



Desert Software Management System

Project Managers Site Safety Assessment Audit

AU-01

Date: 25-08-2016 Time: 10:46 AM Crew: Tom, Mary, Paul

Site Address: Flinders St, Melbourne VIC 3180

1.0 INTRODUCTION

Every care must be taken to ensure work sites are maintained in a safe and hazard free condition. Inspections will be undertaken pre-start and during operation on major works to reduce all possible risk of injury or illness for staff and the public.

2.0 SAFETY PROCESSES

Pre-commencement site inspections will be undertaken at the major worksites by the Supervisor or responsible Director and used as a basis for visual inspections on minor works with particular attention to the following elements identified in the checklist below (✓✓ Actioned. ✕✕ Not Evident

N/A not applicable):

DESCRIPTION	✓✓✕✕, N/A	DESCRIPTION	✓✓✕✕, N/A
GENERAL		ELECTRICAL	
Client aware of start date	YES	RCD's, leads, electrical equipment tested & tagged	N/A
Relevant permits obtained	YES	Leads supported off ground	N/A
X/overs and properties with restricted access notified	YES	Electrical leads, appliances tools in safe condition & good repair	N/A
Manual handling risks identified and controls in place	YES		
Service location information received	YES	SITE AMENITIES	
Safe working procedures available	YES	Rubbish removal organized	YES
JSA sighted and filled in correctly	YES	Worksite tidy, equipment on site organised and safe	YES
Hazard/ Incident/ Damages Reports onsite	YES	Site made safe for public access	YES
Traffic Management Signage in place	YES	Barricades erected, pegs capped, pedestrian signage erected	YES
SKILLED ACTIVITIES		MOBILE PLANT	
Personnel trained in safe, working procedures	YES	Pre-start completed on plant	YES
Personnel hold relevant tickets / licences	YES	Warning devices (rotating beacons, reverse beeper	YES
		working)Has regular maintenance been carried out	YES
PERSONAL PROTECTION		Fire extinguishers tested and charged	YES

Hard Hats	N/A		
Hi-Vis Safety Vest	YES	EMERGENCY RESPONSE	
Safety Footwear	YES	First aid kit available	YES
Noise Protection	YES	Emergency numbers displayed	YES
Eye Protection	YES	Hospital location identified	YES
Protective Gloves	YES		
Sun Protection	YES		
Rain Protection	YES		

Comments: _____

Print Name: James Poppins Position: Depot Manager Signed: *James Poppins*

(This has been Electronic Signed.)