

Form  
Work Safety Survey Checklist SHE 1



Work safety survey checklist SHE 1			
Survey for (site or location name/address):			
Date:		Survey conducted by (Name and Position):	
Site manager:		Other JRL Group divisions working on site:	
Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs
1. Site Set-up, access and emergency arrangements	Safe access to site	Yes	
		No	
	Safe access around site perimeter	Yes	
		No	
	Public protection – Site fencing/hoarding, gates, walkways	Yes	
		No	
	Site welfare – rest rooms canteens, drying rooms, toilets	Yes	
		No	
	General site safety notices/instructions	Yes	
		No	

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Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs
	Permits to work – hot work, safe digging and confined spaces	Yes	
		No	
	Emergency arrangements – assembly points, means of escape, fire points, first aid	Yes	
		No	
2. Mobile plant and equipment	Using/operating mobile plant?	Yes	
		No	
	Are pedestrians being exposed to mobile plant or other vehicles?	Yes	
		No	
3. Working at height	Edge protection	Yes	
		No	
	Using ladders?	Yes	
		No	
	Using fixed scaffolding?	Yes	
		No	

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Activity/ Hazard	Type of work – are there any tasks which involve:		Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs	
	Using mobile scaffolding?	Yes			
		No			
	Roof-work	Yes			
		No			
	Working on lorries, trailers etc.?	Yes			
		No			
	Using mobile elevated work platforms?	Yes			
		No			
	Working over voids/chambers?	Yes			
		No			
	4. Operating Fixed machinery	Operating fixed machinery and plant	Yes		
			No		
Maintaining fixed machinery and plant		Yes			
		No			

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Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs	
	Operating vibrating machinery?	Yes		
		No		
5. Portable Machinery, equipment and power tools	Using portable machinery and equipment?	Yes		
		No		
	Using portable power tools?	Yes		
		No		
	Operating portable vibrating machinery?	Yes		
		No		
	6. Confined spaces	Entry into confined spaces?	Yes	
			No	
7. Water	Working at or near water?	Yes		
		No		
8. Mechanical lifting	Use of mobile cranes or work in areas close to them?	Yes		
		No		
	Use of fixed cranes or work in areas close to them?	Yes		
		No		

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Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs
9. Electricity	Operating electrical plant and equipment?	Yes	
		No	
	Maintaining electrical plant and equipment?	Yes	
		No	
	Working near overhead cables?	Yes	
		No	
	Excavating where there may be a risk of underground cables?	Yes	
		No	
10. Fire and explosion hazards	Working with or near flammable liquids?	Yes	
		No	
	Working with or near areas with flammable gases?	Yes	
		No	
	Excavating where there may be a risk of underground gas pipes?	Yes	
		No	

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Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs
11. Hazardous substances/ chemicals	Delivery & storage of chemicals (toxic, corrosive, harmful, explosive)?	Yes	
		No	
	Operations which might result in exposure to harmful substances/ chemicals	Yes	
		No	
	Using solvent or adhesives	Yes	
		No	
	Maintaining plant which has contained toxic, corrosive or Harmful substances?	Yes	
		No	
12. Radiation	Use of radiation sources e.g. non-destructive testing?	Yes	
		No	
13. Excavations	Work near excavations?	Yes	
		No	
	Work in excavations?	Yes	
		No	

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Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs
14. Manual handling	Activities involving lifting by hand?	Yes	
		No	
	Lifting or moving hazardous substances?	Yes	
		No	
	Loading equipment into vehicles?	Yes	
		No	
15. Other hazards	Potential exposure to excessive levels of noise & vibration?	Yes	
		No	
	Potential exposure to biological hazards, e.g. vermin / sewers?	Yes	
		No	
	Asbestos	Yes	
		No	
	Congested areas/ trip hazards?	Yes	
		No	

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Activity/ Hazard	Type of work – are there any tasks which involve:	Task name/ description	Relevant Health and Safety Guidance (HSGs) / Key H&S procedures HSPs
	Low lighting levels?	Yes	
		No	
	Adverse weather conditions?	Yes	
		No	
16. Temporary Works	Are there temporary works involved on site?	Yes	
		No	
17. Display Screen Equipment (DSE)	Working with DSE?	Yes	
		No	
18. Lone working	Are persons working alone?	Yes	
		No	



