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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **WHS FORM** | **WHS77** |
| **Contractor Site Observation Checklist**  **WHS Contractor Management**  **(For Use By Contact Supervisors)** | Page 1 of 2 |

**Note:** The Contractor Site Observation Checklist is designed to provide an indication of contractor WHS conformance to safe work practices. It is not intended to be an extensive checklist and the Contract Supervisor should make relevant comments about Health & Safety matters not in this checklist. The frequency of site observations will depend on the nature, level of risk and duration of each contract. Contract Supervisors **are to** establish an observation schedule in consultation with the contractor and it is to be integrated with other site management functions. The checklist is to be completed in conjunction with the contractor.

1. **Contractor Details**

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| Company/Business Name: Enter name. | | |
| Contractor or Representative: Enter name. | | Date of observation: Enter a date. |
| Campus: Enter campus. | Building: Enter Building. | Site Area/Room: Enter specific location. |

1. **Observation Criteria**

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| * 1. **Evidence of Induction** | | | |
| 1. Has the contractor completed an onsite UniSA induction? | Yes | No |  |
| 1. Is the contractor wearing a Contractors badge obtained from FM Assist? | Yes | No |  |
| **2.2 Organisation of the site** | | | |
| 1. Is there clear access/egress and appropriate signage around the work area? | Yes | No | N/A |
| 1. Are work areas barricaded to prevent unauthorised access? | Yes | No | N/A |
| 1. Is there clear separation of mobile plant/equipment work and pedestrians? | Yes | No | N/A |
| 1. Is the work area free from rubbish and obstructions? | Yes | No | N/A |
| 1. Are building materials/tools stored within the confines of work area or in an agreed location? | Yes | No | N/A |
| 1. Are openings in floors, trenches etc. covered or barricaded? | Yes | No | N/A |
| **2.3 Electrical** | | | |
| 1. Is electrical equipment i.e. power tools, leads etc. tested and tagged within date? | Yes | No | N/A |
| 1. Do leads, plugs, sockets and switches appear to be in good condition (no exposed wires, no mechanical damage)? | Yes | No | N/A |
| 1. Are insulated ladders used near live exposed electrical equipment? | Yes | No | N/A |
| **2.4 Prevention of falls from height** | | | |
| 1. Are there physical barriers (edge protection) and/or a temporary work platform (i.e. scaffold, EWP – scissor lifts, cherry pickers, boom lifts and travel towers) in place where work is being carried out at height? | Yes | No | N/A |
| 1. Where a barrier or a temporary work platform are not in place, are other systems in use i.e. industrial rope system or fall-arrest system (catch platform, safety harness) to prevent injury to a worker falling an uncontrolled distance? | Yes | No | N/A |
| 1. If a portable ladder is being used to perform work, does it have a working step platform?  *(Note: Tasks should be light work of short duration. A fall prevention device should be considered if the worker is observed stretching sideways, above shoulder height or standing on narrow rungs for long periods).* | Yes | No | N/A |
| 1. Are all ladders in good condition i.e. check for any broken rungs, stiles and footing? | Yes | No | N/A |
| **2.5 Personal Protective Equipment** | | | |
| 1. Is relevant Personal Protective Equipment being used? | Yes | No | N/A |

1. **Other Observations or Comments**

Through general observation, describe any other items you believe increase the risk of an incident occurring.

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| Click here to enter text. |

1. **Evaluation**

In your observations, is the contractor meeting their obligations as assessed in these criteria? Yes No

Have identified non-conformance(s) observations been discussed with the contractor? Yes No N/A

Has the contractor agreed to observations and corrective actions: Yes No

Has non-conformance(s) been rectified? Yes No N/A

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| --- | --- |
| Observation completed by:  Click here to enter name and position. | Signed:  Click here to add signature. |
| Contractor or Representative:  Click here to enter name and position. | Signed:  Click here to add signature. |

1. **Non-Conformance Identified**

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| **When non-conformance is identified the following items must be checked off:** |
| **Documentation confirming rectification (e.g. email; follow-up site observation) has been   viewed.** |
| **Date rectification completed:** Enter a date. |
| **Confirmation documentation attached.** |
| **Date of Sign Off by Observer:** Enter a date. |