## Generic inspection document

Site Name	Date:	
Inspection Completed By:		
Inspection location/area/ or description		

				eptable	(✔)	
No.	Inspection Item		Y	N	N/	Comments
Risk / numb	Assessments (list RA name or er)	risk assessment name/No:				
1	A JHA has been completed for the	task and signed by all personnel involved in the task.				
2	All site hazards for the task have be					
3	All controls stated in JHA have bee	n implemented into the workplace?				
4	A Supervisor has signed and appro	ved the JHA				
5	Has the JHA been reviewed in the	field?				
6	Take 5's are being completed by al	I work crew				
7	Are all personnel trained and comp	etent to undertake the task?				
8	Permits authorised, signed onto and	held in workplace? W@H, Hot Works, Excavation etc?				
9	Adequate supervision provided at v	vork front/s?				
10	All mandatory PPE being worn					
11	Additional PPE acknowledged on J	HA (if applicable)				
Mobil	e Equipment – (list plant name)	List Plant Inspected:				
12	Pre-Start check has been complete					
13		s been considered on JHA (Spotter if applicable)				
14	Operator competent to operate ma					
15	Cranes demarcated and barricaded					
16	Positive Communications establish	ed?				
47		Second to cond				
17	Electrical equipment in good condit					
18	Electrical Leads off the ground and					
19 20	Correct electrical isolations and tag RCD Protection being used	ging				
20	RCD Protection being used					
21	Work area/s barricaded and interfa	ces managed				
22		around site. Signs clear and visible.				
23	Loose objects, slippery and unever					
24	All personnel have been given ade					
25	Is housekeeping adequate for the v					
26	SDS available for chemicals in use					
27	Chemicals stored correctly, clearly	labelled and in appropriate container				
28	Work area / Cabinets adequately v					
29	Spill kits distributed adequately and	I have appropriate and adequate stock?				
30		attered or shored if over 1.2m deep?				
32	Safe access and egress installed in	each excavation?				
33	Open trenches are barricaded					
24	Lifting oquipment tegged and cartifi	ind				
34 35	Lifting equipment tagged and certific Guarding in place on equipment.					
30	Guarding in place on equipment.					

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36	Pedestrian access and signage in place, where required, in line with current T.M.P.
37	Personnel understand site requirements for seat belts and speed limits?
38	Open holes have been identified and covered
39	Tools and equipment correctly used and fit for purpose?
Emer	gency Equipment and Response
47	6 monthly tagged fire-fighting equipment
48	Emergency instructions/rescue plan displayed?
49	Fire, emergency and first aid equipment safely accessible and fit for use?
50	Dust and noise pollution minimised and managed?
51	Adequate bins for storage of waste used appropriately and not overflowing?

\* All items identified on the inspection checklist to be transferred onto the corrective action register (below) with the specific items that need to be addressed and closed out.

Corrective Action Required	Responsibility	Date Due	Closed Out Y/N
	Corrective Action Required	Corrective Action Required  Responsibility	Corrective Action RequiredResponsibilityDate DueImage: Corrective Action RequiredImage: Correct

Inspection Team			
Name		Signature	
Name		Signature	

Site or Area Manager	Signature	

All items identified have been entered onto the corrective action register (circle).	Y	N	N/A
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