Key Health and Safety Procedures and Health and Safety Information Sheets	
Ref No.	Title
<a href="#">BO-JRLG-SM-HSP-FM-Z-0001</a>	Managing Construction Projects – Duties Under the CDM Regulations
<a href="#">BO-JRLG-SM-HSP-FM-Z-0002</a>	Temporary Accommodation and Welfare on Site
<a href="#">BO-JRLG-SM-HSP-FM-Z-0003</a>	Work at Height
<a href="#">BO-JRLG-SM-HSP-FM-Z-0004</a>	Selection of Safe Work Equipment
<a href="#">BO-JRLG-SM-HSP-FM-Z-0005</a>	Confined Spaces – Excluding Live Services and Utilities
<a href="#">BO-JRLG-SM-HSP-FM-Z-0006</a>	Traffic Management Procedure
<a href="#">BO-JRLG-SM-HSP-FM-Z-0007</a>	Controlling Mobile Plant on Site
<a href="#">BO-JRLG-SM-HSP-FM-Z-0008</a>	Asbestos Products – Procedure for Unexpected Discovery
<a href="#">BO-JRLG-SM-HSP-FM-Z-0009</a>	Noise and Vibration Procedure
<a href="#">BO-JRLG-SM-HSP-FM-Z-0010</a>	Lone Working JRL
<a href="#">BO-JRLG-SM-HSP-FM-Z-0011</a>	Permits to Work
<a href="#">BO-JRLG-SM-HSP-FM-Z-0012</a>	Safe Use of Harnesses and Inertia Reels
<a href="#">BO-JRLG-SM-HSP-FM-Z-0013</a>	Carriage by Road of Small Quantities of Dangerous Goods
<a href="#">BO-JRLG-SM-HSP-FM-Z-0014</a>	Statutory Inspections of Plant and Equipment
<a href="#">BO-JRLG-SM-HSP-FM-Z-0015</a>	Accident and Incident Reporting and Investigation
<a href="#">BO-JRLG-SM-HSP-FM-Z-0016</a>	Management of Change Procedure
<a href="#">BO-JRLG-SM-HSP-FM-Z-0017</a>	Oil & Pollution Control
<a href="#">BO-JRLG-SM-HSP-FM-Z-0018</a>	Site Waste Management
<a href="#">BO-JRLG-SM-HSP-FM-Z-0019</a>	Managing Contaminated Ground
<a href="#">BO-JRLG-SM-HSP-FM-Z-0020</a>	Health, Safety and Environmental Training
<a href="#">BO-JRLG-SM-HSP-FM-Z-0021</a>	First Aid Arrangements
<a href="#">BO-JRLG-SM-HSP-FM-Z-0022</a>	Selection, Use and Control of Personal Protective Equipment (PPE)
<a href="#">BO-JRLG-SM-HSP-FM-Z-0023</a>	Safe Lifting Operations Using Tower Cranes and Mobile Cranes
<a href="#">BO-JRLG-SM-HSP-FM-Z-0024</a>	Procedure for Safe Erection of Tower Cranes
<a href="#">BO-JRLG-SM-HSP-FM-Z-0025</a>	Tower Crane Rescue Procedure
<a href="#">BO-JRLG-SM-HSP-FM-Z-0026</a>	Site Rescue Procedure
<a href="#">BO-JRLG-SM-HSP-FM-Z-0027</a>	Hot Weather and Hot Environment Working

Risk Assessment Guidance and Briefing			
Assessment for:			
Site location:		Area:	
Date of assessment:		Date of Next Review:	
Name of Project Manager:			
Name of Responsible Manager / Supervisor			
Responsible manager to review control measures in section A.			
Name of Responsible Manager/Supervisor:		Position:	
Signature:		Date:	
Section A. Management Actions – Controls to be in place before work starts			
<i>Activity or Operation</i>	<i>Significant Hazard or Hazardous Event</i>	<i>At Risk</i>	<i>Control Measures</i>
Person/s supervising the work:		Position:	
<p style="color: red; text-align: center;">Where Risk Assessment has changed for whatever reason – new RA sheets must be produced and teams re-briefed to reflect current activity or operation in hand.</p>			





Safe System of Work Form

To be completed when tasks involve multiple or complex activities that are not covered in their entirety by risk assessments and/or key procedures.

