



SITE SAFETY REPORT GENERAL



SITE SAFETY REPORT – GENERAL

H 000001

(TO BE COMPLETED BY SUBCONTRACTOR OR BGC EMPLOYEE BEFORE COMMENCEMENT OF WORK)

DIVISION **HARMONY** BUILDER/OWNER _____

ADDRESS _____

DATE: _____ TIME: _____ AM/PM (1ST DAY) REFERENCE# _____

IF SITE IS WORKED ON MORE THAN ONE DAY AND THERE ARE NO CHANGES TO SITE HAZARDS, RECORD DATES AND TIMES OF EACH INSPECTION. IF CHANGES ARE NOTICED ON SUBSEQUENT VISITS PLEASE NOTE CHANGES AND ADVISE ACTIONS TAKEN IN THE COMMENTS SECTION BELOW.

2ND DATE / TIME _____ TIME 3RD DATE / TIME _____ 4TH DATE / TIME _____

PLEASE CIRCLE ONE

- | | | | | |
|-----|---|--------------------------|----|------------------------|
| 1. | Suitable access to and from site | YES | NO | |
| 2. | Site safety signs displayed | YES | NO | |
| 3. | Builder's Site Safety Management Plan on site | YES | NO | N/A |
| 4. | Site is clear of excess debris / trip hazards | YES | NO | |
| 5. | Additional hazards because of weather | YES | NO | N/A |
| 6. | Toolbox Meeting conducted | YES | NO | N/A |
| 7. | Electrical RCD switches tested | YES | NO | N/A |
| 8. | All electrical equipment inspected and has current tag | YES | NO | N/A |
| 9. | Overhead power hazards | YES | NO | N/A |
| 10. | All equipment guarding installed and in good condition | YES | NO | N/A |
| 11. | First aid kit available | YES | NO | |
| 12. | All permanent roof support posts installed | YES | NO | N/A |
| 13. | Is fall protection installed at all areas over 3 metres | YES | NO | N/A |
| 14. | Where required under 3 metres, is fall protection installed | YES | NO | N/A |
| 15. | Portable ladders in good condition | YES | NO | N/A |
| 16. | Platform scaffold erected (if Yes answer a), b), c), d), e) | YES | NO | N/A |
| | a) Over 4 metre has current inspection tag | YES | NO | N/A |
| | b) Platform 450 mm wide | YES | NO | |
| | c) Handrail at 900 mm | YES | NO | |
| | d) Gate and kick board installed | YES | NO | |
| | e) Are all components the same | YES | NO | |
| 17. | Other trades working above or below | YES | NO | |
| 18. | Work will endanger other trades on site or the public | YES | NO | |
| 19. | Communication available if working alone | YES | NO | N/A |
| 20. | Hi Vis clothing worn by all workers | YES | NO | |
| 21. | Other PPE is being worn as per JSA / site requirement | YES | NO | |
| 22. | Generic JSA No. _____ | Date JSA Written : _____ | | |
| 23. | Does that JSA identify and control all the site hazards | YES | NO | |
| 24. | Is a JSA Variation Form required | YES | NO | (If YES – send to BGC) |
| 25. | Is a Non Generic JSA required | YES | NO | (If YES – send to BGC) |

NOTE: If the answer to number 23 is "NO" a JSA Variation Form or a Non Generic JSA IS required

Comments: _____

Print your Name: _____ Signature: _____ Date: _____

BGC Manager: Action required – see below

No Action required (Manager to sign off only)

Builder Notified Yes or No Name of contact: _____ Date / Time of contact: _____

Additional report attached: YES NO

Manager: _____ Signature: _____ Date: _____