

Safety Management Plan Review Checklist

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

Inspection Item	In Place	Comments/Action
General Requirements		
Details a description of the project scope of works	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details the project name / title and site (workplace) address / location, including a map indicating site layout	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifies the Principal Contractor (name / project representative / contact details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details the requirement to ensure that signage is installed showing the PC's name, telephone, contact numbers site office location	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roles, Responsibilities and Consultation		
The names, roles, and responsibilities for those that have specific health and safety responsibilities, are documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The arrangements for consultation, co-operation, and the co-ordination of activities in relation to the works have been documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The arrangements for the management of subcontractors, including monitoring activities, have been documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The arrangements for managing work health and safety incidents have been documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site-specific health and safety rules have been documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The arrangements for the collection, assessment, monitoring and review of SWMS at the workplace have been documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Risk Management and Safe Work Method Statements		
Safe Work Method Statements (SWMS) are available for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SWMSs are site specific, current, appear to address relevant risks and are signed off by relevant workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The Principal Contractor can demonstrate review of sub-contractor SWMSs and/or other risk management documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current risk assessments and Safety Data Sheets (SDSs) for the storage and handling of significant quantities of hazardous chemicals are available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Linkage to high-risk work, AMG Authority to commence work process, permits and AMG Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details the Personal Protective Equipment requirements for workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of the site security and public protection to prevent unauthorised access onto the site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of site amenities required including first aid, toilets, drinking water, eating facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
References controls for: Storage, movement, and disposal of supplies including demobilisation. Traffic management Management of Underground or overhead Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training / Induction / Competency		
A project specific site induction, which includes reference to the WHS Management Plan (where applicable) and Centre requirements, has been developed and implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details induction arrangements for each worker (incl. the Contractor's employees, subcontractors, visitors, AMG workers) to be made aware of the following prior to work commencement and following any revision: Site-specific safety rules Site Induction AMG Contractor induction AMG Permit System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Records are available to confirm that inductions have been completed and Construction Industry Induction has been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The facilities Hazardous Materials Register to be discussed with workers as part of the site induction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Includes arrangements for identifying and ensuring relevant WHS training is provided to the workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Principal Contractor verifies and maintains a register of licenses and competencies for relevant work activities for employees and subcontractors, such as: Confined space	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Electrical works EWP licence (>11m) Work at heights competency		
Reference how Plant and equipment shall be inspected and maintained including a sire register of plant and relevant information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Subcontractor Management

Details the process for selection and assessment of subcontractors including review of the subcontractor safety management plan and or safe work method statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of the arrangements for managing subcontractors including review of relevant safety documentation, monitoring and management of performance	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Incident Reporting and Investigation

Details the process for reporting of incidents to AMG Leaders as well as relevant Regulatory Authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Defines who is responsible for providing accident/ incident and near miss reports to the AMG Representative and timeframes / reporting format	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifies relevant workers to be consulted in incident investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There is evidence of review of control measures and follow up actions taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Detail how the Contractor will manage post-incident injuries and Return to Work / Injury Rehabilitation, or reference the Contractor's procedures that deal with these matters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details or references an emergency response plan and key contacts (including emergency services)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REVIEWED BY

Name:		Signature:	
Position:		Date:	
Rejected	<input type="checkbox"/>	Approved	<input type="checkbox"/>

Endorsed

AMG Representative:		Signature:		Date:	
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