

Contractor On Site Checklist

Building name:	DLD College	Room Location:	
Description of work:		Date/Time:	

1 General	Yes	No	Control measure to be used
Do you have a contractor's safety handbook?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a site induction?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know where your emergency assembly point is?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you made provisions for first aid cover?	<input type="checkbox"/>	<input type="checkbox"/>	

2 Work Equipment	Yes	No	Control measure to be used
Will you be using any of the following?			
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	
Powered access equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	
Cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>	
Welding/cutting/grinding equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Portable electrical equipment (PAT tested?)	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	

3 Hazardous Substances	Yes	No	Control measure to be used
Will you be using any of the following?			
Flammable liquids/gases	<input type="checkbox"/>	<input type="checkbox"/>	
Oxidizers	<input type="checkbox"/>	<input type="checkbox"/>	
Harmful/Irritant/Corrosive Substances	<input type="checkbox"/>	<input type="checkbox"/>	
Lead/Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a CoSHH assessment?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have material safety data sheets?	<input type="checkbox"/>	<input type="checkbox"/>	

4 Personal Protective Equipment	Yes	No	Control measure to be used
Will you be wearing any of the following?			
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	
Safety footwear	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	
Overalls	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	

5 Permit-to-Work	Yes	No	Control measure to be used
Will the work be controlled by any of the following permits?			
*Confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	
Hot work	<input type="checkbox"/>	<input type="checkbox"/>	
Roof work	<input type="checkbox"/>	<input type="checkbox"/>	
Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	
Line breaking	<input type="checkbox"/>	<input type="checkbox"/>	
Live electrical work	<input type="checkbox"/>	<input type="checkbox"/>	

6 Additional	Yes	No	Control measure to be used
Is the work controlled by the following?			
A method statement	<input type="checkbox"/>	<input type="checkbox"/>	
A risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	

Contractor signature:	
Customer representative signature:	