

Monthly Safety Monitoring Record

Design Services Manager



This sheet is to be filled out once per month by Engineer/Architect managing the Design Office or Design Team. Completion of this sheet is an integral part of verifying your fulfillment of the specific designers roles allocated under the Roads Safety Statement as well as demonstrating individual and corporate compliance with the Council's Safety Management System (the Green Folder) within your Design Office / Design Team. It will be used with similar sheets by Designers to monitor and record the implementation of the Green Folder with the Division and report on this to the SE and DoS.

Reporting period:	From (Date):	To (Date):	
Name (print):		Signature:	
Design Office:		Design Team:	
Senior Engineer:			

Instructions for completion:

- Answer All Questions. For No or N/A answers please provide comments or reasons.
- The reporting period is one month prior to completion of the form, all questions refer to this period.
- If you have not carried out or been involved in the activity referred to in the question use the N/A option.

	Criteria	Yes/No	Comments
1a	Have you received a Safety Monitoring Report from each member of your design team in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1b	Have your design team identified any issues relating to the safety management system including additional Generic Risk Assessments required or needing updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1c	Have you carried out toolbox talks and forwarded a copy of the records to the H&S Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1d	Having assessed any additional training needs identified by your team does any further training need to be scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES please give details and confirm arrangements made to prioritise provision.
2a	Have you complied with your assigned responsibilities for any Safe System of Work Plan for activities carried out by your team and assigned any relevant responsibilities on the SSWP to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2b	Have you identified any work activity that requires a safe system of work but does not currently have one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES please give details and submit draft proposals for a SSWP for the activity.
3a	Have you recorded all safety incidents in your area over the last month and notified these to the H&S Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3b	Have you completed any investigations of incidents that occurred in your area over the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If YES please attach any investigation form(s).
3c	Have you informed your staff of all relevant control measures for previous incidents that have occurred in DCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4a	Have you ensured that the PSDP and PSCS are appointed for all relevant projects your design team are involved in?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5b	In respect of all consultants appointed as designers / site supervisors: <ul style="list-style-type: none"> Was an assessment of competence in Safety Health and Welfare carried out during procurement?* Has performance been monitored? (e.g. site visits, progress meetings, progress reports) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	* Minimum assessment to QC1/QC2 Suitability Assessment Questionnaires for Service Providers from www.constructionprocurement.gov.ie
5c	Have all contractors appointed PSCS by your design team in the last month had a: <ul style="list-style-type: none"> Site Specific Risk Assessment Site Specific Traffic Management Plans Adequate PL and EL Insurances Approved Safety Statement 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No give details:
6a	Have you carried out an inspection on a contractor's site as per Section 13 of the Green Folder in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b	Have you had to remove a contractor from site due to failure to carry out their responsibilities as a designer contractor or project supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

General Observations / Feedback:

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Items require escalation to SE / DoS?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes give details:
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After you have entered the necessary information to complete this sheet, please forward it to your Design Team Manager (SEE / EE).

Endorsed by: _____

SEE (if not completed by SEE)

Received by: _____

SE

Date: _____

WHEN COMPLETED PDF THIS FORM AND EMAIL TO THE RELEVANT LINE MANAGER