

Contractor Safety Check List

Contractor Name: _____

Auditor Signature _____ Time : _____

Location: _____ Date : _____

Activity: _____ Plant on Site _____

Personnel 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 staff have, Safe Pass, SLG, , Banksman etc. Y / N N/A
- 6 Has the contractor verified that he has controls in place for overhead lines? Y / N N/A
- 7 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

- G O R N/R**
- 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?

Rating	Colour	Definition
Acceptable	G	Safe systems in place and operated
Improvement Required	O	Systems or operation of systems
Unacceptable	R	Conditions requiring immediate corrective
Not Reviewed	N/R	Item not reviewed during inspection.

General Comments/Safety Concerns on work site if required: _____

Signed : _____ Signed : _____

DCC Auditor Contractor