

H 00001

## SITE SAFETY REPORT - GENERAL

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

DIVISION: \_\_\_\_\_ BUILDER/OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM REFERENCE #: \_\_\_\_\_

**PLEASE CIRCLE ONE**

- |  |             |    |                        |
|--|-------------|----|------------------------|
| 1. Suitable access to and from site                          | YES         | NO | N/A                    |
| 2. Site safety signs displayed                               | YES         | NO | N/A                    |
| 3. Builder's Site Safety Management Plan on site             | YES         | NO | N/A                    |
| 4. Site is clear of excess debris / trip hazards             | YES         | NO | N/A                    |
| 5. Additional hazards because of weather                     | YES         | NO | N/A                    |
| 6. Toolbox Meeting conducted                                 | YES         | NO | N/A                    |
| 7. Site Power RCD protected                                  | YES         | NO | N/A                    |
| 8. First aid kit available                                   | YES         | NO | N/A                    |
| 9. All electrical inspected and has current tag              | YES         | NO | N/A                    |
| 10. Overhead power hazards                                   | YES         | NO | N/A                    |
| 11. If under 3 metres is additional fall protection required | YES         | NO | N/A                    |
| 12. If over 3 metres is fall protection in place             | YES         | NO | N/A                    |
| 13. Platform scaffold required                               | YES         | NO | N/A                    |
| • Platform 3 planks wide                                     | YES         | NO | N/A                    |
| • Handrail at 900 mm   | YES         | NO | N/A                    |
| • Gate and kick board installed                              | YES         | NO | N/A                    |
| 14. Other trades working above or below                      | YES         | NO | N/A                    |
| 15. Work will endanger other trades on site or the public    | YES         | NO | N/A                    |
| 16. Communication available if working alone                 | YES         | NO | N/A                    |
| 17. PPE is being worn as per site requirement                | YES         | NO | N/A                    |
| 18. Generic JSA No. _____                                    | Date: _____ |    |                        |
| 19. Does that JSA identify and control all the site hazards  | YES         | NO |                        |
| 20. Is a JSA Variation Form required                         | YES         | NO | (If YES – send to BGC) |
| 21. Is a Non Generic JSA required                            | YES         | NO | (If YES – send to BGC) |

**NOTE:** If the answer to number 19 is "NO" a JSA Variation Form or a Non Generic JSA IS required

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUBCONTRACTOR/EMPLOYEE: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BGC Manager: Action required – see below      No Action required (Manager to sign off only)

Action: \_\_\_\_\_  
 \_\_\_\_\_

Builder Notified by:     Letter      FORWARDED TO (Full name):  
                                    Email        Mr \_\_\_\_\_  
                                    Fax            Ms \_\_\_\_\_  
                                    Other

Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional report attached PTO:     YES       NO