Note: This form is only valid when sections K and L are completed and signed by the manager responsible and all personnel involved.

Site/project name:		Project no.:	
Address:			
Area/location:			
Company:			
SSOW No.		Title:	
Name of Project Manager:			
Name of Responsible Manager/Supervisor: <i>(Sign and date Section K)</i>			
Prepared by:		Date:	
Revision:		Revised by:	
		Revision Date:	

A: Brief description of work to be undertaken

Summary of Work:			
Work location:			
Start date:		Duration:	

B: Work Equipment, Procedures and Competences required for Health and Safety

Note: Include all equipment needed for a safe work environment. Do not include PPE – see section H.

Work Equipment (including mobile/fixed plant, safety equipment and tools):

Materials required:

Safety Documents (including temporary works designs, statutory safety and site inspection forms):



**D: Key health and safety procedures (HSP) required (see SHE2 for guidance) and associated documentation**

Note: Each relevant HSP to be briefed to the site team

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**E: Relevant risk assessment guidelines (RAG) (see section 3 of the manual and JRL HSE Website for list of risk assessment guidelines)**

Note: Each relevant RAG to be in place, associated toolbox talk completed and section L of this form completed.

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**F: Additional resources, specialised skills & competencies**

Note: This may include other specialist trades/skills, in-house or external

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**G: Details of work permits or authorisations required (tick ✓ and attach permits or other forms are required for the work activity)**

Permit to work <i>(general)</i>		Permit to work <i>(excavate)</i>		Permit to work <i>(hot work)</i>		Permit to work <i>(confined spaces)</i>	
Permit to work <i>(electrical)</i>		Permit to work <i>(working platform certificate)</i>		Permit to work <i>(mobile crane authorisation)</i>		Permit to work <i>(other)</i>	

If Other, please describe:

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H: Personal protective equipment required		
Description of PPE	Required Yes/No? (tick ✓)	Type of PPE (In accordance with PPE regulation or international standards)
Head protection <ul style="list-style-type: none"> <li>Safety Helmet</li> </ul>	Yes/No-	EN 397:2012+A1:2012
Foot protection <ul style="list-style-type: none"> <li>Boots</li> <li>Wellington</li> </ul>	Yes/No-	BS EN ISO 20345:2011
High visibility clothing <ul style="list-style-type: none"> <li>Vest,</li> <li>Jackets</li> <li>Trousers</li> </ul>	Yes/No-	EN 471
Hand protection <ul style="list-style-type: none"> <li>General</li> <li>Chemical</li> <li>Mechanical</li> <li>Thermal</li> </ul>	Yes/No-	EN 420 EN 374 EN 388 EN 407
Eye protection <ul style="list-style-type: none"> <li>Glasses</li> <li>Goggles</li> <li>Visor</li> </ul>	Yes/No--	EN 166
Hearing protection <ul style="list-style-type: none"> <li>Earmuff</li> <li>Earplugs</li> <li>Helmet Earmuff</li> </ul>	Yes/No	EN 352 – 1 EN 352 – 2 EN 352 – 3
Clothing <ul style="list-style-type: none"> <li>Waterproof/foul weather</li> <li>Chemical resistant</li> <li>Heat and flame</li> </ul>	Yes/No-	EN 343 EN 465 EN 533
Respiratory protection <ul style="list-style-type: none"> <li>Filtering face-piece</li> <li>Half face mask</li> <li>Full face mask</li> </ul>	Yes/No	EN 149 FFP3 EN 140 EN 136
Fall arrest protection <ul style="list-style-type: none"> <li>Full body harness</li> <li>Fall arrest system</li> <li>Fall restraint system</li> </ul>	Yes/No	EN361 EN362 EN353
Other PPE required	-	



I: Are other contractors involved in the activity? (If so state name, address and key contact details). Other site health and safety information.

