

WORK SITE SAFETY CHECK – for the onsite Team Leader use

PROJECT MANAGER: _____

DATE: _____

WORK LOCATION: _____

INSPECTION CONDUCTED BY: _____

1. Is the Risk Assessment on the current form and on site?

Yes No

Comment/Action: _____

2. Does the Risk Assessment satisfactorily cover project risks?

Yes No

Comment/Action: _____

3. Personnel on site participated in and are familiar with the Risk Assessment.

Yes No

Comment/Action: _____

4. All personnel are wearing appropriate personal protective clothing.

Yes No

Comment/Action: _____

5. Does the Project Manager have information regarding any pre-existing medical conditions disclosed by activity participants?

Yes No

Comment/Action: _____

6. Is the first aid kit at the actual work site?

Yes No

Comment/Action: _____

7. Is the first aid kit adequately stocked?

Yes No

Comment/Action: _____

8. Are the emergency contact numbers available to all on site?

Yes No

Comment/Action: _____

9. Does the group demonstrate safety awareness?

(Are work practices safe? Is food stored and handled correctly?)

Yes No

Comment/Action: _____

10. Are there any safety concerns being identified by staff or volunteers?

Yes No

Comment/Action: _____

11. Have there been any injuries?

Yes No

Comment/Action: _____

12. Have there been any near misses?

Yes No

Comment/Action: _____

13. Are chemicals being used on the project?

Yes No

Chemical/product name: _____

14. Is the Material Safety Data Sheet (MSDS) on site?

Yes No

Comment/Action: _____

15. Is the team equipped to comply with the MSDS?

Yes No

Comment/Action: _____

16. Are the following documents on site and accessible:

Accident/Incident Report Forms

Yes No

Register of Injuries

Yes No

Comment/Action: _____

17. Are toilet and hygiene arrangements adequate? (Check availability of soap, water, toilet paper, etc.)

Yes No

Comment/Action: _____

SUMMARY:

SIGNATURE:

Inspector: _____

Date: _____

Project Manager: _____

Date: _____