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| **Site:** | **Name:** | **Date** |

**Key:** Mark the Checked column with:- N/A = Not Applicable - **✓**= Satisfactory - U = Unsatisfactory - I A= Immediate Action

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| **Group** | **Item** | **Checked** | | **Item** | **Group** |
| **1**  **Welfare** | **Canteen**  **Toilets**  **Washing Facilities**  **Drying Room**  **Offices**  **Car Park** |  |  | **Guarding**  **Access & Egress Ground Water**  **Shoring**  **Services**  **Gas Detection** | **Excavations** |
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| **2**  **Fire** | **Fire Plans Displayed**  **Exit Route Signs Posted**  **Fire Points Clear**  **Fire Extinguishers**  **LPG Use & Storage**  **Fire Alarm / Test**  **Emergency Lighting** |  |  | **Daily Inspections**  **Test Certificates**  **Operator Certificates**  **Wire Rope**  **Chains**  **SWL Indicators**  **Demarcation** | **Lifting** |
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| **3**  **Statutory**  **Services** | **Overhead**  **Buried**  **Temp Electric**  **Test Certificate**  **Earth Spikes**  **Cables**  **Hand Tools**  **Lighting** |  |  | **BA / ELSA Sets**  **Gas Monitor**  **Tripod**  **Harness**  **Man Lines**  **2-way Radio**  **Face Fit Test**  **Training Certificates** | **Confined**  **Spaces** |
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| **4**  **P.P.E** | **Hard Hats**  **Eye Protection**  **Ear Protection**  **Hands / Boots**  **Harnesses**  **Hi Viz. Vests**  **Dust Masks**  **R.P.E** |  |  | **Inspections**  **Hand Over Certificates**  **Foundation**  **Plumb**  **All Edge Protection**  **Access**  **Netting / Sheeting**  **Integrity / Ties** | **Scaffolds** |
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| **5**  **First Aid** | **Accident Book**  **Contents of Box**  **First Aid Notices**  **Reportable** |  |  | **Dust**  **Spillage’s**  **Smoke**  **Asbestos** | **Environment** |
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| **6**  **Health &**  **Safety**  **Documents** | **F10 / Insurance**  **Signs / Posters**  **Registers**  **Induction’s**  **Visitors Records**  **H&S Plan**  **Method Statements**  **Risk Assessments**  **COSHH Assessments**  **Safety Policy** |  |  | **Dumpers**  **Forklifts**  **180 Machines**  **360 Machines**  **Cherry Pickers**  **Scissor Lifts**  **Compressors**  **Air tools**  **Hoist’s**  **Other** | **Plant & Work Equipment** |
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**Note:** When completing this report you must complete page 2 for any subsequent actions taken, where any item has been identified with an ‘I’ or ‘U’. Give a description of the item raised and state what action you have taken to rectify it?

**Action Required**

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| **Group**  **No** | **Item** | **Fault Description/Near Miss** | **Action Taken or Requested** |
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