## WORK SITE SAFETY CHECK – for the onsite Team Leader use

PROJECT MANAGER:	DATE:	
WORK LOCATION:		
INSPECTION CONDUCTED BY:		
1. Is the Risk Assessment on the current form and on site?	Yes 🗌	No 🗌
2. Does the Risk Assessment satisfactorily cover project risks?	Yes 🗌	No 🗌
Comment/Action:		
3. Personnel on site participated in and are familiar with the Risk Assessment.	Yes 🗌	No 🗌
Comment/Action:		
4. All personnel are wearing appropriate personal protective clothing.	Yes 🗌	No 🗌
Comment/Action:		
5. Does the Project Manager have information regarding any pre-existing medical conditions disclosed by activity participants?	Yes 🗌	No 🗌
Comment/Action:		
6. Is the first aid kit at the actual work site?	Yes 🗌	No 🗌
Comment/Action:		
7. Is the first aid kit adequately stocked?	Yes 🗌	No 🗌
Comment/Action:		
8. Are the emergency contact numbers available to all on site?	Yes 🗌	No 🗌
Comment/Action:		
9. Does the group demonstrate safety awareness? (Are work practices safe? Is food stored and handled correctly?)	Yes 🗌	No 🗌
Comment/Action:		
10. Are there any safety concerns being identified by staff or volunteers?	Yes 🗌	No 🗌
Comment/Action:		

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In Safe Hands (Sept 2013) A Safety Management Toolkit for Community Groups in Practical Conservation Voluntees Australia

11. Have there been any injuries?	Yes 🗌 N	o 🗌
Comment/Action:		
<b>12. Have there been any near misses?</b> Comment/Action:	Yes 🗌 N	o 🗌
comment/ Action:		
13. Are chemicals being used on the project?	Yes 🗌 N	o 🗌
Chemical/product name:		
14. Is the Material Safety Data Sheet (MSDS) on site?	Yes 🗌 N	o 🗌
Comment/Action:		
15. Is the team equipped to comply with the MSDS?	Yes 🗌 N	o 🗌
Comment/Action:		
16. Are the following documents on site and accessible:		
Accident/Incident Report Forms	Yes 🗌 N	o 🗌
Register of Injuries	Yes 🗌 N	o 🗌
Comment/Action:		
17. Are toilet and hygiene arrangements adequate? (Check availability of soap, water, toilet paper	er, etc). Yes 🗌 N	o 🗌
Comment/Action:		
SUMMARY:		
SIGNATURE:		
Inspector: Dat	te:	
Project Manager: Dat	te:	

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