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J: Details of contacts, site management etc., or special emergency arrangements

Contracts Manager	
Project Manager	
Senior Engineer	
Construction Manager	
Site Supervisor	
Safety Manager/Advisor	
JRL Safety Department	0208 953 7800

K: Name of manager / supervisor responsible for implementation of safe system of work (communications and monitoring compliance)

Name (please print):		
Position:	Contact no:	

1. Check all sections and confirm correct.

Signature:		Date:	
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2. Issue document to site team and ensure briefing.

Signature:		Date:	
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Risk Assessment Guidance and Briefings					
Assessment for:					
Site location:		Date of assessment			
Area:					
Assessment conducted by:		Position:		Date:	
Assessment reviewed by:		Position:		Date:	
Date of next review:					
Responsible manager to review control measures in section A.					
Name:		Position:			
Signature:		Date:			

*Relevant Risk Assessment Guidelines (RAG) and Risk Assessment Environmental (RAE) attached*

Note: Each relevant RAG and RAE to be in place, associated toolbox talk completed and section L of this form completed.

**WORK MUST NOT START UNTIL CONTROLS ARE IN PLACE, THESE BRIEFINGS HAVE BEEN DISCUSSED AND ALL SIGNATURES OBTAINED.**

**SIGNATURES SHOULD BE OBTAINED AND RECORDED ON THE SHE 4 DOCUMENT**

Form  
Job Health & Safety Checklist SHE5



Job Health & Safety Checklist SHE5							
Project Name:			Project No:				
JRL Group Company:			Activity being checked:				
Project Manager:				Site Manager:			
Completed by:		Position		Date			
<p><b>Frontline supervisors must complete this form at the following times:</b></p> <ul style="list-style-type: none"> <li>• Before work starts each day</li> <li>• Any change in work place</li> <li>• Any change to site conditions</li> <li>• For additional work requested</li> </ul>							
Workplace	Yes	No	Action by whom and when	Task/Activity	Yes	No	Action by whom and when
1. Are there safe and stable <b>ground and/or weather</b> conditions, including for mobile plant / equipment?				6. Has the team received training or instruction for the work activities?			
2. Is there safe <b>access to, around and from the site/work area</b> for persons, vehicles and materials?				7. Have you got the <b>right tools and sufficient equipment</b> to complete the work safely?			
3. Are <b>overhead/ underground services</b> identified, protected and safe work areas provided?				8. Are <b>chemicals, oils, fuels and hazardous</b> substances safely stored and used?			
4. <b>Housekeeping</b> – is the work area accessible, tidy and free from trip and fall hazards to <b>avoid</b> slips, trips and falls?				9. Are the <b>PPE requirements</b> (e.g. helmet, boots, hi-vis) for the job provided and worn?			
5. For <b>works at height or near openings</b> in ground, floor slabs etc., are secure covers or guard rails securely in place?				10. Are there arrangements for <b>safe handling and mechanical lifting</b> with properly trained personnel?			
Protecting our workforce – Coronavirus (COVID-19)					Yes	No	Action by whom and when
11. Can the work be carried out <b>maintaining social distancing rule</b> by the work force							
12. Have work which do not comply with the <b>social distancing rule</b> been reviewed to:							
<ul style="list-style-type: none"> <li>• Have taken all mitigating action possible</li> <li>• Have reduce the risk of transmission in place</li> </ul>							
Are you satisfied that the job is <b>safe to start</b> ?							
Signature:		Print name:		Time 1 <sup>st</sup> check:			
Signature:		Print name:		Time 2 <sup>nd</sup> check:			
<p><b>Where there is a serious risk to health and safety, <u>DO NOT</u> start work until appropriate action has been taken to control the risks. Do not start work if the 2 meter rule cannot be implemented and mitigating actions possible to reduce the risk of contact and transmission of infection is not in place.</b></p>							

<b>Action required:</b>	<b>Action taken:</b>
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**Management confirmation of action taken**

<b>Signature:</b>		<b>Print name:</b>		<b>Date:</b>	
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Form  
Task Observation Checklist



Task observation checklist SHE 6A				
Site name and location:		Project Number: (if applicable)		Date of Inspection:
Site Manager:			Site Supervisor:	
Site activity being monitored:				
Checks carried out by (name and position):			Signature of person carrying out checks:	
Priority Categories: (Timescale within which action must be taken): <b>AS</b> – Activity Suspended <b>A</b> – Action within 24 hours <b>B</b> - Action within 7 days <b>GP</b> – Good Practice				

