## Contractor Safety Check List

ditor Signature Time: cation: Date: cation: Date: divity: Plant on Site  General Checks  1 Are there relevant appointments made for PSDP and PSCS? Y / N N/A  2 Has the contractor verified that Site Specific Risk Assessments are carried out? Y / N N/A  3 Has the contractor verified that a site specific TMP exists for the site and that it conforms to Chapter 8 and the WIDE principal. Y / N N/A  4 Has the contractor verified that the TMP takes into account delievery/storage of materials and changing weather conditions Y / N N/A  4 Is there evidence that plant is in good order and regularly inspected? Y / N N/A  5 Has the contractor verified that the has controls in place for overhead lines? Y / N N/A  6 Has the contractor verified that he has controls in place for underground cables? Y / N N/A  8 Has the contractor verified that there are welfare and first aid facilities on site? Y / N N/A  9 Has the contractor verified that controls are place to deal with excavations on site? Y / N N/A  Temporary Safety Measures  10 Does the design conform to the Traffic Signs Manual and does the TSM's installed conforms to the design layout and parameters?  11 Have all the hazards been assessed in the Temporary Safety Measures?	Contractor Name	ə:	
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Improvement Rec O Systems or operation of systems		3	
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	Unacceptable	R Conditions requiring immediate corrective	
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