

WORK SITE SAFETY INSPECTION REPORT – for Project Manager / Management Committee use

PROJECT MANAGER:

DATE:

WORK LOCATION:

INSPECTION CONDUCTED BY:

1. Are all personnel on site wearing appropriate protective clothing?

Yes No

List the PPE available on site:

Comments:

Action Taken:

2. Are there any obvious worksite hazards e.g. trip hazards, chemicals?

Yes No

Comments:

Action Taken:

3. Are chemicals in use / being stored?

Yes No

If Yes, are current MSDSs (Material Safety Data Sheets) available?

Yes No

Comments:

Action Taken:

4. Where is the current Risk Assessment?

Yes No

Comments:

Action Taken:

5. Does the Project Manager have information regarding any pre-existing medical conditions disclosed by participants?

Yes No

Comments:

Action Taken:

6a. Where is the first aid kit? Is it adequate? (Make sure you see it and check its contents)

Comments:

Action Taken:

6b. Where are the emergency response details / contact numbers?

Comments:

Action Taken:

7. Does the group demonstrate safety awareness?

(Are work practices safe? Is food stored and handled correctly?)

Yes No

Comments:

Action Taken:

8. Are there any safety concerns being identified by volunteers?

Yes No

Comments:

Action Taken:

9. How is the group's accident record? (Ask the Project Manager and volunteers what accidents/injuries have occurred)

Comments:

Action Taken:

10. Have there been any near misses? What is the most dangerous thing that has happened?

Comments:

Action Taken:

11. Are the following documents on site and accessible:

(a) Accident/Incident Report Forms

Yes No

(b) Register of Injuries

Yes No

Comments:

Action Taken:

12. Are toilet and hygiene arrangements adequate? (Check availability of soap, water, toilet paper, etc). Yes No

Comments:

Action Taken:

13. SUMMARY:

SIGNATURE:

Inspector: _____ Date: _____

Project Manager: _____ Date: _____