Monitoring Checks		Comment on each question including good practice or improvements required	Priority	Actions required by who and by when
1.	Is there a suitable job specific risk assessment (SHE3)/Safe System of Work (SHE4) produced and available?	Click here to enter text.	Choose an item.	Click here to enter text.
2.	Is the risk assessment (SHE3)/ Safe system of work up to date and relevant to the job being done?	Click here to enter text.	Choose an item.	Click here to enter text.
3.	Has the job specific risk assessment/safe system of work been discussed and signed off by members of the team?	Click here to enter text.	Choose an item.	Click here to enter text.
4.	Is the team trained and instructed in the work that they are doing?	Click here to enter text.	Choose an item.	Click here to enter text.

Form  
Task Observation Checklist



5.	Is team/individual working safely and in accordance with their risk assessment/safe system of work?	Click here to enter text.	Choose an item.	Click here to enter text.
6.	Are 'Job Health and Safety Checklists' (SHE5) being completed and actioned by the team?	Click here to enter text.	Choose an item.	Click here to enter text.
7.	Is there safe access to and safe working arrangements in the work area?	Click here to enter text.	Choose an item.	Click here to enter text.
8.	Is the 'JRL Group' policy and standard' for PPE (glasses, gloves, boots, helmets & high viz) being followed? Is specialist/task related PPE required and is it being worn, e.g. hearing protection?	Click here to enter text.	Choose an item.	Click here to enter text.
9.	Are there adequate safe arrangements for lifting and moving materials to and around the work area?	Click here to enter text.	Choose an item.	Click here to enter text.
10.	Are all environmental requirements being fulfilled e.g. correct storage, use of plant nappies, concrete wash out bins etc.?	Click here to enter text.	Choose an item.	Click here to enter text.
11.	Does the site team have any health and safety issues and what has been done to address these issues?	Click here to enter text.	Choose an item.	Click here to enter text.

Office observation checklist SHE 6B				
Site name and location:		Project Number: (if applicable)		Date of inspection
Site Manager:			Site Supervisor:	
Site activity being monitored:				
Checks carried out by (name and position):			Signature of person carrying out checks:	
Priority Categories: (Timescale within which action must be taken): <b>AS</b> – Activity Suspended <b>A</b> – Action within 24 hours <b>B</b> - Action within 7 days <b>GP</b> – Good Practice				

Monitoring Checks		Comment on each question including good practice or improvements required	Priority	Actions required by who and by when
1.	<b>Risk assessments and safe systems of work:</b> Are risk assessments (SHE3/RAGs) and safe systems of work (SHE4) in place for all activities on site? Have they been communicated to all the relevant workers? Are they up to date and relevant to the job being done? Is daily SHE 5 'Job Health and Safety Checklists' being carried out and recorded?	Click here to enter text.	Choose an item.	Click here to enter text.
2.	<b>Safety signs:</b> Are these suitable and in good condition? Are they visible, unobstructed?	Click here to enter text.	Choose an item.	Click here to enter text.



Form  
Office Observation Checklist



3.	<b>Fire:</b> Has the fire log been completed? Are fire exit routes and final exits signed? Are fire exits clear of obstructions? Do all fire doors operate correctly? Are there sufficient fire extinguishers correctly positioned and unobstructed? Are extinguishers on stands or fixed to walls and are they in date?	Click here to enter text.	Choose an item.	Click here to enter text.
4.	<b>Condition of the building:</b> Is the building weatherproof? Is the heating system working and has it been maintained?  Where supplied, is the air conditioning working and has it been maintained?	Click here to enter text.	Choose an item.	Click here to enter text.
5.	<b>Floors and Access:</b> Are floors in good condition and free of trip hazards? Are escape/access routes free of obstructions?  Are access control systems working?	Click here to enter text.	Choose an item.	Click here to enter text.
6.	<b>Electricity:</b> Has the building's electrical system been inspected in the last five years? Is all portable electrical been PAT tested? Are electrical panels and cupboards secured?	Click here to enter text.	Choose an item.	Click here to enter text.
7.	<b>First aid:</b> Are there adequate first aid supplies?  Is there adequate signage regarding first aid?	Click here to enter text.	Choose an item.	Click here to enter text.

