***Weekly written safety report***

Every week the site manager or site supervisors will undertake a written site safety inspection. This inspection will also include checking & recording that all other safety reviews, inspections, registers, etc have been satisfactorily carried out for the week, and confirm that daily visual inspections are being carried out.

If during the week any serious risks or incidents (not necessarily resulting in an accident) have occurred, e.g. operative not working in a safe way, these must also be recorded on this form.

In addition to the written weekly inspection the site manager and or site supervisors will carry out continuous visual monitoring of site activities. Where serious risks are noted these should be dealt with immediately. Any shortfalls identified during inspections must be corrected & discussed with relevant persons during the weekly safety progress meeting.

1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Weekly written safety report** | | | | | | |
| **Site Name** |  | | **Site manager’s name** | |  | |
| **Name of the person undertaking this inspection** |  | | **signature** | |  | |
| **Date of inspection** |  | | **Corrective action** | | Yes No N/A | |
| **Activity, item, issue inspected** | | Yes No N/A |  | **Action to be taken** | | Date/time to be completed |
| 1. All work and or workers on site supervised (e.g. on-site leading hand, ganger, foreman, supervisor with CITB SSSTS certificate) | | Yes No | |  | |  |
| 2. All relevant safety training, inductions, tool box talks, etc have been undertaken and recorded and all relevant CSCS & CPCS cards provided | | Yes No | |  | |  |
| 3. Reviewed Safety Plan, Risk & COSHH Assessments & Method Statements & communicated to relevant personnel & all staff working according to the standards specified *(with daily visual inspections)*. | | Yes No | |  | |  |
| 4. Reviewed and checked that all necessary statutory certificates, forms, daily visual & weekly inspections, scaff-tags, permits, etc have been completed satisfactorily | | Yes No | |  | |  |
| 5. Review & revised Lifting & or material delivery arrangements & stacking & storage maintained safely | | Yes No | |  | |  |
| 6. Recorded all accidents, incidents & dangerous occurrences & where necessary an investigation carried out | | Yes No N/A | |  | |  |
| 7. Walked and inspected site & checked   * All work carried out according to risk assessments & method statements * Scaffolds, access equipment (areas or activities where there is a risk of falling * Lifting equipment, * Plant, Equipment & Tools, Power tools, PAT testing, * Occupational health, e.g. COSHH, Manual Handling, noise,, * Public protection, prevention of unauthorised entry, site parameters, etc | |  | |  | |  |
| Yes No | |
| Yes No N/A | |
| Yes No N/A | |
| Yes No N/A | |
| Yes No N/A | |
| Yes No N/A | |
| 8. Checked that work places are being kept tidy with rubbish, debris being cleared away? | | Yes No | |  | |  |
| 9. All necessary signs displayed, extinguishers, fire escape routes & alarms in place | | Yes No | |  | |  |
| 10. Welfare facilities (including first aid) & adequate & being kept clean & tidy | | Yes No | |  | |  |
| 11. Checked that PPE is being used where appropriate & that information is provided with instruction & training? | | Yes No | |  | |  |

2