

Contractor Site Inspection Checklist

Project Name Details:

Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		Inspection Date/Time:	

Note: Where an item is identified as 'NO' action must be taken immediately to control and prevent escalation/incident on site before being documented in this checklist.

Inspection Item	In Place	Comments/Action
Previous Inspections		
Have previous inspections been undertaken on this site or with this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are follow up actions complete and in place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Site Management		
Site access controlled by fencing, delineation and/or signage (including Principal Contractor Signage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sign in/out process at location	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site induction at location	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lock Out/Tag Out and Isolations Register completed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are suitable amenities available on site (drinking/toilet/handwash) sufficient for number of workers on site (separate facilities for gender)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the mandatory PPE for the site posted at the site entry? Is this included un the site induction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is a traffic management plan in place, displayed and made aware to all workers on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All High-Risk Construction Works on site have a SWMS available and has been signed by workers on site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nominated First Aider displayed and on site, First Aid location displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Works		
Workers are wearing appropriate PPE for the task they are undertaking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor(s) working in accordance with SWMS or risk assessment documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Traffic management in place per the plan, with people remaining out of the exclusion zone of plant.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicable permits have been identified and are in place and are being complied with	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Workers undertaking high risk construction work are signed onto the SWMS and have relevant training and licences	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Underground services have been located and are made visible on site to workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Excavation near High Voltage Underground Cables is performed by non-destructive means such as hydro excavation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Controls measures in place to reduce dust and tracking of mud from site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pollution, sediment and water runoff controls in place and effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suitable waste storage facilities for the segregation, bunding and collection of the waste being generated on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable electrical items and leads electrically tested and tagged with RCDs in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insulated or non-conductive ladders are used for electrical work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Work at heights risks controlled per SWMS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Workers can confirm hazardous chemicals are appropriately labelled and stored with SDS available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contractors aware of the site emergency protocols, including first aiders/wardens	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is all lifting equipment listed on the rigging register, tagged, current and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has a lifting plan been developed for Crane operations and relevant crane permit been approved and authorised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contractor has not interfered or modified the base building outside scopes of works?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other comments:		
REVIEW COMPLETED BY:		
Name:		Signature:
Position:		Date:
Contractor Representative:		Signature: