

## SITE ESTABLISHMENT CHECKLIST

Job No: .....

PROJECT NAME: ..... DATE: .....

*Please indicate by circling Yes or No or N/A that you have considered, discussed and agreed to the following site issues.*

<b>SITE SECURITY:</b>			
1. Site temporary fencing, hoarding, gates required.	Yes	No	N/A
2. Is site lockable?	Yes	No	N/A
<b>COMMENTS:</b> .....			

<b>AMENITIES:</b>			
1. Toilet - (number of workers catered for: .....)	Yes	No	N/A
2. Change Room - (number of workers catered for: .....)	Yes	No	N/A
3. Lunchroom - (number of workers catered for: .....)	Yes	No	N/A
4. Access	Yes	No	N/A
5. Maintenance	Yes	No	N/A
<b>COMMENTS:</b> .....			

<b>FIRST AID:</b>			
1. Qualified First Aider	Yes	No	N/A
2. First Aid Kit available	Yes	No	N/A
3. First Aid Room, bed etc.	Yes	No	N/A
4. Evacuation, emergency access, egress	Yes	No	N/A
<b>COMMENTS:</b> .....			

<b>EXISTING CONDITIONS: Have the following risks been assessed?</b>					
1. Soil Contamination	-	Report	Yes	No	N/A
	-	Audit	Yes	No	N/A
	-	Tipping (records etc)	Yes	No	N/A
2. Asbestos Audit	-	Required	Yes	No	N/A
	-	Received	Yes	No	N/A
	-	Action Required	Yes	No	N/A

3. Roofs	Yes	No	N/A
4. Floor	Yes	No	N/A
5. Temporary guardrails required?	Yes	No	N/A
6. Fire extinguishers	Yes	No	N/A
7. Dangerous goods, substances etc.	Yes	No	N/A
8. Cellars, tanks etc.	Yes	No	N/A
<b>COMMENTS:</b>			

<b>EXISTING ELECTRICAL SERVICES:</b>			
1. Have all electrical / demolition workers been inducted into the removal of existing electrical services?	Yes	No	N/A
2. Have they signed off on this?	Yes	No	N/A
3. Are temporary boards in place?	Yes	No	N/A
4. Is the appropriate signage for electrical temporary cabling in place?	Yes	No	N/A
5. Has the electrician issued a Certificate of Electrical Safety?	Yes	No	N/A
7. Is the Electrical Register on-site?	Yes	No	N/A
<b>COMMENTS:</b>			

<b>SIGNS AND NOTICES:</b>			
1. Emergency Phone List – ie., hospital, ambulance, doctor, fire, poisons information, police etc.	Yes	No	N/A
2. Evacuation Procedure – ie., access, assembly point, recording	Yes	No	N/A
3. Dangerous and hazardous goods	Yes	No	N/A
4. PPE - helmets, visible vests, goggles, earmuffs etc.	Yes	No	N/A
5. WorkCover alerts	Yes	No	N/A
7. Occupational health and safety representative’s details	Yes	No	N/A
8. Additional	Yes	No	N/A
<b>COMMENTS:</b>			

<b>SAFETY:</b>			
1. Safe work procedure/work method statements	Yes	No	N/A
2. Risk Assessments	Yes	No	N/A
3. Site induction - details, Register	Yes	No	N/A
4. Electrical Leads & Tools Testing and Tagging Register	Yes	No	N/A
5. Material Safety Data Sheet Register	Yes	No	N/A

<b>COMMENTS:</b> .....
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<b>ADDITIONAL COMMENTS:</b>
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I understand this to be a true and agreed record of issues as addressed for this project as at the date noted below. Where action is required, it has been discussed and an agreed Action Plan has been endorsed.

**PROJECT MANAGER:** .....

**SITE SUPERVISOR:** .....

*(If applicable)*

**HEALTH AND SAFETY  
REP:** .....

**DATE:** .....

**Prepared by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_