Form  
Office Observation Checklist



8.	<p><b>Welfare:</b> Are toilet facilities in good condition and clean? Are rest rooms well maintained and clean? Is there evidence of good housekeeping and is rubbish removed? Are recycling facilities available and are these marked?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
9.	<p><b>Traffic management:</b> Are pedestrian walkways clearly marked and are vehicles (where possible) segregated from pedestrians?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
10.	<p><b>IT:</b> Are all trailing cables securely tied? Are all computer screens in good condition – free from flickering? Has any unwanted/abandoned IT kit been removed?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
11.	<p><b>Other:</b></p>	Click here to enter text.	Choose an item.	Click here to enter text.

Form  
Site Observation Checklist



Site Observation Checklist SHE 6C				
Site name and location:		Project Number: (if applicable)		Date of Inspection:
Site Manager:		Site Supervisor:		
Site activity being monitored:				
Checks carried out by (name and position):		Signature of person carrying out checks:		
Priority Categories: (Timescale within which action must be taken): <b>AS</b> – Activity Suspended <b>A</b> – Action within 24 hours <b>B</b> - Action within 7 days <b>GP</b> – Good Practice				

Monitoring Checks		Comment on each question including good practice or improvements required	Priority	Actions required by who and by when
1.	<b>Risk assessments and safe systems of work:</b> Are risk assessments (SHE3/RAGs) and safe systems of work (SHE4) in place for all activities on site? Have they been communicated to all the relevant workers? Are they up to date and relevant to the job being done? Is daily SHE 5 'Job Health and Safety Checklists' being carried out and recorded?	Click here to enter text.	Choose an item.	Click here to enter text.
2.	<b>Working at height</b> Is work at height risk assessed and controlled?	Click here to enter text.	Choose an item.	Click here to enter text.

Form  
Site Observation Checklist



	<p>Is all voids, holes and openings properly protected? Is work at height being carried out safely? Are specified protective measures in place (guardrails, working platforms, fall restraint)?</p>			
3.	<p><b>Access and egress</b> Is there safe access for site staff and visitors into and around the site? Are walkways clearly defined around the site (e.g. Yellow Mat etc.)? Are there clearly marked traffic routes, delivery and loading areas?  Can pedestrians safely access all parts of the site?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
4.	<p><b>Housekeeping and work environment:</b> Is access to, in and around work areas safe? Is the site/work generally tidy and clean? Are arrangements made for safe storage and removal of waste, e.g. off-cuts/packaging?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
5.	<p><b>Working platforms/edge protection/ podiums/ mobile platforms &amp; towers:</b> Are all working platforms etc. properly installed and in safe condition? Are guardrails &amp; toe boards secure and the correct height (1m to top rail)?  Is all work at height equipment regularly inspected and signed off?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
6.	<p><b>Lighting:</b> Is general and task lighting sufficient for the work/ task being carried out?</p>	Click here to enter text.	Choose an item.	Click here to enter text.

Form  
Site Observation Checklist



7.	<p><b>Mobile plant and vehicles:</b></p> <p>Is there a suitable risk assessment, including a traffic management plan, in place on site in particular avoiding reversing if possible?</p> <p>Is it being implemented?</p> <p>Is the JRL safe control of mobile plant and vehicles on site initiative in place (poster)?</p> <p>Have plant and vehicle inspections been carried out?</p> <p>Are all operators/drivers trained to use the plant/vehicles they are driving/using?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
8.	<p><b>Lifting operations</b></p> <p>Is the site lift plan available, up to date and being followed?</p> <p>Is all lifting equipment tested and tagged?</p> <p>Are all personnel involved in lifting properly trained?</p> <p>Is weekly inspection reports being completed and available for lifting equipment and accessories?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
9.	<p><b>Temporary works (TW)</b></p> <p>Have temporary works appointments been made?</p> <p>Has an engineer design brief been produced and issued?</p> <p>Is temporary works register up to date?</p> <p>Are temporary works regularly inspected and reports completed?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
10.	<p><b>Fire and emergency arrangements:</b></p> <p>Is there a suitable fire risk assessment which is being followed and is up to date?</p>	Click here to enter text.	Choose an item.	Click here to enter text.

