



**SITE INSPECTION CHECKLIST**

|                            |
|----------------------------|
| Who is The Site Inspector: |
| Date of Inspection:        |
| Place of Inspection:       |
| Signature:                 |

| Item Details              | Yes | No | Rectify Required | Item Details                   | Yes | No | Rectify Required |
|---------------------------|-----|----|------------------|--------------------------------|-----|----|------------------|
| <b>FLOORS</b>             |     |    |                  | <b>FIRE</b>                    |     |    |                  |
| Even Surface              |     |    |                  | Extinguishers available        |     |    |                  |
| Dropped Objects Removed   |     |    |                  | Check for Exits                |     |    |                  |
| Oil and Grease Removed    |     |    |                  | Exits clear of obstructions    |     |    |                  |
| Mess Cleaned up           |     |    |                  | Alarm point known              |     |    |                  |
| Safety Passages marked    |     |    |                  |                                |     |    |                  |
|                           |     |    |                  | <b>LADDERS</b>                 |     |    |                  |
| <b>AISLES</b>             |     |    |                  | Not Obstructing exits          |     |    |                  |
| Adequately lit            |     |    |                  | No Defects                     |     |    |                  |
| Clear of rubbish          |     |    |                  | Australian Standards           |     |    |                  |
| Clear of Electrical Leads |     |    |                  |                                |     |    |                  |
| Unobstructed Vision       |     |    |                  | <b>ELECTRICAL</b>              |     |    |                  |
|                           |     |    |                  | Tools Stored away from walkway |     |    |                  |
| <b>PLANT</b>              |     |    |                  | Inspection tags correct        |     |    |                  |
| Adequate work space area  |     |    |                  | Leads not on floors            |     |    |                  |
| Adequately guarded        |     |    |                  |                                |     |    |                  |
| Clean                     |     |    |                  | <b>AMENITIES</b>               |     |    |                  |
| Noise level satisfactory  |     |    |                  | Location known                 |     |    |                  |
| Lighting Satisfactory     |     |    |                  | First Aid area known           |     |    |                  |
| Tools tidy                |     |    |                  | Designated Smoking area        |     |    |                  |
| Tools checked for damage  |     |    |                  | Designated Eating area         |     |    |                  |

Work Area has been inspected and deemed fit for start of Job.  Yes  No

Tools have been inspected and deemed fit for start of Job.  Yes  No

Time: .....

Signature: .....