



## Monthly Safety Monitoring Record Designers



**Comhairle Contae  
Dhún na nGall**  
Donegal County Council

This sheet is to be filled out once per month by each member of the design team in each assigned office. 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 Design Team Leaders (EE / SEE) to record the implementation of the Greenfolder with the Division and report on this to the SE and DoS.

<b>Reporting period:</b>	<b>From (Date):</b>	<b>To (Date):</b>	
<b>Name (print):</b>		<b>Signature:</b>	
<b>Design Office:</b>		<b>Design Team:</b>	
<b>Team Leader (SEE / EE):</b>			

**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	Is a Generic Risk Assessment available for any work activity you have been engaged in?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	* If no please highlight any Generic Risk Assessments you think should be added to the Green Folder.
1b	Have any Surveying, Setting Out and Site Inspections you have been involved in had Site Specific Risk Assessments prepared and the controls implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
1c	Have any Surveying, Setting Out and Site Inspections you have been involved in been carried out in accordance with the Safe System of Work (Ch 6 of the Green Folder)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
1d	Have all design projects you have worked on in the past month had a Design Stage Safety & Health File completed during the design process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2a	Has a PSDP been appointed for all design projects you have worked on (where Donegal Co Council is the Client)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2b	Has a PSCS been appointed for all construction phase projects you have been involved in (where Donegal Co Council is the Client)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Do you have any training which you think you require in order to fulfill you duties as a designer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	* if yes please specify

4	Have any safety incidents, accidents or near missed which you were involved in been reported to your line manager.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Have you had a toolbox talk in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**General Observations / Feedback:**

After you have entered the necessary information to complete this sheet, please forward it to your Design Team Manager (SEE / EE).

Received by: \_\_\_\_\_

(Design Team Manager)

Date: \_\_\_\_\_

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