



Senior Executive Engineer Monthly Safety Monitoring Record

The purpose of filling out this sheet is to record the implementation of the Greenfolder. It will be used with similar sheets by your Ganger, Foreman, EE, SEE and SE to record the implementation of the Greenfolder. This helps demonstrate Donegal County Council's commitment to Safety Health and Welfare of all its employees.

Reporting period:	From Date:		To (Date):	
Name:				
Senior Engineer:				
Area:				

Instructions for completion:

All Questions please tick yes or no For no answers please provide comments.

Q1- Q5 These should be based on the information you have received from RSSs Area Engineers and any inspections you have carried out.

Q6 & Q7. This question includes all sites in your area that hold a budget for including contractors centrally procured. While Framework Designers have been pre qualified as designer and PSDP they must be assessed prior to appointment with IPB and the Safety Officer. This should be done in conjunction with Roads Design

	Criteria	Yes/No	Sheets attached (tick as req'd)	Comments
1	Have you complied with assigned responsibilities for the Safe System of Work on all direct labour sites and have you assigned responsibilities to relevant staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
1b	Have you identified any work activity that requires a safe system of work and have you developed one?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Have you considered any additional training needs raised to you, by the area engineer? Have you prioritised any training in conjunction with the training group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	Please highlight any issues that need raising
3	NOT USED			
4	Have incident investigations being completed for all incidents that have occurred in your area in the last month and have you forwarded these forms to the H&S officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4b	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		
5	Have you ensured with your area engineer that the PSDP and PSCS are appointed and have the relevant site specific risk assessments and TMP and insurances and safety statements in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
6	Have you ensured with your EE that contractors who are working with DCC as PSCS are performing in accordance with section 13 of greenfolder.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7	Have you ensured that competent Designers are in place for all works that require them (e.g. TMPs, construction contracts, surface dressing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Please provide Details of any jobs where this has been completed over the last month
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General Observations:

After you have entered the necessary information to complete this sheet, please forward it to your Senior Engineer.

Signed: _____
Senior Executive Engineer

Date: _____

Received: _____
Senior Engineer

Date: _____