

Check carried out by :

Sign: Time :

RSS Area : Date :

Location:

Brief description of the works on site:

Operatives on site:

Plant on site:

General Checks

- 1 Is an SSWP filled out and signed for the works? Y / N / N/A
- 2 Is a Risk Assessment filled out for the works? Y / N / N/A
- 3 Is there a TMP present for the works and are signs erected accordingly? Y / N / N/A
- 4 Have any toolbox talks been given in the last month? Y / N / N/A
- 5 Have relevant staff, Safe Pass, SLG, Plant Operator, Banksman etc. Y / N / N/A
- 6 Are controls in place for overhead lines? Y / N / N/A
- 7 Are all staff wearing appropriate PPE? Y / N / N/A
- 8 Has work vehicles/plant on site a daily/weekly inspection sheet? Y / N / N/A
- 9 Have Contractors relevant training/certs/plant checks? Y / N / N/A
- 10 Are there any other factors affecting the safety of employees or members of the public on site? E.g.Poor Housekeeping/Intoxicant use etc Y / N / N/A

General Comments on work site if required:

.....
.....
.....
.....
.....

Signed : _____
DCC Auditor

Signed : _____
Site Supervisor