Form  
Site Observation Checklist



	<p>Are fire procedures and emergency routes &amp; exits clearly displayed throughout the site?</p> <p>Is the JRL hot works permit system in place and being implemented?</p> <p>Are fire extinguishers properly located and serviceable?</p>			
11.	<p><b>Electrical safety</b></p> <p>The site should only be using low voltage (110 volt) or battery operated tools. If not specify what action is required?</p> <p>Is all fixed and portable electrical equipment safe and properly maintained?</p> <p>Are regular inspections of electrical equipment carried out?</p>	Click here to enter text.	Choose an item.	Click here to enter text.
12.	<p><b>Gas bottle storage and use</b></p> <p>Are compressed gasses not in use being securely and safely stored (in a gas cage) with oxygen stored separately from flammable gasses (at least 6m away from buildings and/or combustibles)?</p> <p>Are compressed gasses in use properly supported in trollies?</p>			
13.	<p><b>Storage and use of fuel and lubricants.</b></p> <p>Is fuel stored safely and correctly?</p> <p>Does refueling take place over drip tray or plant nappy?</p> <p>Are spill kits fully stocked and easily available?</p> <p>Are suitable fire precautions in place?</p>			
14.	<p><b>Occupational health and welfare</b></p> <p>Are adequate and suitable welfare facilities provided for the site?</p>			

Form  
Site Observation Checklist



	<p>Is noise levels adequately controlled or is hearing protection in use in noisy areas above 80db?          Are dust extractors fitted on power tools used for working on wood or concrete?          Are there adequate arrangements (where necessary) to suppress general dust levels in the air e.g. damping down etc.?          Has an assessment been made of 'Hand Arm Vibration' (HAVs) hazards from use of breakers and other percussion equipment?</p>			
15.	<p><b>PPE</b>          Is the 'JRL Group' policy and standard' for PPE (glasses, gloves, boots, helmets &amp; high viz) being followed?          Is specialist/task related PPE required and is it being worn, e.g. hearing protection?</p>			
16.	<p><b>Work equipment, machinery and hand tools</b>          Are tools, machinery and equipment in good condition?          Is there arrangements to tether hand tools where required for work at height?          Is equipment inspected regularly as required and recorded?</p>			

Senior Manager/Director Site Visit Report SHE 7			
Location:		Date:	
Name of Senior Manager/Director:		Name of Site Manager:	
<p style="color: red;">Questions listed below are intended to prompt discussion of the relevant topic and generate responses on how well each aspect of health and safety is managed (refer to the guidance notes on the back of this form for further information).</p>			
<p><b>1. Planning and Implementation:</b> Evidence that the management of health and safety on site meets the requirements of the health and safety management system. See guidance note.</p>			
<p>Comments / action / name / timescale:</p>			
<p><b>2. Staff engagement and training:</b> Staff on site demonstrates an awareness of their health and safety responsibilities and are receiving the appropriate briefings and training. See guidance note.</p>			
<p>Comments / action / name / timescale:</p>			
<p><b>3. Monitoring:</b> SHE6 monitoring forms are in use and properly completed with both positive observation and also actions required. See guidance Note.</p>			
<p>Comments / action / name / timescale:</p>			



**4. General site condition:** Physical aspects of health and safety being well maintained and managed. See guidance note.

Comments / action / name / timescale:

**5. Management of Other Contractors:** Other contractors on site are being managed safely. See guidance note.

Comments / action / name / timescale:

**6. Summary:** Include any continuous improvement opportunities.

Comments / action / name / timescale:

Signature or Senior Manager/Director:

Senior manager's/executive site visit report SHE 7 "Guidance Notes"

The guidance notes below are intended to assist you in highlighting and recording evidence that the key activities falling out of the question sets demonstrate the requirements of the Health and Safety Management System are effective.

