**CONTRACTOR SITE OBSERVATION CHECKLIST**

Note: The Contractor Site Observation Checklist is designed to provide an indication of contractor WHS conformance is in line with [TAFE] requirements. It is not intended to be an extensive checklist and the Contract Supervisor should make relevant comments about Health & Safety matters not in this checklist. The frequency of site observations will depend on the nature and circumstances of each contract. Contract Supervisors are to establish an observation schedule in consultation with the contractor and it is to be integrated with other site management functions. The checklist is to be completed in conjunction with the contractor.

Contractor Details

Company / Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractors Site Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criteria

|  |  |  |  |
| --- | --- | --- | --- |
| Evidence of Induction | | | |
| Has the contractor have a [TAFE] Induction Card (checked against the individual’s identification)? | □ Yes | □ No | □ N/A |
| Organisation of the site | | | |
| Observations indicate that: | | | |
| Work areas are barricaded to prevent non-authorised access? | □ Yes | □ No | □ N/A |
| Clear access/egress is available for [TAFE] staff/visitors around work area? | □ Yes | □ No | □ N/A |
| Site/work area is free from rubbish and obstructions? | □ Yes | □ No | □ N/A |
| Openings in floors, trenches etc are covered or barricaded? | □ Yes | □ No | □ N/A |
| Electrical | | | |
| Observations indicate that: | | | |
| Electrical equipment - power tools, leads etc are tested and tagged? | □ Yes | □ No | □ N/A |
| Portable RCD’s are used, where required? | □ Yes | □ No | □ N/A |
| Leads, plugs, sockets and switches appear to be in good condition (no exposed wires, no mechanical damage)? | □ Yes | □ No | □ N/A |
| Insulated ladders are used near live exposed electrical equipment? | □ Yes | □ No | □ N/A |
| Prevention of falls from height | | | |
| Observations indicate that: | | | |
| Elevated work platforms have handrails & kickboards? | □ Yes | □ No | □ N/A |
| Harnesses with lanyards being used? | □ Yes | □ No | □ N/A |
| No evidence of damage to ladders? | □ Yes | □ No | □ N/A |
| Material storage | | | |
| Observations indicate that:  Building materials are stored within the confines of work area? | □ Yes | □ No | □ N/A |
| Personal Protective Equipment | | | |
| Observations indicate that  Relevant Personal Protective Equipment is being used? | □ Yes | □ No | □ N/A |
| Licences | | | |
| Observations indicate that  relevant personnel have current licences to carry out prescribed work | □ Yes | □ No | □ N/A |

Site Safety Management Plan

Are there site-specific items in the site safety management plan that is not on the above list?

If YES list them;

|  |
| --- |
|  |
|  |

Is the contractor working in conformance to the SSMP? □ Yes □ No □ N/A

Comments:

|  |
| --- |
|  |
|  |

Evaluation

In your observations is the contractor meeting their obligations as assessed in these criteria? □Yes □No

Have identified non-conformance(s) observations been discussed with the contractor? □Yes □No

Has the contractor agreed to observations: □Yes □No

Has non-conformance(s) been rectified? □Yes □No

Comments:

|  |
| --- |
|  |
|  |

Observation completed by:

(Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor (or contractors representative) (Print Name):

(Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Supervisor to complete

When non-conformance is identified the following items must be checked off:

Documentation confirming rectification (e.g. email; follow-up site observation) has been viewed.

Date rectification completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation documentation attached.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_