fire | | | | |
| FI1 | Fire risk assessment and fire-fighting equipment suitable, sufficient and tested | | | | |
| FI2 | Fire escape (fire escape routes, disabled person(s) obstructions, lighting, etc.) | | | | |
| FI3 | Assessment(s) (newly installed materials, petrol, solvents, cylinders, etc.) | | | | |
| FI4 | Fire prevention (permit systems, debris removal, electrical and test, smoking, etc.) | | | | |

Weekly SHE inspection action sheet

| To be completed by sampler | | | To be completed by person responsible | | |
|-------------------------------------|---------------------------|--------------------|---------------------------------------|---------------------------------------|--|
| Item | Problem observed/comments | Person responsible | Corrective action to be taken | Actioned <i>(initial and date)</i> | |
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| Person completing inspection | | | | | |
| Name | | Position | | Signature | |
| Received by site management | | | | | |
| Name | | Position | | Signature | |

* Not checked
** Not applicable