



Road Service Supervisors Monthly Safety Monitoring Record

The purpose of filling out this sheet is to record your compliance with the Council's Safety Management System i.e. 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:				
Executive Engineer:				
Area:				

Instructions for completion:

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

Q1b Provide any details of issues and attach relevant sheet(s)

Q2a Attach Toolbox Talks.

Q3 Please attach any test and inspection certificates for new items of lifting equipment.

Q4 Only H&S issues have to be highlighted here.

	Criteria	Yes/No	Sheets attached	Comments
1a	Have you received completed Safety Monitoring Records from supervisors on site this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
1b	Were there any issues raised on these monitoring sheets that you couldn't resolve? If yes please provide details in comments section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
2a	Have you completed four toolbox talks over the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
2b	Have you identified any additional training needs? If Yes, have you referred these additional training needs to Line Management/ Training Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Have you any new lifting equipment and have you provided your engineer with testing certs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
4	Have staff returned plant inspection sheet to you and have any issues identified been resolved or reported to Machinery Yard or Supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
5a	Have you notified your engineer of all incidents that have occurred in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5b	Have all control measures that you have been made aware of from previous incidents being implemented in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Are minutes of safety team meetings displayed in your depots	<input type="checkbox"/> Yes <input type="checkbox"/> No		

General Observations:

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