

# Daily Health and Safety Inspection Report

This safety checklist is to be used once a day. Vary the times at which the inspection takes place.  
Walk around site and check each of the items listed. If an item is in order place a tick in the appropriate box. If there is an item which needs attention put a cross in the box and enter the corrective measures into the Site Diary. If an item is not applicable, enter n/a in the box.

## Ladders

Mon	Tues	Wed	Thur	Fri	Sat	Sun
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<i>Daily Inspection</i>	Are all ladders on site suitable for the task and in good order. Are they being removed or boarded off at the end of the working day to prevent unauthorised access out of hours	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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## Roofing/Decking

Mon	Tues	Wed	Thur	Fri	Sat	Sun
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<i>Fall Protection</i>	Are all edge protection barriers in place and secure, including those excluding persons from the area below the works	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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## Site Set Up

Mon	Tues	Wed	Thur	Fri	Sat	Sun
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<i>Administration</i>	Has the Construction Plan been updated today Is the Fire Plan still correct - does it need updating due to changes on site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Fire Fighting Equipment</i>	Are all the Fire Extinguishers on site in their correct locations and fire points not obstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Access/Egress</i>	Are all access ways clear of obstruction and well lit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Restricting Access</i>	Are all measures still in place restricting unauthorised/unnecessary access into any area of the work which has been assigned a restricted area and are they all still adequately signed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Security</i>	Is the site secure and all means of preventing unauthorised access in place	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Signage/Notices</i>	Is all safety signs in place, clean and securely fixed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>First Aiders</i>	Is there adequate first aid cover on site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>First Aid</i>	Check First Aid Kits are fully stocked and readily available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Welfare Facilities</i>	Are the washing/toilet facilities sufficient for use, are they clean and is the hot water supply in order	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Is the canteen/mess room clean and tidy and is the means of heating food in order	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Is the means of heating the welfare facilities in order	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Site Tidiness</i>	Are all work areas clean and tidy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Lighting</i>	Are all work areas adequately lit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Electrical Equipment</i>	Is only 110v or less electrical equipment in use (unless authority has been given for higher voltage) with cables and junction boxes positioned to avoid trips and falls	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>PPE</i>	Are all personnel wearing the appropriate PPE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Storage Areas</i>	Are all the storage areas clean and tidy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Monda	AM / PM	Checked by:- .....	Thursday	AM / PM	Checked by:- .....
Tuesday	AM / PM	Checked by:- .....	Friday	AM / PM	Checked by:- .....
Wed	AM / PM	Checked by:- .....	Saturday	AM / PM	Checked by:- .....
			Sunday	AM / PM	Checked by:- .....

Week Commencing
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