- 1. Planning and Implementation:** What evidence have you seen that demonstrates that the management of health and safety on site meet the requirements of the health and safety management system? More specifically, what hazards have been identified? What corresponding risk assessments have been prepared? What safe systems of work (SHE4) have been prepared? Are these in place and up to date? Have these been investigated and if so what lessons have been implemented? Is health and safety including in management meetings?
- 2. Staff engagement and training:** In your discussions with staff on site do they demonstrate an awareness of their health and safety responsibilities and are they receiving the appropriate briefings and training? What inductions have been carried out and are they suitable and sufficient? What risks assessment briefings have been given and are these appropriate? What daily safety briefings are being carried out and are they suitable and sufficient? What plant and equipment training has been provided and is this relevant to the risks? What toolbox talks have been delivered?
- 3. Monitoring:** What evidence have you seen (including discussions with site management and records) to indicate monitoring activities are being carried out in line with the health and safety management system? Which of the SHE 6 series of documents are being used and are actions recorded and tracked to conclusion? Is health and safety included in management meetings? Are actions recorded and tracked to conclusion?
- 4. General site condition:** Regarding your observations around the site, are the physical aspects of health and safety being well maintained and managed? Consider access, egress and walkways. Consider lighting and whether this is adequate? What traffic management arrangements are in place and are these adequate? Are working platforms properly protected? What are the house keeping arrangements and is the site generally tidy? What security arrangements are in place and are hoardings and gates secure? Are Exclusion Zones in the correct places? What warning signs are posted on hoardings and gates and are these correct? Is work at height undertaken safely (consider the type of work and the equipment being used)? What confined spaces are present and are arrangements suitable for dealing with them? What welfare facilities and first aid facilities have been provided and are these adequate? What are the arrangements for maintaining electrical safety and are these adequate? Is plant and equipment being inspected and maintained; what records are available? Is moving machinery effectively guarded?
- 5. Management of Other Contractors:** Where there are other contractors on site who are not part of the JRL Group, are they being managed safely? Where necessary have permits to work been issued? What evidence is there to show that local management are conducting monitoring activities and are actions recorded and tracked to conclusion? Are the contractors working safely?
- 6. Summary:** Overall how effective is the management of health and safety? Are there any opportunities for improvement? Equally are there opportunities to share best practice across other sites?

Form  
Site / Depot Monthly Health and Safety Meeting Agenda



Site / Depot Monthly Health and Safety Meeting Agenda SHE9A					
Company:		Site/ Depot:		Project No. <i>(If applicable):</i>	
Chaired By:		Date:		Time:	
List of Attendees:			Job Titles		
Agenda					
No.	Topic		Main Decisions, Actions Agreed, By Whom and When		
1.	Apologies for absence.				
2.	Minutes of the previous meeting and matters arising.				
3.	Accidents / Incidents reviews Accidents / Incidents at Site Depot Accidents / Incidents in the General Business				
4.	Safety Alerts and Briefing Notes Issued – Actions Taken				
5.	Current Site / Depot Risk assessments. – Review new or changed activities and ensure risk assessment complete.				
6.	Health and safety inspection reports from HS&E Team				
7.	Health and safety training Requirements				
8.	Current Health and Safety Initiatives.				
9.	Any other business.				
10.	Date of Next Meeting / Time / Venue				

In all cases adequate records of the meeting should be kept by completing this form.

General Division / Business Monthly Health and Safety Meeting Agenda					
Company:		Site/ Depot:		Project No. (If applicable):	
Chaired By:		Date:		Time:	
List of Attendees:			Job Titles		
Agenda					
No.	Topic		Main Decisions, Actions Agreed By Whom and When		
1.	Apologies for Absence.				
2.	Minutes of the previous meeting and matters arising.				
3.	Accidents / Incidents Reviews - Accidents / Incidents at Individual Sites / Depots - Accidents / Incidents in the Group				
4.	Safety Alerts and Briefing Notes Issued – Actions Taken				
5.	Risk Assessment Process in Business – Effectiveness and Improvements Required				
6.	Health and Safety Inspection Reports from HS&E Team				
7.	Health and Safety Training Requirements in the Business				
8.	Current Business and Group Initiatives.				
9.	Any Other Business.				
10.	Date of Next Meeting / Time / Venue				

In all cases adequate records of the meeting should be kept by completing this form.